Managed Behavioral Health

Quality Improvement Program Description

2011

APS Healthcare, Inc.
2011 Managed Behavioral Health Quality Management Program Description

Purpose and Goals

This document describes the scope, structure and function of the APS Healthcare, Inc. Managed Behavioral Health Quality Improvement (MBH QI) Program for the accounts managed by the Woodlawn, MD office. The purpose of this program is to provide the operational structure and processes necessary to achieve the goals and objectives established by the APS Board of Directors, other quality oversight committees, and APS management. This program promotes objective and systematic measurement, monitoring and evaluation of services and implements quality improvement activities based upon the findings.

Structure of the Quality Improvement Program

Authority and Responsibility

The APS Board of Directors, and the CNR Health Partners Board of Directors (for Texas-based risk business only) share the ultimate authority and accountability for the quality of care and service delivered to the related members and is the highest level of oversight for the Quality Improvement Program. Both Boards of Directors delegate their oversight responsibilities to the APS Corporate Quality Improvement Committee (CQIC). The APS CQIC delegates operational responsibility for the Managed Behavioral Health Quality Improvement Program to the Managed Behavioral Health Quality Improvement Committee (MBH QIC).

Designated Behavioral Health Care Practitioner

The Executive Director/Medical Director directs the implementation of the MBH QI Program by:

- Managing the implementation of the Quality Improvement Work Plan, Program Description and Annual Program Evaluation
- Facilitating the MBH QIC
- Supporting the MBH QI subcommittee(s) in conducting activities
- Documenting and tracking identified opportunities for improvement
- Overseeing data collection and analysis as well as designing interventions
- Serving as the senior clinician for quality improvement projects

The Executive Director/Medical Director is a Licensed Physician (MD). The Executive Director/Medical Director and the MBH QI Manager have experience with quality improvement processes and activities.

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APS Chief Compliance Officer

The APS Chief Compliance Officer has the primary responsibility for ensuring that the enterprise's privacy policies and procedures are accurate and, as appropriate, integrated into the operations of the business units. The APS Chief Compliance Officer:

- Is a high level position within APS with executive-delegated authority to oversee compliance activities within APS.
- Has a broad view of compliance issues affecting APS and a demonstrated personal commitment to the goals of the Program.
- Reports to the General Counsel and the Audit Committee on compliance matters.
- Chairs the Compliance Committee and administers the Compliance Program.
- Investigates or oversees the investigation of suspected cases of illegal or improper activity within APS. Upon approval of such investigation, or upon report of same to the General Counsel and the Audit Committee, ensures corrective action is taken.
- Assures communication and implementation of compliance goals, standards and procedures throughout APS.
- Reviews APS policies for consistency with standards, procedures and goals of the Compliance Program.
- Prepares and presents annual reports to the General Counsel regarding compliance activity undertaken during the prior year and plan for future years including assessments of the effectiveness of the Compliance Program.
- Assures that any attorney client privileges available to APS are maintained and preserved, as directed by the APS General Counsel. Committee Structure

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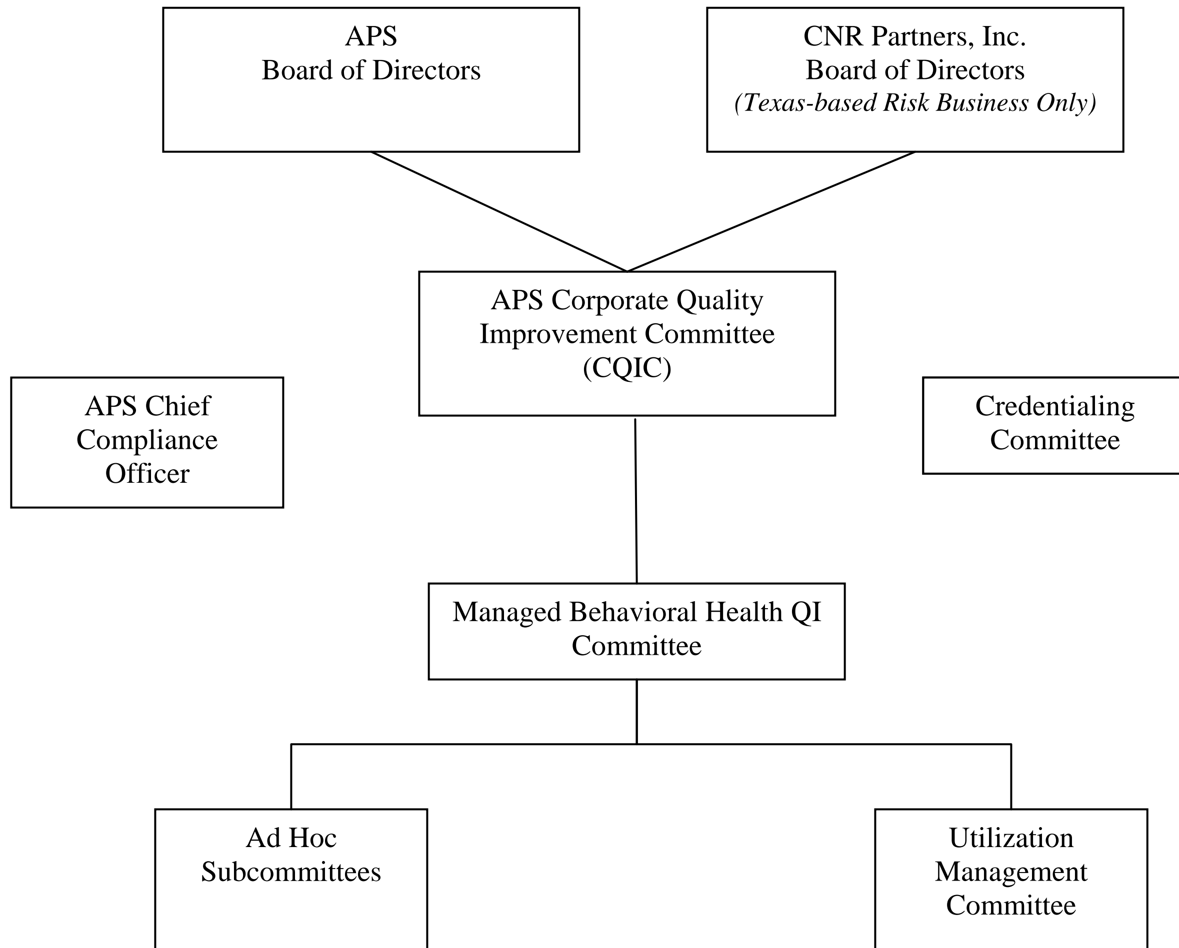
Committee Structure

The APS Behavioral Health Quality Improvement Committee structure is illustrated below.



APS Healthcare Board of Directors

The APS Healthcare Board of Directors is the governing body and provides oversight and direction for the QI Program. The APS Board of Directors membership is composed of:

- President and Chief Operating Officer, APS
- Chief Development Officer, APS
- Chief Financial Officer, APS

The APS Board of Directors meets on a quarterly basis, maintains minutes of its meetings, and annually reviews and approves the MBH QI Program.

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CNR Health Partners Board of Directors

The CNR Health Partners Board of Directors operates only in relation to the Texas-based risk business. It is a 501(a) corporation formed to meet legal requirements governing Innovative Resource Group's (IRG) risk business within the State. The CNR Health Partners Board of Directors membership is composed of:

- Physician Board Member (3) – one member will serve as the Board Chairman

The CNR Health Partners Board of Directors delegates its oversight responsibility for the MBH QI Program to the APS CQIC and MBH QIC. The CNR Health Partners Board of Directors regularly reviews reports from the MBH QIC and shares with the APS Board of Directors final responsibility for the operations and performance of MBH QI programs and activities.

APS Corporate Quality Improvement Committee (CQIC)

Reports to the APS Board of Directors and CNR Health Partners Board of Directors and conducts the following activities:

- Reviews and approves the Behavioral Health QI Program Descriptions, QI Work Plans and the QI Program Evaluations from APS programs/divisions providing behavioral health services annually.
- Monitors all quality improvement activities of subcommittees.
- Monitors allocation of resources needed to achieve APS quality improvement goals.
- Evaluates and authorizes the Utilization Management Program documents and Utilization Management Review Criteria annually.
- Delegates clinical oversight and approval activities to the MBH QIC
- Assesses and ratifies corporate-wide policy and procedures.
- Manages the corporate policy review and approval process.

CQIC Membership:

- Chief Medical Officer
- Vice President, Corporate Quality Improvement
- Directors, Corporate Quality Improvement
- Regional Quality Improvement Managers
- Staff, URAC accredited APS sites

The CQIC reports the results of its activities to the APS Board of Directors and CNR Health Partners Board of Directors through an annual submission of the MBH QI Program Description, Work Plan, and Evaluation. At least 50% of the voting members are required for a quorum. A simple majority of voting members present is required for approvals.

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Managed Behavioral Health Quality Improvement Committee (MBH QIC)

The MBH QIC reports to the CQIC. The MBH QIC has primary responsibility for the identification and prioritization of opportunities for improvement. Once such opportunities are identified, the MBH QIC manages the development and implementation of all policies and procedures needed to ensure quality improvement. The MBH QIC accomplishes this by:

- Writing the APS Behavioral Health QI Program Description annually.
- Evaluating the effectiveness of the Quality Improvement Program at least annually.
- Evaluating and endorsing APS Behavioral Health Utilization Management Program documents yearly.
- Adopting through the Provider Advisory Group (PAG), the APS Behavioral Health Utilization Management Medical Necessity Review Criteria.
- Approving and monitoring all quality improvement activities of ad hoc subcommittees as specified in the Quality Improvement Work Plan.
- Monitoring progress in meeting quality improvement goals.
- Monitoring the findings of the Quality Improvement ad hoc subcommittees and providing oversight to the implementation of corrective actions for improvement as needed.
- Conducting the annual review and revision of applicable APS policies and procedures.
- Monitoring continuity and coordination of care activities.
- Analyzing results of satisfaction surveys and other performance studies.
- Developing corrective action plans or QI activities based on study results.
- Ensuring that adequate resources and training exist to support the QI Program.
- Complying with state, federal, and external accreditation bodies.
- Providing final review and supervision of delegated activities.

MBH QIC Membership:

- Executive Director/Medical Director
- Manager, MBH QI
- Director, Network Operations
- Director, Facets Operations
- Manager, Claims
- Manager, Member Referral/Customer Service
- Clinical Director
- QI Supervisor

At least 50% of the voting members are required for a quorum. A simple majority of voting members present is required for approvals.

The MBH QIC communicates with the CQIC by providing the approved minutes of all MBH QIC meetings, which are held at least quarterly. The BH Quality Improvement Program Description, Work Plan and Program Evaluation are submitted to the CQIC annually. Additional reports and presentations are provided as needed. These are derived from member input which is solicited via the internet, through satisfaction survey results, and direct communication from accounts, providers, and members. Information obtained is then analyzed by MBH QIC members. Further decisions, reports and presentations are based on information provided by the MBH QIC ad hoc subcommittees which report directly to MBH QIC.

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Utilization Management Committee (UMC)

The UMC reports to the MBH QIC and conducts the following activities:

- Reviews and updates the APS Behavioral Health Utilization Management Program and reviews the Medical Necessity Utilization Management Review Criteria annually.
- Develops the annual UM Work Plan and UM Evaluation for Managed Behavioral Health programs/activities.
- Reviews and revises utilization management policies and procedures, and submits them to MBH QIC for approval.
- Identifies opportunities to improve utilization management processes and support implementation of improvement activities.
- Monitors and evaluates key utilization management indicators.
- Provides input and recommendations to the MBH QIC related to utilization management activities.
- Supports the accreditation process and compliance with State and contract regulations.
- Identifies and prioritizes opportunities for improvement in continuity and coordination of care between behavioral health practitioners and between behavioral health and medical partners.

UMC Membership:

- Executive Director/Medical Director
- Manager, MBH QI
- Clinical Director
- Manager, Appeals and Complaints
- MBH program staff, ad hoc

At least 50% of the voting members are required for a quorum. A simple majority of voting members present is required for approvals. Meetings are held quarterly, more frequently if necessary. The chair approves all minutes. The UM Committee gives presentations and written reports to MBH QIC when necessary.

Provider Advisory Group

The Provider Advisory Group (PAG) is a forum by which external practitioners, along with APS practitioners, may contribute to the development and implementation of the APS Behavioral Health QI Program and MBH QI activities. The committee manages this by:

- Supporting the development and monitoring of appropriate clinical practice guidelines.
- Advising on the development and assessment of APS utilization management criteria.
- Providing clinical input into the creation of clinical practice guidelines, UM criteria, preventive health, and other quality improvement programs.
- Consulting on the continuity and coordination of behavioral healthcare.
- Assisting in the creation of provider education and communication processes and tools.
- Serving as consultants to APS representing practitioner viewpoints and concerns.

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PAG Membership:

- Regional Medical Director, Behavioral Health
- Executive Director, Behavioral Health
- Director, Network Operations (non-voting/staff)
- Practitioners: Psychology
- Practitioners: Social Work
- Practitioners: Other Masters-level

The APS PAG members are drawn from a variety of APS networks where APS has health plan business. Practitioners participate via teleconference for the meetings which are held at least annually. The group submits its meeting minutes to MBH QIC along with other reports and makes presentations as requested.

Credentialing Committee

This committee evaluates the credentials and experience of all APS practitioners and providers to ensure that they comply with APS and accreditation guidelines. This committee is held jointly with Workplace Options (WPO), APS' network and credentialing vendor. In fulfilling its duties the committee:

- Assesses and re-assesses the credentials of practitioners and providers, including inpatient and residential facilities.
- Conducts peer review and approval of network status of practitioners and providers.
- Monitors any practitioner or provider placed on a corrective action plan by Network Operations to ensure compliance with the plan.
- Makes recommendations on content of credentialing policies and procedures for practitioners and providers.
- Investigates quality of care issues related to individual practitioners or providers and makes recommendations, as appropriate.
- Checks and endorses oversight activities related to delegated credentialing arrangements.

Credentialing Committee Membership:

- WPO Clinical Director (Co-chair)
- Medical Director/Executive Director, Behavioral Health (Co-chair)
- APS Legal Counsel (non-voting staff)
- Director, Provider Operations (non-voting staff)
- Credentialing Manager (non-voting staff)
- Credentialing Specialist (non-voting staff)
- Network Practitioner: Psychiatrist
- Network Practitioner: Psychologist
- Network Practitioner: Child and Adolescent Practitioner
- Network Practitioner: Social Worker/Other Masters-level

Meetings are held monthly, more frequently if necessary. The chair approves all meeting minutes. The Credentialing Committee gives presentations and written reports concerning credentialing and re-credentialing decisions to MBH QIC when necessary.

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Practitioner Appeals Committee

This committee meets only when a practitioner appeals the Credentialing Committee's ruling to modify or terminate his/her network participation. Upon a thorough review of all materials relevant to the practitioner's appeal, the Committee may overturn, overturn with conditions or uphold prior Credentialing Committee decision regarding the practitioner's network participation.

Practitioner Appeals Committee Membership:

- Executive Director/Medical Director, Behavioral Health (non-voting staff)
- Director, Provider Operations (non-voting staff)
- APS Legal Counsel (non-voting staff)
- Two or more clinical professionals who are not in direct economic competition with the practitioner under review.
  - For review of physician practitioners, all members will be licensed physicians.
  - For review of non-physician practitioners at least one member will be a physician and at least one member will be in the discipline of the practitioner under review.

Upon making a decision regarding an appeal, the Practitioner Appeals Committee submits all meeting minutes approved by the committee chair and makes both verbal and written presentation of recommendations related to the appeal outcome.

Member Input

APS solicits member feedback on its Quality Improvement Program and related materials via the APS website.

Topics of feedback include:

- Identification of key quality indicators affecting consumers.
- Input into consumer versions of clinical practice guidelines.
- Recommendations concerning preventive behavioral health programs.
- Suggestions regarding the clarity and utility of correspondence directed to members.
- Providing member viewpoints and concerns.
- Offering input into enrollee rights and responsibilities.

Input from Medical Delivery Systems

The APS MBH QIC includes input and representation from medical delivery systems in a number of ways. These include

- Participation in Managed Behavioral Health Quality Improvement Committee's (MBH QIC) activities through communication with the Executive Director/Medical Director and Account Executives.
- Joint development and implementation of prevention and clinical improvement programs through communication with the Executive Director/Medical Director.
- Annual oversight audits by clients.

Input from Managed Care Organizations (MCOs) is documented in appropriate committee minutes and focuses on both clinical and service improvement activities.

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PROGRAM SCOPE AND CONTENT

The scope of the Quality Improvement Program encompasses the assessment, monitoring, and improvement of all aspects of care and service received by members, including the following:

- Care delivered in inpatient, outpatient, and alternative settings at all acuity levels
- All types of behavioral health care services delivered by all types of practitioners and providers
- Services delivered by APS and its contractors

The APS Managed Behavioral Health program implements an annual Quality Improvement Work Plan. This work plan details the specific activities, objectives and performance standards encompassed by the current Quality Improvement Program Description. The Quality Improvement Work Plan includes the specific objectives of the quality improvement activity, including performance goals or standards, the person(s) accountable for coordinating and ensuring the activity is completed, the critical action steps to complete the activity, and the target date for completion of the activity. An overview of these activities is presented below.

Quality Improvement Methods and Monitors

APS quality improvement methods include a four-stage process for identifying and improving the quality of clinical care and service rendered by APS and APS practitioners:

- Selection of metrics of important aspects of care and service
- Identification of opportunities for improvement resulting from monitoring clinical care and service
- Implementation of interventions addressing the identified opportunities for improvement, and
- Re-measurement of clinical care and service to determine effectiveness of interventions

Clinical Quality Improvement Activities

Improving Follow-up after Mental Health Hospitalization

Description: Annual measure of the percent of members hospitalized for mental health diagnoses that receive 7 and 30 day follow-up after discharge.

Objective: To achieve rates indicated below:

- 7-day - 50%
- 30-day - 80%

This initiative is scheduled for completing in 2011 and will be replaced by a new Quality Improvement Project (QIP).

Reducing the Inpatient Readmission Rate

Description: Annual measure of the percent of members who are readmitted for inpatient care within 30 days of an inpatient discharge.

Objective: To improve performance to the rates indicated below:

- Reduction in readmission rate of 5%

This initiative is scheduled for completing in 2011 and will be replaced by a new QIP.

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Assessment of Continuity and Coordination of Care

Description: Two types of continuity and coordination of care are monitored: those between behavioral health practitioners and providers and those between behavioral health practitioners and general medical care.
Objective: To contribute to positive outcomes for members through ongoing communication among providers.

Participation in Client Quality Committees according to contract requirements

Description: APS participates in the client MCO quality committees according to contract requirements.
Objective: To attend MCO quality committees and to promote collaboration with QI activities

Identifying and Investigating Individual Quality of Care Issues and Sentinel Events Impacting Patient Safety

Description: Identify, investigate, resolve, and track individual quality of care issues and sentinel events that impact patient safety.
Objective: To identify trends that may indicate the need for corrective action and to develop and implement corrective action that contributes to a decrease in quality of care issues and sentinel events.

Service Quality Improvement Activities

Complaints and Appeals

Capture of Enrollee and Provider Complaints

Description: Ensure appropriate collection of enrollee and provider complaints:
Objective: To improve the rate of enrollee and provider complaint capture and identify areas that impacts the accurate collection of complaints. To identify trends that may indicate the need for corrective action and to develop and implement corrective action that contributes to a decrease in complaints and appeals.

Availability and Accessibility

Monitoring the Availability of Behavioral Health Practitioners and Providers

Description: Completion of the following activities:

- Annual measurement of network's ability to meet the cultural needs of the membership, as identified by clients
- Annual measurement numeric and geographic standards for the availability of practitioners and providers.
- Annual analysis of provider and member survey questions relating to provider availability

Objective: To meet provider availability standards to ensure membership receives appropriate care.

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Providing Enrollees with Appropriate Access to Care
Description: Annual assessment of member access to non-life threatening emergency care, urgent care and routine care.
Objective: To meet access standards to ensure membership receives timely care.

Claims Processing

Improve the Timeliness of Claims Processing
Description: Monthly measurement of the following:
- Percent of clean claims processed within 14 days.

Objective: To process 85% of clean claims within 14 days.

Satisfaction Surveys

Member Satisfaction Survey
Description: APS conducts an annual enrollee satisfaction survey to measure overall satisfaction with APS MBH programs/activities, and to determine overall satisfaction with:
- APS services.
- APS utilization management processes.
- Accessibility and availability.
- Treatment quality.
- Patient safety issues.
- Continuity and coordination of care.
- Cultural availability and accessibility.

Objective: To identify opportunities for improvement through analysis of survey data.

Practitioner Satisfaction Survey
Description: APS conducts an annual practitioner satisfaction survey measuring overall satisfaction with APS and satisfaction with:
- APS utilization management processes
- APS customer services
- APS network
- APS provider relations services
- PCP communication

Objective: To identify opportunities for improvement through analysis of survey data.

Routine Monitors

On at least a quarterly basis, data is compiled and reviewed by the MBH QIC for the following routine monitors:
- Utilization management statistics
- Credentialing performance indicators
- Member complaints processing
- Practitioner complaints processing
- Appeals processing
- Clinical Documentation Audits
- Customer service representative quality assurance audits
- Telephone performance for member services and practitioner/provider services
- Quality monitors (sentinel events and quality of care complaints)

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RESOURCES THAT SUPPORT THE QUALITY IMPROVEMENT PROGRAM

Human Resources for Quality Improvement Program

Quality improvement is an ongoing and integrative process at APS. APS provides quality improvement support and involvement at all levels of the organization. The following table lists the APS staff that support, direct and manage quality improvement activities.

Quality Improvement Program Resources

APS Position
Chief Medical Officer
Executive Director/Medical Director
Manager, BH QI
Clinical Director, Behavioral Health
Manager, Claims
QI Supervisor
Manager, Customer Service
Director, Network Operations
Chief Compliance Officer
APS Legal Counsel
Consultants/Vendors
Survey Vendor: Member Satisfaction Survey
Survey Vendor: Provider Satisfaction Survey

Data and Information Systems Supporting Quality Improvement

APS requires access to a wide range of data to carry out its quality improvement activities. APS must also manage data required to support measurement and evaluation of its quality improvement activities. The following table lists the data and information systems that support quality improvement activities at APS.

Data and Information Systems Supporting Quality Improvement

System/Database	Data Source/Function
FACETS	Utilization and Case Management System, Claims Payment, Eligibility, Network Information, Customer Service Logs.
Non-Cert/Appeals/Complaint Access Database	Denial, appeal, tracking, and reporting.
QA Module Database	Tracks and reports complaints and individual quality of care issues.
GeoAccess Software	Reports on geographic availability of practitioners and providers.
Credentialer	Tracking system for key credentialing and re-credentialing activities. Reports provider and practitioner specific information for re-credentialing.

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DELEGATION

The Managed Behavioral Health Plan program delegates some credentialing, recredentialing and network development, including the ongoing monitoring of licensure and Medicare/Medicaid sanctions to Workplace Options (WPO). The CQIC delegates the review of detailed aspects of delegation oversight to the MBH QIC. The MBH QIC reports information on their oversight activities to the CQIC.

The MBH QI program implements procedures to ensure that requirements of the APS delegation policy are met. The MBH QI program performs pre-assessment and ongoing evaluations, including annual reviews of each delegated entity. Delegates that are certified or accredited by the National Committee for Quality Assurance (NCQA) are not required to receive a pre-delegation assessment or annual review; however, the Director of Network Operations monitors the ongoing performance of this delegate and reports, as necessary to the MBH QIC. APS conducts appropriate pre-delegation and annual reviews of any non-certified elements delegated to a certified delegate.

CONFIDENTIALITY

APS Healthcare, its subsidiaries and affiliates are committed to ensuring that privacy practices regarding individually identifiable health information comply with industry best practices, covenants given to its clients ("Covered Entities and Business Associates") and, as applicable, all federal and state laws and regulations including but not limited to the Standards for Privacy of Individually Identifiable Health Information promulgated pursuant to the Health Insurance Portability and Accountability Act ("HIPAA") ("the HIPAA Privacy Rule" or "the Privacy Rule"). Consequently, APS is committed to maintaining an administrative structure, reporting procedures, due diligence procedures, training programs and other methodologies of an effective compliance program relative to the use and disclosure of its customers' protected health information ("PHI"). The APS Chief Privacy Officer is responsible for development and implementation of APS confidentiality policies and procedures.

EVALUATION AND UPDATE

An evaluation of the effectiveness of the Managed Behavioral Health QI Program is prepared annually. Key components include:

- Summary of quality assessment activities
- Summary of quality improvement activities and projects
- Evaluation of the overall effectiveness of the Quality Improvement Program
- Progress toward improving safe clinical practices throughout the network

The evaluation is reviewed and approved by the MBH QIC. The evaluation is forwarded to the APS CQIC for review and final acceptance.

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The Managed Behavioral Health Plan Quality Improvement Program Description is reviewed and updated as appropriate throughout the year. The updated Managed Behavioral Health Quality Improvement Program Description is approved by the MBH QIC. Following approval by the MBH QIC, the program description is submitted to the CQIC for review and final acceptance. Required reviews and approvals are reflected in the minutes of each of the appropriate committees.

Lisa Hadley, MD, JD Executive Director/Medical Director	April 4, 2011 Date
Managed Behavioral Health Quality Improvement Committee Approval via electronic vote	April 4, 2011 Date