



**Community Behavioral HealthCare Network of  
Pennsylvania (CBHNP), Inc.**

**Capital Area HealthChoices**

**Quality Improvement Program Description**

**2005-06**

**Based on National Committee for Quality Assurance (NCQA) Managed Behavioral Healthcare Organizations (MBHO) Standards for Accreditation and Pa. Dept. of Public Welfare (DPW) Office of Mental Health and Substance Abuse Services (OMHSAS) Program Standards and Requirements.**

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**COMMUNITY BEHAVIORAL HEALTH CARE NETWORK OF PA (CBHNP), INC.**  
**Capital Area HealthChoices Program**

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**TABLE OF CONTENTS**

	<u>Page</u>	
Table of Contents:	2	
<b>SECTION I.</b>	<b>Introduction</b>	4
	A. Philosophy and Continuous Quality Improvement (CQI) Process	4
	B. Health Choices and CBHNP	4
	C. Goals and Objectives of the QI Program	5
	D. Scope of the QI Program	5
	E. Methodology and Time Frames of Performance Improvement Projects	6
<b>SECTION II.</b>	<b>Operations</b>	8
	A. Capital Area Behavioral Health Collaborative (CABHC), Inc.	8
	B. Staff	9
	C. Activities	10
	D. Utilization Management	11
	E. Best Practices	11
	F. Policies and Procedures	11
	G. Confidentiality	12
	H. Documentation	12
	I. Delegation of Quality Improvement Program Activities	12
	J. Budget	13
<b>SECTION III.</b>	<b>Committees</b>	14
	A. Scope of Committee Involvement	14
	B. Committee Structures	14
	1. Quality Improvement Committee (QIC)	14
	a. Introduction and Purpose	14
	b. Specific Activities	14
	c. Reporting	15
	d. Membership	16
	2. Provider Advisory Committee (PAC)	17
	a. Introduction and Purpose	17
	b. Specific Activities	17
	c. Reporting	18
	d. Membership	18
	3. Credentialing Committee (CC)	18
	a. Introduction and Purpose	18
	b. Specific Activities	19
	c. Reporting	19
	d. Membership	20

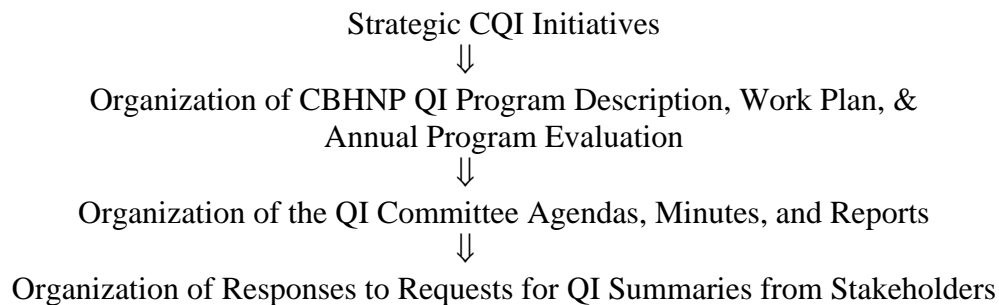
	4. Stakeholder Steering Committee (SSC)	20
	a. Introduction and Purpose	20
	b. Specific Activities	20
	c. Reporting	20
	d. Membership	20
SECTION IV.	Reporting	22
	A. QI Program Annual Review & Development	22
	B. Progress Reports	23
	C. Program Modifications	23
SECTION V.	Member Safety, Health Outcomes, & Member Education	24
	A. Member Safety	24
	B. Health Outcomes: Joint QI/UM Studies with Physical Health MCOs	25
	C. Member Education	25
SECTION VI.	Provider Participation in Quality Improvement Program	26
	A. Provider Orientation and Training	26
	B. Provider Review	26
	C. Access to Member Clinical Records	27
SECTION VII.	Member Rights, Responsibilities, and Satisfaction	28
	A. Philosophy	28
	B. Rights and Responsibilities	28
	C. Member Complaint and Grievance Procedures	28
	D. Member and Provider Satisfaction	29
SECTION VIII.	Remedial and Corrective Actions	30
	A. Implementation and Evaluation	30
	B. Effectiveness	31
SECTION IX.	Health Choices Behavioral Health Program QI Requirements	32
	A. Performance Outcome Management System (POMS)	32
	B. HealthChoices Behavioral Health Baseline Performance Report	32
	C. External Quality Review	33
SECTION X.	Quality Improvement Work Plan	34
Figure 1.1	CBHNP Committee Structure	35

## **SECTION I Introduction**

### **A. Philosophy and Continuous Quality Improvement (CQI) Process**

CBHNP, Inc. is committed to providing the highest quality of behavioral health care services possible to its Members, by actively supporting each case and provider with appropriate medical decisions by dedicated professionals. CBHNP is committed to a philosophy of Continuous Quality Improvement (CQI) to develop an effective QI program. This program coordinates activities designed to monitor and ensure high quality administrative and clinical services provided to HealthChoices Members. To achieve this goal, the Quality Improvement (QI) program will implement CQI processes commonly used in healthcare and incorporate NCQA standards in its design and operation, as well as standards based upon state regulations, clinical best practices, and ethical guidelines. This philosophy is consistent with the HealthChoices broad objectives of Access, Quality, and Financial Stability.

The global CQI process used by CBHNP was to first identify the key initiatives of quality care and performance, which then provide the framework for all quality improvement activities of the organization using a balanced and well-integrated quality, cost, and risk perspective. Under each identified goal / objective (which are called Strategic CQI Initiatives), there are multiple indicators (Dimensions of Performance), which form the basis of the annual CBHNP QI Program and Work Plan. In this way, a consistent structure and philosophy will guide CBHNP's continuous quality improvement efforts and be apparent in all QI documentation.



### **B. HealthChoices and CBHNP**

The CBHNP QI Program involves several stakeholders: HealthChoices Members and families, community care organizations, the Capital Area Behavioral Health Collaborative, Inc. (CABHC), county personnel, and the Pennsylvania Department of Public Welfare, Office of Mental Health and Substance Abuse Services (OMHSAS). The success of the overall QI Program will be measured by the ability of the CBHNP staff to administer systematic quality improvement policies and procedures, monitor and evaluate treatment delivered to Members according to predetermined standards, and ensure continuous quality improvement. CBHNP network providers are compelled by philosophy, and obliged by contract, to adopt the concepts and functions of the Quality Improvement Program.

### C. Goals and Objectives of the QI Program

CBHNP will systematically monitor and evaluate the quality and safety of clinical care and the quality of service by CBHNP and network providers. Quality of care is defined as the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. The following 10 Strategic CQI Initiatives were developed with stakeholders and provide the focus for all QI activities:

#### **CBHNP Strategic CQI Initiatives**

1. **Access** – The degree to which appropriate care and services are accessible and obtainable to meet the Member’s needs.
2. **Appropriateness** – The degree to which the care and services provided are relevant to the Member’s clinical needs, given the current state of knowledge and available resources.
3. **Competency** – The degree to which Providers and CBHNP Staff adhere to professional and/or organizational standards of care and practice.
4. **Consumer and Family Involvement** – The degree to which Members and families of Members have an active role in CBHNP.
5. **Continuity and Care Coordination** – The degree to which needed healthcare services for a Member or specified population are coordinated across levels of care, across organizations, or across care of physical health and behavioral health.
6. **Diversity and Cultural Competency** – The degree to which Providers and CBHNP Staff understand and demonstrate respect for differences among groups.
7. **Outcomes and Efficacy** – The degree to which a treatment or service improves health status.
8. **Prevention and Community Outreach** – The degree to which CBHNP services promote health, prevent deterioration of conditions, and educate the community.
9. **Safety** – The degree to which risks of adverse outcome are reduced for the Member and others, including the health care Provider.
10. **Service Excellence** – The degree to which CBHNP meets established service standards and produces Provider and Member satisfaction.

### D. Scope of the QI Program

The Director of Quality Improvement has the authority and responsibility to ensure that all quality improvement findings, conclusions, recommendations, actions taken, and results are documented and reported to appropriate individuals within CBHNP, including the Chief Executive Officer, senior management, and other supervisory staff for use in daily operations and to insure a focus on quality. Within CBHNP’s programs and operations, the Director of QI ensures that information generated through QI activities is used to improve quality. Towards this end, the Director of QI is also responsible for system integration efforts so that the QI Program and its objectives are realized throughout the organization, including clinical, financial / claims, and provider relations functions.

Within each of these areas, quality indicators for monitoring and evaluation are identified and the

methodology, time frames, and performance standards by which indicators are measured are outlined. Indicators help monitor service provision and allow a review of a full range of demographic groups, treatment settings, and types of services.

Using the CBHNP Strategic CQI Initiatives as a basis, specific dimensions of performance (indicators) for each program year are outlined in the QI Work Plan (see Section X).

A primary focus for both UM and QI activities are on high volume/risk services and treatments. These include Mental Health Inpatient, Behavioral Health Rehabilitation Services (BHRS) provided for children and adolescents, and Residential Treatment Facilities. Consistent with HealthChoices requirements, QI and/or UM activities related to BHRS will address:

1. Methodology to determine provider network capacity for BHRS;
2. Mechanisms to ensure provider compliance with access standards (60 days from request for BHRS);
3. Actions taken for non-compliance by provider;
4. Mechanism to collect monthly provider BHRS data;
5. Processes to ensure providers inform CBHNP when 90% of capacity is reached;
6. Actions taken when capacity is reached;
7. Mechanisms to secure alternative provider when capacity has been reached and services would be delayed;
8. Actions to be taken if network capacity is determined inadequate to meet need;
9. Processes to determine if actions taken achieve desired outcomes; and
10. Standards and mechanisms for periodic provider audits to ensure compliance with Department of Public Welfare bulletins and regulations regarding BHRS.

#### **E. Methodology and Time Frames of Performance Improvement Projects**

The following defines the methodology to monitor and evaluate quality of care, appropriateness of care, treatment services provided to Members, and general CBHNP operations.

Performance Improvement (PI) Projects will be identified to achieve, through ongoing measurements and interventions, significant improvement sustained over time. PI Projects will be conducted in both clinical and non-clinical care areas that are expected to have a favorable effect on health outcomes and Member satisfaction. While a wide variety of indicators will be identified and monitored as part of the QI Work Plan, certain areas will be targeted as PI Projects. The projects will include activities focused on:

- Measurement of performance, using objective quality indicators, to be monitored, with an emphasis on indicators that provide an efficient, accurate, and reliable means of monitoring quality of services and treatment within targeted areas.
- Identification of research methodology, reporting mechanisms, and time frames for data collection for each PI Project.
- Development of appropriate data collection methods, including scheduled audits, focused studies (e.g. studies by population, diagnostic group or service type), standardized measurement of outcomes, and routine analysis of treatment-generated data.
- Comparison of CBHNP performance data with benchmarking data, professional standards, and internal baseline data to establish performance thresholds and guidelines.
- Analysis of collected data for root causes, barriers to improvement, and to identify opportunities for intervention and improvement.
- Development and implementation of system interventions to achieve quality

- improvement and implement through remedial/corrective action(s).
- Evaluation of improvement activities to insure that identified problem areas are effectively addressed.
  - Provision of on-going evaluation to CBHNP, Inc., CABHC, HealthAssurance Pennsylvania, Inc. (HASPA), and OMHSAS (via CABHC) of the effectiveness of the above actions and activities as requested.

To offer CBHNP staff additional assistance in the CQI process, the DMAIC linear model is used as an outline for PI Projects:

**Define**: Define the problem and costs/benefits to be realized.



**Measure**: Establish measurement with objective quality indicators and data.



**Analyze**: Analyze collected data, root causes, and processes.



**Improve**: Implement system interventions to achieve improvement.



**Control**: Develop ongoing monitoring to sustain gains and control processes.

Time frames for indicators and PI Projects may include any of the following:

- Continuous, ongoing monitors;
- Multiple review periods (e.g. monthly, quarterly and annually);
- Upon occurrence;
- Concurrent review; and
- Retrospective review.

Each Performance Improvement Project will be completed within a reasonable time period so as to generally allow information on the success of performance improvement projects, in aggregate form, to produce new information on quality of care annually.

Each PI Project will be summarized at least annually based upon National Committee for Quality Assurance (NCQA) Managed Behavioral Healthcare Organizations (MBHO) Standards for Accreditation. The NCQA format for Clinical and Service Quality Improvement Activities (QIAs) will be used to detail the PI Projects. For further discussion of specific PI Projects as defined by OMHSAS, please see Section IX.

## **SECTION II Operations**

### **A. Capital Area Behavioral Health Collaborative (CABHC), Inc.**

The counties of Cumberland, Dauphin, Lancaster, Lebanon, and Perry created CABHC, Inc. to serve as a unified management entity that oversees the implementation of the HealthChoices program in the territory. In the creation of CABHC, Inc., the counties identified quality of care as a priority for service delivery and utilization management. The philosophy of the counties reflects the belief that managed care should not be solely the management of financial resources, but must insure the appropriate use of such resources while enhancing the quality of treatment to Members.

CBHNP shares in this commitment to quality services and guarantees full collaboration and cooperation with CABHC in the implementation of its Quality Improvement Program. Consistent with CABHC's contract, CBHNP assists CABHC in pursuing the following program objectives:

1. To create systems of Clinical Care Management that are developed based on the input from and responsive to the needs of consumers, persons in recovery, and their families, representative of various cultures and ethnic groups who use publicly funded behavioral health care.
2. To provide services which promote and support movement of Members toward independence and employment.
3. To establish a more uniform system of behavioral health care services in the Territory that is driven by the recognized needs of individuals, while meeting the requirements and recognizing the limitations of program offices, funding mechanisms, and administrative units.
4. To promote incentives to implement utilization management techniques resulting in expanded use of less restrictive services, while assuring appropriateness of care and increasing prevention and early diagnosis and treatment.
5. To promote partnerships between the public and private sectors that take advantage of the public sector's experience in serving persons with the most serious illnesses and disabilities who often have few resources and supports, and the private sector's expertise in managing financial risk for behavioral health services.
6. To remove incentives to shift costs to other publicly funded human services, educational, and correctional programs.
7. To incorporate feedback from consumer and family satisfaction mechanisms in partnership with consumers, persons in recovery, and their families representative of the diverse ethnic, cultural, and disability groups.
8. To improve coordination of substance abuse and mental health services and incentives to develop specialized programs for persons with both psychiatric and substance abuse disorders.
9. To create new integrated partnerships across children's service systems to reduce duplication and increase responsiveness to families and their children and adolescents.
10. To shift the monitoring focus from process management to outcome management, with emphasis on reducing out-of-home placements for children and adolescents, increased

community tenure, improved health status, and improved vocational and educational functioning.

In addition CBHNP will cooperate fully in any reviews that may be required by the Commonwealth of Pennsylvania. CBHNP will assist in the identification and collection of any data or clinical records to be reviewed by independent evaluation teams, and will ensure data, clinical records, and work space is available to the independent review team and the Commonwealth upon request.

## **B. Staff**

Guided by the QI Program Description and the annual QI Program Evaluation, CBHNP is committed to continuous evaluation and analysis of outcome and performance information. The review and analysis of process and outcome data is critical to identifying and resolving QI issues that affect all aspects of the organization and its operations. This quality improvement initiative is a shared responsibility, requiring commitment from all staff and shared responsibility across departments. However, particular CBHNP staff members are charged with the responsibility of overseeing daily QI activities to meet the goals of the program.

### **1. Medical Director and Physician Advisors**

Responsibility for medical policy pertaining to the quality of behavioral health care is assigned to the CBHNP Medical Director and/or the designated Physician Advisor. The Medical Director, or assigned Physician Advisor, is the designated behavioral healthcare practitioner with overall oversight of the QI Program. The Medical Director oversees clinical activities and provides clinical supervision/consultation of all personnel, including the panel of physician reviewers. The Medical Director retains the final authority for recommendations for professional clinical review of credentials, medical necessity, and appropriateness or quality of care.

### **2. Director of Quality Improvement & System Integration and Assistant Director of Quality Improvement**

Administrative responsibility for the QI Program is assigned to the CBHNP Director of Quality Improvement & System Integration, who in consultation with the Medical Directors ensures:

- Monitoring and evaluation of all quality improvement activities;
- Design, development, and implementation of the QI Program;
- Integration of all QI activities into the overall operations of CBHNP;
- CBHNP systems, services, and processes consistently meet or exceed the established performance standards;
- Assessment of quality improvement activity effectiveness;
- Development of an annual QI Program Description, QI Work Plan, and QI Program Evaluation;
- Development of annual QI Performance Improvement Projects, including special studies;

- Review of all quality improvement activities, reports, and effectiveness of remedial/corrective actions;
- Review of access and availability standards, with particular attention focused on priority populations;
- Facilitation of Member and provider satisfaction survey processes; and
- Review and recommendations regarding Member and provider suggestions, complaints, grievances, and appeals.

CBHNP has designated staff with statistical expertise who have the ability to design sound studies, apply statistical analysis of data, and derive meaning from the statistical analysis.

### **3. Grievance and Regulatory Supervisor and Complaint and Grievance Coordinators**

Responsibilities for processing, documentation, and follow-up of all complaints and grievances are delegated to the Grievance and Regulatory Supervisor, who is assisted by Complaint and Grievance Coordinators. This responsibility includes ensuring that CBHNP is in compliance with all requirements of DPW and the Department of Health (DOH).

#### **C. Activities**

The QI Program includes specific outcome and quality measurement activities:

##### *Continuous Activities:*

The QI Work Plan identifies specific data collection procedures and on-going evaluation of clinical and administrative functions. Data is used to review progress towards implementation and accomplishment of the goals and objectives outlined as Strategic CQI Initiatives; identify problems for resolution; determine effectiveness of remedial/corrective actions; modify services/systems within the organization; and re-evaluate performance standards and thresholds to ensure the implementation of a continuous quality improvement process throughout the clinical, administrative, and operational functions.

##### *Clinical Outcome Research:*

Outcome research may be developed based on recommendations generated by the QI Committee as documented in the committee minutes. Specific outcome studies will be developed and implemented in response to clinical issues that are identified in the course of continuous quality improvement activities and require additional investigation. The results of specific outcome studies will be used to enhance and improve upon the quality of clinical services provided and the outcomes associated with those services.

##### *Performance Improvement Projects:*

Performance Improvement Projects are focused studies in response to HealthChoices requirements, specialized needs and issues related to quality of care. CBHNP will conduct PI Projects regarding both administrative (service) and clinical functions of the organization. Study topics will be generated by the QI Committee and other committees / resources, based upon analysis of on-going quality improvement data. PI Projects will be documented to include research topic, methodology, individuals responsible, and prescribed time periods and forwarded

to the QI Committee. The Director of Quality Improvement is responsible for facilitating these studies. CBHNP will report the status and results of each project to OMHSAS as requested.

Each Performance Improvement Project will be completed within a reasonable time period so as to generally allow information on the success of performance improvement projects, in aggregate form, to produce new information on quality of care annually.

#### **D. Utilization Management**

In collaboration with the Utilization Management Committee (UMC), CBHNP will provide ongoing review of utilization data and reporting. The primary responsibility of the UMC is to monitor utilization of clinical services, while the Quality Improvement Committee (QIC) focuses on quality of clinical and administrative services. The UMC is chaired by the Director of Clinical Operations. However, as these functions overlap in focus and intent, the UMC and the QIC will share relevant data between committees and will work collaboratively to address issues of mutual interest. Responsibility for coordinating the activities and efforts of the UMC and QIC is assigned to the Joint Administrative Committee (JAC) as convened by the CBHNP, Inc. Board of Directors, the entities to which the UMC and QIC report.

#### **E. Best Practices**

The Director of Quality Improvement, in cooperation with the Provider Advisory Committee (PAC), Medical Director, and Assistant Medical Director, will ensure data interpretation and the use of medical necessity criteria are informed by best practices in the field of behavioral health. Current research in the field, clinical practice guidelines published by relevant professional organizations (e.g. American Medical Association, American Psychological Association) and guidelines established by licensing and accrediting bodies will be referred to in the development of CBHNP practice standards. The PAC will act as a resource to the QIC and the Director of Quality Improvement in the development of these practice standards and in the assessment of new technologies.

Upon request of the QIC, the PAC will be responsible for researching, analyzing, and consolidating pertinent information related to practice standards, resulting in recommendations to the QIC on the adoption of specific clinical practice guidelines and the measurement of provider compliance with adopted clinical practice guidelines. CBHNP will make every effort to identify and adopt appropriate best practice standards to guide the delivery of clinical services and the function of the QI program.

#### **F. Policies and Procedures**

CBHNP has established policies and procedures which complement QI priorities and concepts as outlined in this QI Program Description. In addition, the QI Program has been developed to be consistent with the philosophy and policies of the larger organization, CBHNP, Inc. All CBHNP policies and procedures are updated as needed in response to new information and improvements identified during the QI process. New and updated QI policies and procedures are reviewed and approved by the CBHNP, Inc. Chief Executive Officer, CABHC Executive Director, OMHSAS and/or other entities whenever necessary or required.

## **G. Confidentiality**

Information and documentation regarding Members and providers, including clinical records and provider/Member specific QI data and reports are considered confidential. CBHNP maintains policies and procedures relating to confidentiality requirements and protocols. These policies and procedures are based upon and consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) guidelines, to insure that Members rights related to confidentiality are fully protected. No member-identifiable information is provided to QI and UM Committees. All CBHNP employees, consultants, and committee members are required to sign a confidentiality statement prior to participating in any meetings or activities. Staff is expected to learn, understand, and adhere to confidentiality policies and procedures. Adherence to confidentiality standards is also considered an indicator of provider performance and is reviewed in the process of re-credentialing and other QI driven network activities.

Applicable Policies and Procedures include *QI-003: Member Confidentiality*; *QI-004: Confidentiality of Clinical Records*; *QI-007: Member Requests Regarding PHI*; and *PR-004: Credentialing and Re-credentialing Information*.

## **H. Documentation**

All quality improvement activities detailed in this QI Program Description are consistent with prescribed formats and maintained for review by CBHNP corporate and program management staff, QIC, the JAC, and HASPA. Information is provided to these groups to the extent that the law allows and within the bounds of the rules and conditions that protect the confidentiality of CBHNP Members. The Director of Quality Improvement is delegated the responsibility to ensure consistency in documentation format of all quality improvement activities and to maintain all documentation according to the following:

- The complete scope of QI activities are documented in monthly, quarterly, semi-annual or annual reports as described throughout the standards in the QI Work Plan.
- The Director and Assistant Director of Quality Improvement maintains a comprehensive file of all such documentation for all previous review periods as well as the concurrent one including the following:
  - Committee meeting minutes for the QIC and PAC
  - Adverse incidents
  - Data from specific and continuous quality improvement activities, including clinical and administrative indicators and Performance Improvement Projects
  - Identified quality of care issues and follow-up with providers
  - Member complaints and grievances

## **I. Delegation of Quality Improvement Program Activities**

CBHNP currently does not delegate any QI Program activities. In the event that CBHNP delegates any quality improvement functions to another entity, such as a subcontractor, CBHNP will ensure the following:

- There is a written description of the delegated activities. This description will include

the delegate's accountability for these activities and the frequency of reporting to CBHNP.

- CBHNP's program has written policies and procedures monitoring and evaluating implementation of delegated functions and verifying the quality of care provided.
- There is evidence of continuous ongoing evaluation of delegated activities including approval of the entity's annual QI Program Description and Work Plan and regular specified reports.
- CABHC and the Territory counties have been advised of this delegation.

## **J. Budget**

The Director of QI is responsible for ensuring there are adequate resources to operate the QI Program. To this end, the Director of QI, in coordination with the program's Chief Executive Officer and Chief Financial Officer, is responsible for the development and submission of an annual budget. The budget will include provisions for sufficient material resources, adequate Quality Improvement staffing, and the provision for necessary education, experience, and/or training to effectively carry out QI Program activities.

## **SECTION III Committees**

### **A. Scope**

The Joint Administrative Committee (JAC) is assigned oversight responsibilities by the CBHNP, Inc. Board of Directors for the QI Program. The Board of Directors reviews and approves the QI Program Description, QI Work Plan, and QI Program Evaluation on an annual basis. The Quality Improvement Committee (QIC) provides administrative direction and direct oversight for all behavioral health quality improvement processes and activities of the QI Program. To achieve this purpose and ensure active participation of CBHNP providers and Members in a broad range of quality improvement aspects, the QIC works in conjunction with several subcommittees. The QIC and its subcommittees are actively involved in the design, development and implementation of the QI Program and the monitoring and evaluation of all quality improvement activities. The operating parameters for all committees are as follows. CABHC participates on all committees using members identified based on their needs and preferences. Family and Member involvement is encouraged and pursued whenever possible.

### **B. Committee Structures**

#### **1. Quality Improvement Committee (QIC)**

##### *a. Introduction and Purpose*

The Quality Improvement Committee is established to provide administrative oversight of the QI Program as described in this QI Program Description and as carried out by the QI Work Plan. The QI Work Plan is a document developed and updated annually to identify the specific indicators, measures, and timeframes of the QI Program for that year. The QIC interacts with other CBHNP Committees as a guide for setting goals and objectives for the program. These committees include, but may not be limited to, the Joint Administrative Committee (JAC), the Utilization Management Committee (UMC), the Stakeholder Steering Committee (SSC), the Credentialing Committee (CC), and the Provider Advisory Committee (PAC). See Figure 1.1, which outlines the relationships between the QIC, its subcommittees, and other committees.

The QIC is accountable to the CBHNP Board of Directors. The Joint Administrative Committee (JAC) of the Board receives reports to quarterly, including meeting minutes, pertinent reports and data analysis, and any recommendations or actions, as requested by the JAC. This provides the JAC and Board with a routine method to oversee and monitor the activities and effectiveness of the QI Program.

##### *b. Specific Activities*

The QIC fulfills its purpose through the following activities:

- Recommending policy decisions
- Annual review, approval, and implementation of the QI Program Description, QI Work Plan, and QI Program Evaluation.
- Analysis and evaluation of the results of QI activities, quality indicators, current goals, and recommend modifications to the QI Work Plan.

This monitoring includes reviewing data and reports to identify trends and any necessary organizational corrective action(s).

- Ensuring practitioner participation in the QI Program through planning, design, implementation, or review.
- Monitoring the implementation and effectiveness of remedial/corrective actions.
- Determining the need for Performance Improvement Projects beyond standardized monitoring and evaluation.
- Monitoring implementation and review findings of these PI Projects.
- Establishing the focus and function of the PAC and CC, providing oversight and direction as appropriate and evaluating the effectiveness of each QIC subcommittee.
- Reporting to the JAC conclusions and necessary actions and follow-up as appropriate to meet the goals of the QI Program.
- Submitting a QI Annual Program Evaluation to the JAC, evaluating the overall effectiveness of the QI Program and Work Plan based on an objective, data-supported assessment. Recommendations regarding any necessary changes to the program are integrated into the annual QI Program Description and Work Plan for the succeeding year.

The QIC will meet at least monthly to accomplish the annual goals and oversee, coordinate, implement, evaluate, and modify the QI Work Plan. Other committees and subcommittees may meet more frequently or be convened on an ad hoc basis.

### *c. Reporting*

Quarterly reporting of QI activities is submitted to the JAC by the Director of Quality Improvement within designated time frames. Quarterly reports and an annual delegation oversight visit regarding compliance with NCQA Standards are also conducted by HealthAssurance of Pennsylvania (HASPA). Data from quarterly summaries and quality improvement progress reports are aggregated and summarized in the QI Annual Program Evaluation. Additional reports may be requested as necessary by the JAC.

The QI Program protocol for documenting activities, findings, recommendations, and actions are as follows:

- All meetings and activities of the QIC, PAC, and CC are documented using committee minutes and a written agenda. Minutes are typed, reviewed and signed by the committee chair/co-chair, and distributed to committee members.
- Requests from the JAC for the QIC will be submitted in writing to the Director of Quality Improvement.
- Minutes will follow a consistent format that identifies:
  - Topics discussed;
  - Findings, supporting data, documentation, and recommendation(s) for problem resolution, service/system enhancements, and opportunities for improvement; and
  - A written action plan to include specific action(s) taken or to be taken, time frames for initiation and completion, person(s) responsible, and follow up activity(ies) to be implemented to ensure effectiveness of above action.
- Minutes of the previous meeting are reviewed, amended as needed and approved as the first order of business in the next consecutive meeting.

- Committee meeting minutes, reports, summaries, reviews, monitoring/evaluative data, and any other documentation and information (in part or complete) are confidential and proprietary in nature. Distribution is made according to an established approved distribution list. All committee members (standing and ad hoc), participants, and/or observers on a regular or ad hoc basis are required to sign a statement agreeing to abide by all standards, rules, regulations, and guidelines regarding confidentiality and the handling of proprietary information.

#### *d. Membership*

The Medical Director, CBHNP's designated behavioral healthcare practitioner, chairs the QIC. The Director of Quality Improvement serves as Co-Chair. The Committee Chair and Co-Chair may be replaced at the discretion of the JAC or CBHNP Chief Executive Officer. Committees generally operate by consensus, but sufficient representation by voting members must be present to vote on resolutions or actions. Sufficient representation is defined as a quorum, and occurs when 2/3 of voting members are in attendance.

The committee may add, as appropriate, to its ad hoc membership by including other necessary members such as CBHNP management and line staff, CBHNP network providers, Members including priority population representatives, and others. Ad hoc members must be approved by the Committee Chair prior to attending meetings and are non-voting, but are subject to the same committee rules as voting members. The QIC is comprised of representatives from all of the service delivery components of the organization including administration, care management, provider relations, and operations.

CBHNP welcomes consumer input through committee participation, including individuals representing special needs populations, persons in recovery, and family members of consumers of behavioral health services. Network providers also participate in the QIC as a means of incorporating provider input in to the quality improvement process.

The standing membership of the QIC includes the following:

##### Standing Voting Members

- Chair: CBHNP Medical Director
- Co-chair: CBHNP Director of QI
- CBHNP Assistant Director of Quality Improvement
- CBHNP Director of Clinical Operations
- CBHNP Director of Provider Relations
- CBHNP Members, consumers/family members, with a vested interest in behavioral health systems and identified as a standing Member of the QIC
- CABHC Executive Director or appointee
- A representative from each of the five counties
- Up to five (5) representatives of contracted network providers

## **2. Provider Advisory Committee (PAC)**

### ***a. Introduction and Purpose***

Under the direction of the QIC, the PAC serves as a subcommittee and clinical resource to the QIC. In this role, the PAC provides clinical consultation, review of clinical issues and recommendations related to medical necessity criteria and best practice guidelines. Activities may include the following:

- Providing input into the adoption and measurement of clinical practice guidelines;
- Reviewing the clinical appropriateness of CBHNP internal services;
- Evaluation of clinical appropriateness and effectiveness of clinical care and treatment by network providers;
- At the request of the QIC, assist with investigating and reporting on provider issues being considered or reviewed by the Credentialing Committee;
- Ensure medical necessity criteria and clinical guidelines are updated to include additional Member populations;
- Ensure consistent application of the medical necessity criteria throughout the treatment continuum, by analyses of data from clinical quality indicators and audits;
- Reviews criteria and guidelines to ensure the consistency with national standards (i.e., NCQA standards);
- Participation in researching and reviewing non-standard clinical practices and new technologies under consideration for reimbursement by CBHNP; and
- Participation in the review of ethical issues under QIC consideration.

The PAC is chaired by the CBHNP Medical Director and co-chaired by the CBHNP Assistant Director of QI. The PAC meets monthly or will be convened at the request of the QIC, Director of QI, and/or CBHNP corporate or program specific senior management and may be given a specific issue to address when convened. The PAC will also be provided with a timeline for reporting their findings of the issue under consideration. Written minutes and a verbal summary of PAC activities and recommendations are to be presented to the QIC within the required timeline upon completion of the assigned task.

### ***b. Specific Activities***

The PAC fulfills its role through participation in the following activities:

- Research clinical practice guidelines to maintain best practices.
- Peer review of issues, if necessary, in areas such as:
  - Medical record documentation data gathered during provider clinical site visits;
  - Member complaints and grievances;
  - Adverse occurrences/sentinel events;
  - Provider complaints;
  - Provider and Member satisfaction surveys; and
  - Additional clinical care assessment, special studies, audits, or investigations beyond the standardized monitoring and evaluation activities.

- Review and research requests for new technology and new service models requested by providers as assigned by the QIC. Results are reported to Provider Relations for communication with the provider.

### *c. Reporting*

The PAC will provide the QIC with a summary of PAC meetings and activities, including copies of meeting minutes and written agendas, summaries of recommendations and actions, and responses to requested tasks and required activities.

### *d. Membership*

The standing membership of the PAC includes:

#### Standing Voting Members

- Chair: CBHNP Medical Director
- Co-Chair: CBHNP Assistant Director of QI
- CBHNP Director of Clinical Operations or designee
- CABHC Clinical Director or designee
- Regional representation of CBHNP network providers to include a mix of traditional and nontraditional providers such as:
  - Board-Certified Psychiatrist
  - Licensed Psychologist
  - Licensed Master Social Worker- Advanced Clinical Practitioner
  - Other licensed or certified professionals; i.e. Registered Nurses, Certified Addiction Counselors, etc.

## **3. Credentialing Committee (CC)**

### *a. Introduction and Purpose*

The administrative aspects of the credentialing and recredentialing process are the responsibility of the Director of Provider Relations. The CBHNP Joint Administrative Committee (JAC) charges the Credentialing Committee with making recommendations regarding all credentialing and recredentialing of CBHNP network providers and reporting to the QIC.

Prior to network membership, all provider organizations, facilities, and individual behavioral health providers seeking credentialed status must complete the initial application process. Evidence to meet credentialing requirements must be included with the application, which is demonstrated by including copies of diplomas, licenses, insurance riders, documentation of privileges, and other information pertinent to the licensure of the program or individual by the Commonwealth of Pennsylvania to practice behavioral health care.

The completed, verified application of a provider is presented to the Credentialing Committee, which meets monthly, for review. Based upon review of the application materials, the Credentialing Committee will determine approval, denial, or pending of an application for further information.

Decision-making authority regarding credentialing of network providers is delegated by the QIC

to the Credentialing Committee. Providers are notified of their credentialing status according to the NCQA guidelines. This committee is chaired by the Medical Director and is comprised of representatives of licensed professionals from major behavioral health disciplines. Credentialing Committee members are credentialed and contracted participants in the provider network. The Medical Director and the Credentialing Committee establish credentialing and recredentialing criteria that incorporate DPW, DOH requirements, and NCQA requirements, reflect national professional standards, and are representative of community standards of clinical practice.

The CBHNP network of providers is capable of providing the full scope of covered benefits, care and service resources within established standards of adequate access and availability, incorporating both traditional and nontraditional behavioral health providers. Inclusion of experienced traditional providers interested in providing care helps ensure service continuity.

### ***b. Specific Activities***

The Credentialing Committee fulfills its responsibilities through the following activities:

- Report and recommend actions to the QIC and JAC regarding provider quality improvement issues.
- Research and review applications and supporting documentation to ensure providers are qualified to be network providers for CBHNP and meet credentialing criteria.
- Ensure the Medical Director and Credentialing Committee applies the criteria during the credentialing and recredentialing processes in a consistent, critical, and objective manner.
- Make appropriate recommendations regarding the disposition of each behavioral health provider's network status to the QIC.
- Ensure all behavioral health providers have a completed and approved credentials package on file with CBHNP before a final, non-provisional provider contract is executed.
- Identifying and taking appropriate actions with providers who do not meet performance standards. This includes the review of site visit results.
- Ensure all network providers are credentialed/re-credentialed as required to provide clinical treatment and services.
- Ensure the network has adequate coverage to meet proximity, timeliness, and promptness standards for accessibility for all levels of care.
- The Director of Provider Relations, in cooperation with the Director of Quality Improvement and Medical Director, ensures information pertaining to the quality of treatment and services of each provider is used in the credentialing and recredentialing process.

### ***c. Reporting***

The QIC will receive from the Credentialing Committee a summary of meetings and activities, including copies of meeting minutes and written agendas, summaries of recommendations and actions, and responses to requested tasks and required activities.

The Credentialing Committee makes its recommendations for approval/disapproval to the entities delegated by the JAC as having final credentialing/recredentialing approval/disapproval authority. The JAC reviews credentialing and recredentialing criteria as well as policies and

procedures annually.

#### ***d. Membership***

The standing membership of the Credentialing Committee:

Standing Voting Members

- Chair: CBHNP Medical Director
- CBHNP Director of Provider Relations
- Regional representation of CBHNP providers to include traditional and nontraditional providers
- CBHNP Director of Quality Improvement
- CABHC representatives
- County representatives encompassing the five counties within the project.

#### **4. Stakeholder Steering Committee (SSC)**

##### ***a. Introduction and Purpose***

The SSC offers a vehicle for soliciting consumer and community input regarding CBHNP and the HealthChoices program. The committee meets at least quarterly to review and make recommendations to CBHNP about assuring accessible, high quality, appropriate behavioral health services for HealthChoices Members.

##### ***b. Specific Activities***

The Stakeholder Steering Committee accepts the role of performing the following activities:

- Provide input into CBHNP services and activities related to HealthChoices in the five county area (Cumberland, Dauphin, Lancaster, Lebanon, and Perry);
- Review/comment on QI Program Description, QI Work Plan, and QI Annual Evaluation;
- Provide feedback and guidance on adoption of Clinical Practice Guidelines, Preventive Behavioral Health programs, and other designated QI activities;
- Review/comment on consumer satisfaction data gathered through the QI Program;
- Assess delivery system ability to meet Member and community needs and identify gaps in treatment services;
- Assist in the preparation and oversight of special programs such as those instituted in the Children's Model and pilot programs developed through grant funding;
- Participate in other appropriate activities related to quality improvement and HealthChoices goals, offering opportunities for family/Member voices to be heard.

##### ***c. Reporting***

The SSC will provide the QIC with a summary of meetings and activities including copies of meeting minutes and written agenda, summaries of recommendations and actions, and responses to requested tasks and required activities.

*d. Membership*

The standing voting membership of the Stakeholder Steering Committee is as follows:

Chair: CBHNP Manager of Consumer and Family Affairs

- Regional representation from CBHNP counties served including HealthChoices Members, family members, advocates who represent multiple service disciplines, and providers.
- CBHNP Senior Management Representative(s)
- CBHNP Assistant Director of Quality Improvement
- CBHNP, Inc. Board of Directors representation.

## **SECTION IV Reporting**

### **A. QI Program Annual Review & Development**

The three main documents of the CBHNP Quality Improvement Program are this QI Program Description, the QI Work Plan, and the QI Annual Program Evaluation. The QI Program Description, the QI Work Plan, and the QI Annual Program Evaluation will be reviewed and submitted to OMHSAS via CABHC as required based on contract year in the timeframes mandated. The QIC submits quarterly reports to the Joint Administrative Committee (JAC) and HASPA regarding the status of QI Plan goals and objectives. During the final quarter of each year, the Director of Quality Improvement begins the process of preparing an annual summary and evaluation regarding the quality and effectiveness of improvement activities. The outcomes and results of all quality improvement activities will be summarized and reported annually in the QI Annual Program Evaluation. This report will evaluate the continuity and effectiveness of the Quality Improvement Program for the previous year. The contents of the report include:

- An organizational chart showing key persons, committees, support staff, and other entities responsible for quality improvement;
- A description of completed and ongoing QI activities that address the quality and safety of clinical care and quality of service;
- Results and summary of quality indicators, studies, and activities;
- Analysis of the results of QI initiatives, including barrier analysis and interventions;
- Trending of clinical and administrative quality and safety of clinical care and quality of service indicators and performance data, including aggregate data on utilization and quality of services;
- Outcome data demonstrating quality improvements;
- Areas of deficiency/corrective action recommendations;
- Progress towards and achievement of QI Work Plan annual goals and objectives; and
- Evaluation of overall effectiveness and continuity of the QI Program, including progress toward influencing network-wide safe clinical practices.

Consistent with CBHNP's commitment to continuous quality improvement, the Director of Quality Improvement, in consultation with the Medical Director and under the direction of the QIC, formulates the QI Program Description and Work Plan for the upcoming year. The contents of the plan include:

- Goals and objectives for the upcoming year, including CBHNP's approach to patient safety;
- Program scope;
- Specification of indicators to be monitored in the coming year, including a brief outline of the methodology, timeline, and party(ies) responsible for monitoring each indicator;
- An outline of scheduled projects and activities designed to address issues identified through evaluation of the previous year's report, including the quality and safety of clinical care and quality of service;
- Time frame within which each activity is to be achieved;
- Identification of priority areas of program focus, including variables to be explored through focused Performance Improvement Projects; and

- Planned evaluation of the Quality Improvement Program.

The QI Program Description, QI Work Plan, and QI Annual Program Evaluation are submitted to the QIC for review and approval. CABHC reviews and recommends changes prior to OMHSAS submission. The QIC also forwards the approved documents to the JAC and HASPA for review and acceptance, which is noted in their meeting minutes.

## **B. Progress Reports**

The JAC receives quarterly reports from the QIC describing quality improvement activities; remedial/corrective actions taken; progress in meeting quality improvement goals and objectives; modifications and enhancements made to the CBHNP program; and improvements in the quality of CBHNP services and care.

## **C. Program Modifications**

The JAC assigns responsibility for making QI Program and QI Work Plan modifications to the QIC. The QIC will direct activities and will oversee implementation of the QI Work Plan, which may be modified to accommodate review findings and issues of concern. Modifications are identified and detailed in the annual QI Annual Program Evaluation and integrated into the development of future quality improvement activities.

## **SECTION V Member Safety, Health Outcomes, & Member Education**

### **A. Member Safety**

The QI Program is designed to monitor and improve quality of care over a range of behavioral and physical health service delivery areas, focusing on outcomes and ensuring Member safety. CBHNP is committed to fostering a supportive environment to help practitioners and providers improve the safety of their practices. As an example of this commitment to Member safety, particular attention will be given to the implementation of the following activities:

- Promotion of effective health management for Members, achieved by maintaining an awareness of and informing Members of community health related activities and educational services.
- Identification of high-risk Members with complex behavioral and/or medical issues, positive family history for medical-behavioral health complications, chronic illnesses, and high-risk activities, which may result in medical/behavioral disorders and/or high-risk illnesses.
- Information and education of providers about Member health management activities and programs available to the Member through their individual physical health plans and/or community resources.
- Critical Incident Management and resulting Member safety initiatives or interventions.

Critical Incident Management is a key part of Member Safety initiatives, including restraint reduction. CBHNP is not a direct provider of care. However, the mandatory reporting by providers of adverse incidents monitors and improves the safety of provider practices. Providers are required to report the following categories of events for Critical Incident Management. Each report is reviewed within 1 business day by the Quality Improvement Department, and follow-up activities are initiated as needed.

- Death of a Member.
- Suicide attempt.
- Medication error.
- Any event requiring the services of the fire department, or law enforcement agency.
- Abuse or alleged abuse involving a Member.
- An injury or illness (non-psychiatric) of a Member requiring medical treatment more intensive than first aid.
- A Member who is out of contact with staff for more than 24 hours without prior arrangement, or a Member who is in immediate jeopardy because he/she is missing for any period of time.
- Any fire, disaster, flood, earthquake, tornado, explosion, or unusual occurrence that necessitates the temporary shelter in place or relocation of residents.
- Seclusion or restraint.
- Other incident identified by the Provider as Critical, Adverse or Unusual.

In addition to Critical Incident Reports, data is collected from a variety of sources including Member Complaints, Provider Profiling, and Quality of Care issues identified by the Clinical Care Managers and Medical Directors/Physician Advisors to identify and quickly follow-up on Member safety issues. The Director of Quality Improvement, Medical Director, and Provider Relations Director meet weekly (Quality of Care Council) to assure that Member Safety issues

are properly identified and addressed. CBHNP plans to make publicly available to enrollees and practitioners performance data on provider and practitioner safety and quality beginning in 2007.

## **B. Health Outcomes: Joint QI/UM Studies with Physical Health MCOs**

Coordination with Physical Health MCOs (PH-MCOs) is fundamental to ensuring comprehensive care for Members. To assist in this coordination of care effort between physical health and behavioral health, the CBHNP Medical Director participates on the PH-MCOs Pharmacy and Therapeutic Committees and HealthChoices Medical Director meetings. Individuals from CBHNP, CABHC, and the PH-MCOs also meet to discuss areas requiring coordination including:

- Medical Transportation;
- Psycho-pharmacological prescription protocols and formulary;
- Policies for coordinating behavioral healthcare with the Primary Care Practitioner (PCP);
- Medication management for Members with major depression, bi-polar disorder, and schizophrenia; and
- Prescription medication use by individuals with substance abuse disorders.

A key focus area is the coordination of medication. Primary care physicians (PCPs) may prescribe medication for physical conditions that is contra-indicated by behavioral health treatment. One example would be the use of addictive or habituating medication for pain with individuals in recovery. Such prescriptions must be subject to careful monitoring. CBHNP has clear guidelines for all providers involved with the prescribing of medications, conveying the expectation that behavioral health providers will coordinate and communicate with the PCP. Providers will be monitored for documentation reflecting that they secured the Member's release to correspond with the PCP and have corresponded for collaboration in Member treatment. Coordination is also necessary regarding conditions that are not clearly distinguishable as either physical or behavioral, but warrant treatment funded by HealthChoices. Certain brain dysfunctions following trauma fit this category. CBHNP will work with the PH-MCOs to develop a policy that ensures prompt payment to the provider, which may later be subject to arbitration between companies.

CBHNP is an active participant in all joint initiatives involving BH-MCOs and PH-MCOs spearheaded by DPW. The ongoing Domestic Violence Awareness Initiative has involved multiple Intervention Categories, including Consumer Education, Primary Care Provider Education (including Behavioral Health Providers), Specialty Provider Education, and Impact Assessment. Similar joint initiatives are in progress for Obesity in Children and Smoking Cessation in Pregnant Women.

## **C. Member Education**

CBHNP believes that informed choice and participation in treatment is integral to providing services to Members. A Family and Consumer Advocate is employed by CBHNP for the purpose of assisting Members when the Member, relative, or other advocate requires assistance beyond that which can be obtained through Member Services. This might include more detailed explanations of HealthChoices, Member rights and responsibilities, and the CBHNP complaint and grievance process. The Family and Consumer Advocate is offered as a resource at all levels of complaints and grievances, and by Member Services or other staff when appropriate. Additional outreach efforts to educate Members and other interested parties will be implemented whenever possible. Providers are also considered a resource for educating Members.

## **SECTION VI Provider Participation in the Quality Improvement Program**

CBHNP solicits and supports provider participation in the quality improvement process through opportunities for provider participation in committee work, provider meetings and trainings, and ongoing communication in the course of normal operations. Providers contractually commit to a cooperative relationship with CBHNP, including active participation in quality improvement activities, focused studies, audits, outcomes projects, and other quality improvement activities. Failure to fulfill this contractual agreement can result in a reduction or termination of provider network status.

### **A. Provider Orientation and Training**

CBHNP is committed to offering network providers orientation and training related to CBHNP's philosophies, policies, and procedures. The training is designed to insure that providers are familiar with operations of the organization and can easily access Clinical Care Management and other services on behalf of consumers and their organizations. See Policy and Procedure PR-010 for provider training and orientation information.

### **B. Provider Review**

The QI Program of CBHNP provides numerous opportunities for provider participation in the outcomes and quality improvement process. These opportunities include provider interface in system and service planning; review of clinical criteria, clinical care management and coordination; network credentialing; focused studies and educational activities; and quality clinical indicator and performance standards review.

CBHNP offers various committees through which providers can participate in the review of the care process, performance, and member outcomes.

- Quality Improvement Committee (QIC). The QIC is the committee that oversees the development, implementation, and evaluation of the QI Program. More information on this committee is contained in Section III.
- Provider Advisory Committee (PAC). The PAC is a subcommittee of the Quality Improvement Committee (QIC). Providers who are PAC members have an opportunity for input regarding clinical quality issues, including practice guidelines and best practices. See Section III for more details about PAC and other committees.
- Credentialing Committee (CC). The CC is a subcommittee of the Quality Improvement Committee (QIC) and is delegated decision-making regarding all credentialing and re-credentialing of network providers. All professional provider organizations, facilities, and individual behavioral health providers' credentials are reviewed and approved by the Credentialing Committee.
- The Utilization Management Committee (UMC). While the Utilization Management Committee (UMC) is not a sub-committee of the QIC, there is a data sharing and summary reporting relationship. This provides the QIC with necessary information and material to perform QI activities. The UMC offers an additional opportunity for providers to have input into the services and operations of the CBHNP HealthChoices program.

Upon request, CBHNP also makes available for review to all stakeholders, including enrollees and providers, the annual written evaluation of the QI activities, results, and new/existing objectives and goals. Through website and newsletter notifications, information on the QI Program is made available to all stakeholders, including enrollees and providers.

### **C. Access to Member Clinical Records**

The provider contract that is established for each individual provider, group, organization, and facility stipulates that CBHNP has complete access to Member medical and clinical records (within the bounds of applicable law) for review in the course of determining medical necessity, payment, or in the process of ensuring the appropriateness and quality of treatment and services to CBHNP Members. This access may include onsite review and/or review by mail transfer.

## **SECTION VII Member Rights, Responsibilities, and Satisfaction**

### **A. Philosophy**

CBHNP is committed to ensuring that Members are treated in a respectful, helpful manner at all times. In an effort to insure that Members receive treatment and services consistent with this commitment, CBHNP has adopted a statement outlining Member rights and responsibilities. CBHNP establishes standards in the QI Program and policies and procedures to support and facilitate services, processes, and practices consistent with Member rights and responsibilities. Educational and informational materials provided to Members meets DPW standards for readability and comply with Americans with Disabilities Act requirements.

Member input into the structure and effectiveness of CBHNP services are solicited in a variety of ways. Members are invited to participate in committee work of the organization, as noted elsewhere in this document. Standardized satisfaction surveys are sent to Members on a regular basis to assess CBHNP services. Finally, complaints and grievances filed by Members are carefully documented and analyzed to insure that opportunities for quality improvement are identified and addressed.

### **B. Rights and Responsibilities**

The rights and responsibilities of Members are summarized in the *CBHNP Member Services Handbook*, which is shared with Members, providers, and physical health plans. A *Member Services Handbook* is provided for all Members and included in all *Provider Manuals*. Member Rights and Responsibilities are reviewed during CBHNP provider orientation. Providers are encouraged to ask all new Members if they received and understand their written rights and responsibilities.

The *Member Services Handbook* is available to Members following enrollment in HealthChoices. The handbook is written at a fourth (4th) grade reading level and is also available in Spanish.

### **C. Member Complaint and Grievance Procedures**

All Members are ensured the right to complaint and grievance actions through the Complaint and Grievance system, which is consistent with the regulations of DPW and DOH.

Details regarding the complaint and grievance process can be found in Policy and Procedure *QI-CG-001: Complaint & Grievance Processes*.

The following activities further ensure proper oversight of complaints and grievances:

- The CBHNP Director of Quality Improvement has oversight responsibility for maintaining complaint and grievance procedures and operations, with direct supervisory responsibility delegated to the Assistant Director of Quality Improvement.
- CBHNP employs a Manager of Consumer and Family Affairs to provide assistance to Members in filing and/or processing complaints and grievances.

- All CBHNP network providers must have readily available complaint/grievance information for Members.
- CBHNP ensures there is no discrimination against a Member, including denying services solely on the grounds that the Member filed a grievance or complaint.
- The complaint and grievance system is accessible to staff, providers, and other stakeholders to identify concerns/problems and disputes.
- The complaint and grievance process is described in detail in the *CBHNP Member Handbook*. Providers are informed and able to describe the process as a component of their review of Member Rights and Responsibilities. CBHNP Member Services staff and Clinical Care Managers are also able to explain the process.

CBHNP uses complaint and grievance data to improve the quality of its systems and services, and the treatment services and care of network providers. The organization is able to report complaint and grievance data, including quarterly and annual reports summaries, which are submitted by the Director of Quality Improvement to the QIC for review. The QIC reviews reports for significant trends and, when appropriate, determines a written plan for remedial/corrective action to be developed and implemented according to procedures.

#### **D. Member and Provider Satisfaction**

Members and providers are an important source of information and ideas regarding service and systems improvements. CBHNP supports and facilitates suggestions, feedback, and input for quality improvement activities using the following:

- CBHNP Satisfaction Surveys: Satisfaction Surveys for both Members and providers are conducted through an accredited vendor on an annual basis. Survey methodology is mail-in surveys and data collection. Survey tools are nationally available instruments with proven reliability and validity. Responses are collected, analyzed, reported, and integrated into quality evaluation and planning.
- CBHNP Member Complaints and Grievances: Data from CBHNP Member Complaints and Grievances is utilized for quality improvement activities as described in policy and procedure *QI-CG-001: Complaint & Grievance Processes*. Providers may also file complaints and grievances on behalf of Members.
- Additional Member and Provider Satisfaction Surveys: CABHC also directly conducts Provider Satisfaction Surveys and provides results to CBHNP for integration into the QI Program. Consumer / Family Satisfaction Team (CFST) surveys are conducted via CABHC's contract with Consumer Satisfaction Services (CSS), Inc., and results are provided to CBHNP for integration into the QI Program.

## **SECTION VIII Remedial and Corrective Actions**

The principles of continuous quality improvement in healthcare dictate that remedial/corrective actions are sometimes necessary in response to complaints, critical incidents, or other identified quality of care issues.

### **A. Implementation and Evaluation**

Appropriate remedial or corrective actions may be taken by CBHNP under the following circumstances:

- Inappropriate or substandard services furnished by a provider;
- Prescribed services are not provided;
- Quality indicators or other quality monitoring activities identify performance standards that are not met;
- Failure to meet requirements of the contract agreement or Provider Manual;
- Failure to participate in any QI activity, including failure to submit required data and/or successful completion of a remedial/corrective action plan;
- Providing fraudulent information or substantive criminal activity; and
- Member safety issues, which pose a threat or potential danger to any Member receiving services.

The following procedures will be used to implement and evaluate remedial/corrective actions:

- All CBHNP staff report fraud, potential fraud, or criminal activity to the CBHNP Corporate Compliance Officer.
- The Director of Quality Improvement, Medical Director, and Provider Relations Director will develop recommendations regarding the significance of identified quality issues through weekly meetings (Quality of Care Council) and to determine if a non-routine site visit, remedial/corrective action, or referral to the Credentialing Committee for further action is required.
- For approval of any recommendation for corrective action that includes any adjustments in provider privileges and/or network status, the issue is reported by the Credentialing Committee to the QIC, CBHNP Management Team, and JAC for approval.
  - CBHNP network providers may have their network status suspended and/or terminated for failure to comply with CBHNP administrative, clinical, and/or quality criteria as stated in the Provider Manual and/or contract/agreement.
- Corrective plans of action submitted by providers to the CC must specify:
  - Action(s) to be taken;
  - How the issue will be monitored for effectiveness;
  - Schedule for implementing the remedial/corrective action(s);
  - Person(s) responsible for implementing the action(s);
  - Person(s) responsible for follow up monitoring of action effectiveness; and
  - Means for modifying the action(s) if improvement does not occur within a specified period of time.

- The Provider Relations Department will notify all involved parties, including providers and staff, about the issue(s) and the requirements for remedial/corrective action(s). Written notification of any change in status will be given to the provider following provider contract timeframes for notification.
- The Director of Quality Improvement and Director of Provider Relations will maintain information and documentation regarding the actions taken, including monitoring and evaluation activities.
- The decision may be appealed by the provider to change the network status by formally requesting in writing a review within the specified time frames outlined in the Provider Manual, provider contract, and appropriate policies and procedures.

## **B. Effectiveness**

The effectiveness of remedial or corrective actions requires continual monitoring and evaluation of the implemented plan to identify measurable changes and improvements.

Measuring and evaluating continuous quality improvement efforts helps to ensure:

- Measurable improvement of the desired change;
- Improvement is maintained over a specified time period;
- Improvement in the quality of treatment and/or service is continually reflected in daily operations;
- Improvements continually meet the requirements of the standards outlined in the action plan; and
- There is supporting documentation of the required outcomes and improvements.

## **SECTION IX HealthChoices Behavioral Health Program QI Requirements**

### **A. POMS**

CBHNP will track and report all required Performance Outcome Management System (POMS) encounter data to meet all DPW requirements as outlined in the *Commonwealth of Pennsylvania Lehigh/Capital Zone HealthChoices Program Standards and Requirements, Appendix K*. The HealthChoices program requires six categories of Outcome Dimensions, identified as:

1. Increase Community Tenure and Less Restrictive Services;
2. Increase Vocational and Educational Status;
3. Reduce Criminal/Delinquent Activity;
4. Improve Health Care;
5. Increase “Penetration Rates”, and
6. Increase Consumer/Family Satisfaction.

Certain information included in POMS reporting is for specific Priority Populations and is to be compiled by age group. CBHNP ensures the accurate identification of priority population Members and the timely collection of all required data for these populations. CBHNP will provide CABHC with the necessary data files to conduct POMS oversight activities.

HealthChoices defines Priority Populations as:

- Members with serious mental illness and/or addictive disease, and
- Children and adolescent Members with or at risk of serious emotional disturbance and/or who abuse substances and who, in the absence of effective behavioral health treatment and rehabilitation services, care coordination and management are at risk of separation from their families through placement in long term treatment facilities, homelessness, or incarceration, and/or present a risk of serious harm to self or others.

Drug and alcohol priority populations include child and adolescent substance abusers and persons with addictive diseases including pregnant women and women with dependent children, intravenous drug users and persons with HIV/AIDS who abuse substances.

Providers participating in CBHNP’s HealthChoices program are required to identify Members seeking services who meet criteria for Priority Populations as specified in *Appendix Q* of the *Commonwealth of Pennsylvania HealthChoices Program Standards and Requirements*. Providers are also required to participate in collecting and submitting to CBHNP all required POMS data on individuals identified as members of Priority Populations.

### **B. HealthChoices Behavioral Health Baseline Performance Report**

The DPW Office of Mental Health and Substance Abuse Services published performance reports to the HealthChoices behavioral health stakeholder community as a new and powerful information resource. Reports can be used by consumers, families, and persons in recovery to learn how well the mental health and drug and alcohol treatment system is working. In the HealthChoices Behavioral Health program, OMHSAS is in the process of developing “Performance Based Contracting” (PBC) which includes the publication of Performance

Indicators for the 25 HealthChoices counties. OMHSAS will be producing Performance Reports on an annual basis for the HealthChoices counties, which include baselines for each BH-MCO, national norms when available, and an identified comparative data for each of 24 Performance Indicators in the areas of Access, Quality of Process, and Quality of Outcomes. One Mental Health and one Substance Abuse Performance Improvement Project (PIP) have been defined by OMHSAS and required for each BH-MCO, beginning in Contract Year 2004-05. In addition, CBHNP is participating as a pilot county (Lebanon County) in the Performance Based Contracting Initiative, which involved additional utilization and quality measures in comparison to benchmarks.

### **C. External Quality Review**

The Balanced Budget Act of 1997 (BBA) enacted in August 2003 directed the Department of Health And Human Services and ultimately each state entity to contract with an independent quality review organization to develop protocols to be used to fulfill the statutory requirement that State Medicaid agencies annually provide for an external, independent review of the quality outcomes and timeliness of, and access to, service provided by Medicaid managed care organizations, such as CBHNP.

I PRO is the external quality review organization contracted by OMHSAS to fulfill this function. As such, CBHNP will fulfill requirements for validation of Performance Improvement Projects and participate in additional designated performance measure studies.

Annual compliance review with OMHSAS is known as the Program Evaluation Performance Summary (PEPS). Additional documentation has been received from OMHSAS on all of these program and QI requirements. Necessary elements have been incorporated into the QI Work Plan or separate action plans have been developed to meet these regulatory requirements.

## **SECTION X Quality Improvement Work Plan**

The Quality Improvement Committee (QIC) provides oversight approval of the QI Program Description, QI Work Plan, and QI Annual Program Evaluation. All three documents are developed by the Quality Improvement Committee (QIC) and approved annually by the CBHNP Board of Directors and the Joint Administrative Committee (JAC). As a continuous quality improvement document, the QI Work Plan evolves and changes as new issues develop and revised priorities are established to monitor care and service quality. The content of the QI Work Plan will change annually in response to the changing needs of the organization, its Members, and providers. Continuous evaluation and reporting by the QIC and other committees, entities, and/or individuals will identify the necessity for adding new information or adjusting the existing information during the Program year. The continuous review and analysis of information serves to improve quality of outcomes, services, clinical care management, and reinforces CBHNP's commitment to quality.

As part of the QI Work Plan, Performance Improvement projects will be identified to achieve, through ongoing measurements and interventions, significant improvement, sustained over time, in clinical and non-clinical care areas that are expected to have a favorable effect on health outcomes and Member satisfaction. The projects will include Quality Planning, Quality Improvement, and Quality Control/Measurement activities focused on:

1. Measurement of performance, using objective quality indicators.
2. Implementation of system interventions to achieve improvement in quality.
3. Evaluation and initiation of activities for increasing and sustaining improvement.

Through website and newsletter notifications, information on the QI Program is made available to all stakeholders, including enrollees and providers. Copies of the QI Program Description, QI Work Plan, and QI Annual Program Evaluation and supporting documentation are available to stakeholders for review and may be requested from:

CBHNP-  
ATTN: Director of QI  
5405 Jonestown Rd.  
Suite 101  
Harrisburg, PA 17112  
(717) 671-6500

**CBHNP Capital Area  
Quality Improvement Committee Flow Chart**

Figure 1.1

