



BEHAVIORAL  
HEALTHCARE  
PROVIDERS

Quality Management and Improvement  
2018 Year-end Report

**Behavioral Healthcare Providers  
Quality Management and Improvement Program  
2018 Year-end Report**

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**Introduction**

Behavioral Healthcare Providers (BHP) began 2018 with a comprehensive quality plan description and annual work plan. In response to changes in client needs, BHP business, and clinical needs, we made minor changes and adjustments to the description and work plan throughout the year. This year-end report highlights BHP's accomplishments and performance concerning our responsibilities of quality management and the improvement in the delivery of behavioral health care related to BHP's NCQA MBHO accreditation. Aligning with the year-end report is the **Quality Management and Improvement (QM&I) Program Description and Annual Work Plan**.

The **QM&I Program Description** is a relatively static document, as it is comprehensive and states our intent on monitoring performance and implementing clinical activities focused on ensuring the most beneficial care for the member. Minor changes to this document may occur as standards change so that it reflects the current accepted management responsibilities. Following approval by the BHP Quality Improvement Committee (QIC) and the BHP Board of Directors, the QM&I Program document stands as our foundation for quality management throughout our organization. Any subsequent material changes are brought to the QIC and Board's attention for approval as they occur.

The **2018 Annual Work Plan** identifies monitoring and clinical activities BHP continues to monitor and/or implement. This document is more dynamic in nature and in the coming year reflects a continuation of established monitoring of clinical and preventive health activities implemented or in process during 2018.

In 2014 BHP pursued full National Committee for Quality Assurance (NCQA) accreditation for Managed Behavioral Health Organizations. After an intensive internal audit and NCQA off-site and on-site reviews we received notification in August 2014 that we were awarded full NCQA accreditation status. Our third renewal survey occurred in 2018 and we received full accreditation. BHP is very proud of this significant achievement and will continue to maintain NCQA standards in 2018. BHP's next renewal survey will be in 2020.

BHP has several different types of quality activities. One section of these activities is related to the creation and implementation of several clinical and behavioral health screening activities, as well as clinical practice guidelines. These activities focus on: (1) Disseminating to the network four clinical practice guidelines: one related to the assessment and/or treatment of ADHD, one for the assessment of Depression, one for assessment of Substance Use disorders, and one for assessment of Bipolar related disorders. (2) Implementing a screening program for co-occurring disorders and an additional screening program targeting symptoms of Generalized Anxiety Disorder.

BHP has also developed several clinical measurement activities to improve clinical issues relevant to our members. These activities have designated monitoring and data collection elements which allow us to analyze the current scope of the activities and amend them if the intended purpose does not appear to be addressed. NCQA specifies that at least three meaningful quality clinical activities are implemented, and in 2018 we maintained four activities, one of these was retired and we are pursuing new activities as well. BHP also has specific quality improvement activities for the services delivered through the sites that use the Diagnostic Evaluation Center (DEC) system. In addition,

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BHP instituted a chart audit quality activity to measure provider adherence to BHP's Clinical Practice Guidelines. A summary of these activities and the results are outlined below.

The quality monitoring activities identified continue to reflect current accepted practices and management requirements. The **Annual Work Plan** provides tracking and documentation of detailed information on each of our monitoring and quality activities. This data allows us to draw conclusions about the effectiveness of each quality monitoring activity and make changes if necessary. It also lays the foundation for year to year comparisons, as many of the activities require ongoing monitoring. In general, the annual work plan register contains the following information:

- Report/Project name
- Report/ Project goal
- NCQA Standard
- Quantifiable Measure; if applicable
- Performance goal: if applicable
- Benchmark: if applicable
- Responsible staff
- Reviewed by
- Timeframe

The information or data elements tracked for each includes, as applicable: date, measurements, analysis, actions required, and follow up. Whereas NCQA requires that we monitor most of our management activities at least annually, most of the monitoring activities are monitored monthly by BHP Quality Staff and reviewed quarterly by the Clinical and Operations Team and Quality Improvement Committee (QIC) for final oversight.

Overall, BHP's management and staff continue to demonstrate their commitment to helping people reach their potential and to enhancing the behavioral health system through innovation. Our efforts continue to build upon the structures that BHP needs in order to impact behavioral services and fulfill its contractual obligations. This report highlights the Scope of Activities monitoring results, current status on the clinical and preventive health activities, and areas for continued improvement. In conclusion, the report provides a final evaluation of the effectiveness of the Quality Management and Improvement Program and its various activities.

### **Scope of Activities**

The scope of our activities includes clinical services, member services, and screening services/preventive health activities. In clinical services, BHP monitors the effectiveness of our utilization management process in reviewing a request for treatment and notifying the provider of the outcome, complaints and appeals related to clinical care, chart audits, internal record keeping, treatment record keeping of practitioners and clinical quality activities. Member services activities include a member's ability to access BHP services (telephone access and abandonment), network availability and accessibility, and member satisfaction. Preventive health activities include screening for and education about selected diagnoses. This report summarizes the efforts and performance in each area.

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**Patient Safety**

BHP demonstrates our commitment to patient safety by incorporating safety elements into existing activities. As BHP has always had a commitment to overall patient care, elements of patient safety are found in our existing processes. It is evident that the activities BHP has engaged in have, at their core, a concern for patient physical and mental safety needs. In brief, these include:

- DEC Coordination of Care with Primary Care Providers
- Clinical Measurement Activities
- Site Visits of Practitioners
- Utilization Management Review Process and Quality Activities
- Complex Case Management Services
- Chemical Health Treatment Access
- Diagnostic Evaluation Center Quality Activities

*More information on each of these patient safety elements is described further in this report.*

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**Utilization Management Quality Activities – Clinical Activities**

**Timeliness of Utilization Management Decisions**

A timely response to a request for service is an important element in the utilization management process. The monitoring results are displayed below. NCQA allows for a one-time extension of the timeframe for completing our process when, due to circumstance out of our control, a decision is not able to be made such as not receiving all clinical information necessary to complete the review. These standards are currently reflected in BHP policies.

BHP staff met the 95% performance goal in 2018 for all categories. BHP continues to monitor reports daily and flag all routine outpatient cases not complete 6 days after receipt of the treatment plan or phone update. These are reviewed by the department manager to ensure that deadlines are met.

BHP UM monitoring includes weekly, monthly and quarterly reports that summarize individual staff performance as well as overall department performance. Breakdown by department and individual staff allows BHP to address and quickly resolve identified issues throughout the year. Based on the analysis of the results for each standard, the BHP UM staff continue to consistently demonstrate a high standard of performance.

**Timeliness of UM Decisions Data**

	Decision Outpatient	Decision Facility	Decision Denial Outpatient	Decision Denial Facility	Extension Outpatient	Extension Facility	Extension Denial Outpatient	Extension Denial Facility
<b>2016 % Total</b>	95.68%	98.63%	NA	NA	100%	NA	NA	NA
<b>2017 % Total</b>	100%	99.54%	NA	100%	100%	NA	NA	NA
<b>2018 % Total</b>	100%	99.57%	NA	NA	NA	NA	NA	NA

*The historical data for Utilization Management along with designations and definitions can be provided upon request.*

**Consistency in Applying Clinical Criteria – Inter-rater Reliability**

On a quarterly basis, BHP evaluates the consistency with which UM staff applies the criteria in decision making. Using a statistically-valid method, the Department Manager selects sample case profiles. All Utilization Management (UM) staff, inclusive of the doctoral level licensed psychologists and primary consultant physician reviewers, review the information and make a utilization management decision consistent with the level of care guidelines.

Inter-rater reliability standards for cases processed by Care Management (CM) staff that may involve a higher level of review adhere to the following process:

- The Manager reviews the decisions to ensure that staff appropriately forwarded a case on to the appropriate reviewer, when required.

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- The Manager reviews these cases to ensure that, when appropriate, the CM authorized services based on the presence of criteria as defined in policy.

For cases reviewed by the Psychologist or Psychiatrist Reviewer:

- It is expected that all Reviewers will make the same decision to approve, deny or partially approve on the same cases where the attending practitioner is not a physician; these cases require an MD review.
- It is expected that for partial authorizations on inpatient cases, the Reviewers will approve the same number of days, within reason, not to exceed a seven-day difference.
- It is expected for determinations to deny that the Reviewers identify the clinical criterion not met that supports the decision. The Reviewers are expected to identify all criteria that apply. When there is more than one identified criterion for a denial or partial authorization, it is expected that the Reviewers show agreement within a quantity of one selected criteria.

**Inter-rater Reliability Results**

Timeframe	Psychiatrists	Psychologists	UM Staff
2016	Agreement on 10/10 cases (100%)	Agreement on 10/10 cases (100%)	Agreement on 10/10 cases (100%)
2017	Agreement on 13/13 cases (100%)	Agreement on 13/13 cases (100%)	Agreement on 12/13 cases (92.31%)
2018	Agreement on 12/12 cases (100%)	Agreement on 12/12 cases (100%)	Agreement on 12/12 cases (100%)

**Practitioner Satisfaction with UM Process**

The 2018 data indicates that there were no practitioner-initiated complaints about BHP’s UM processes. We are pleased to note that there have been zero practitioner-initiated complaints since 2009. The Operations Director, Quality Assurance Manager, Psychologist Reviewer, or Medical Director review and respond to all practitioner complaints depending on the nature of the complaint. Based on the absence of complaints over the last several years, BHP concludes that practitioners are overall satisfied with BHP’s UM processes.

**Clinical Quality Case Reviews**

Clinical quality case reviews occur when there is evidence or concern of poor-quality care. These types of concerns include evidence of prescribing inappropriate medication, making inappropriate diagnoses, engaging in sexual relations with a patient, etc. UM staff continually review cases within the department and with the Medical Director. The UM staff takes an assertive role in discussions with practitioners to ensure that comprehensive care is occurring in a timely manner. If there is a concern related to poor quality of care or patient safety, the case is reviewed by the Clinical Operations team and action is taken as needed. Additionally, UM staff routinely bring cases of members who are involved in the complex case management program (POP) to the Clinical

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Operations team for review. The team provides service or treatment recommendations to offer the member in order to improve access to appropriate care.

**Complex Case Management – Personalized Outreach Program**

In 2018, BHP offered complex case management services to members who may benefit from additional support and follow-up. Complex case management is the coordination of care and services provided to members who have experienced a critical event or diagnosis that requires extensive use of resources and who need help navigating the system to facilitate appropriate delivery of care and services. The goal of complex case management is to help members regain optimum health through improved functioning.

Some of the services provided through complex case management are:

- Discussing treatment goals and treatment options.
- Helping members find providers for behavioral health care services.
- Scheduling assistance for appointments with behavioral care practitioners, if desired.
- Ensuring outpatient follow-up services prior to discharge from an inpatient unit.
- Making telephone calls to members, after discharge.

With this program BHP seeks to:

- Better manage the care and health of both chronically ill members and those members who are at high-risk for a subsequent acute care event;
- Improve clinical outcomes and compliance with care standards;
- Lower total health care cost;
- Increase member satisfaction.

In 2018, 236 patients were contacted to enter BHP’s Personalized Outreach Program (POP). Of those contacted, 71 began participation in 2018, 7 reached their goals, 54 discontinued after starting the program and prior to meeting their goals, and 10 are still actively participating. BHP currently has three outcome measures to monitor the efficacy of POP. These measures include a patient satisfaction survey, examining pre and post POP involvement GAD-7 scores, and reporting the number of patients with inpatient hospitalization(s) within three months post POP involvement.

BHP designed a patient satisfaction survey in 2017 designed to monitor satisfaction with POP. In 2018, BHP sent out surveys to 45 members who participated and had one returned for a 2.22% response rate. Survey responses are outlined in the table below. Due to such a low response rate, BHP is not able to generalize results from the POP survey response and efforts will be made to improve response rates in 2019.

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**POP Patient Satisfaction Survey Results**

	<b>2017 (n = 2)</b>	<b>2018 (n = 1)</b>
<b>1. I understood the Care Management/POP program the way it was explained to me.</b>	100%	100%
<b>2. The BHP staff were knowledgeable about my condition(s) and healthcare needs.</b>	100%	100%
<b>3. The staff at BHP included me in the planning of my care.</b>	100%	100%
<b>4. The staff at BHP worked with me to set a care management schedule to fit my needs.</b>	100%	100%
<b>5. The staff at BHP helped me set goals to manage my condition(s) and health care needs.</b>	100%	100%
<b>6. The staff at BHP provided me with verbal and / or written information that helped me reach my goals.</b>	100%	100%
<b>7. The staff at BHP responded to my questions and concerns.</b>	100%	100%
<b>8. The staff at BHP were available to me during normal business hours when I needed assistance.</b>	100%	100%
<b>9. The staff at BHP treated my beliefs and values with respect.</b>	100%	100%
<b>10. I am satisfied with my experience working with the staff at BHP.</b>	100%	100%

The second outcome measure examines pre and post POP involvement GAD-7 scores. BHP's performance goal for 2018 was that 60% or more of POP members who completed the pre and post GAD-7 screening would have a reduced score by at least one severity level indicating improvement in symptoms. Of the members that participated in POP, two completed both the pre and post POP involvement GAD-7 screening. There were 19 members who completed the pre-POP GAD-7 screening, but did not complete the post-POP screening. This was most often due to lack of continued involvement in POP or the patient declining the screening. Of the two members who completed the pre and post POP screening, one had a reduction in their GAD-7 score and one's score remained the same. In 2018 three members (50%) reduced their screening score by at least one severity level. Again, given the low level of screening completions, BHP is unable to generalize the results of this measure. The performance goal of 60% was not met for this measure.

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POP Outcome Measure - GAD-7 Scores						
Time frame	Number of new POP Enrollees	Number with pre and post GAD-7 scores	Number which reduced at least 1 severity level	% patients which reduced at least 1 severity level	Performance Goal for reduced severity level	% of patients with reduced GAD-7 scores
<b>2016</b>	46	7	1	14.29%	≥60%	71.43%
<b>2017</b>	36	3	3	100%	≥60%	100%
<b>2018</b>	71	2	1	50%	≥60%	50%

BHP’s third outcome measure was related to inpatient hospitalizations post-POP involvement. BHP’s performance goal for this measure was that members who completed POP would have an average of one or fewer inpatient admissions for 3 months post POP involvement. In 2018, the average number of IP admissions for those who participated in POP was .03, thus meeting our performance goal.

POP Outcome Measure - Inpatient Admission				
Time frame	Number of members who participated in POP and closed	Number of members with IP admission within 3 months post POP involvement	Average number of IP admissions	Performance Goal
<b>2016</b>	46	1	0.02	≤ 1
<b>2017</b>	36	1	0.03	≤ 1
<b>2018</b>	61	2	0.03	≤ 1

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**Network Quality Activities**

**Clinical Record Reviews and Office Practice On-Site Visits**

In order to ensure the quality, safety, and accessibility of the office sites of providers within the BHP network, BHP implemented on-site office visits. A site visit is conducted if there is a member complaint related to a provider's office site. During a site visit, BHP staff conducts a treatment record keeping review and office practice review. This review includes an analysis of the physical accessibility and appearance of the office, the adequacy of waiting room and clinical space, and the adequacy of treatment record keeping. BHP's standard is that providers meet at least 80% of elements reviewed within the site visit and treatment record keeping audit. All providers who fall below this standard are reviewed within the Clinical Operations meeting to determine appropriate action. If a provider falls below the 80% standard, at a minimum, an action plan is requested from the provider and BHP will evaluate the effectiveness of those actions at least every six months. In 2018, BHP did not conduct any site visits as no triggers to initiate a site visit were met during that time period.

*A thorough description of BHP's treatment record keeping review and office practice review are available upon request.*

**Clinical Chart Audits**

The Quality Improvement Committee and Clinical Team selected two aspects from the following guidelines to measure adherence to: Assessment of Depression, Assessment of ADHD, Treatment of ADHD, and Assessment of Bipolar. BHP also reviews charts related to coordination of care. (See below for a summary of each measure).

In 2018 a performance goal of 90% was used for each chart audit measure. At the beginning of 2018 BHP changed their authorization process and no longer required authorization for in-network outpatient services. This change reduced the clinical information received on members and thus BHP instituted a new process to review services that may be eligible for a chart audit. BHP utilized PreferredOne's IPro system and analyzed claims to find charts that were eligible to be audited. In 2018, 41 charts were analyzed, and 38 different providers were reviewed. Results for 2018 are listed below. Three categories did not meet the performance goal in 2018. All providers received feedback with the results of the chart audit. Those who did not meet standards were asked to correct the appropriate documentation or coordination issues immediately with current patients and going forward with future patients.

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**Clinical Chart Audit Results**

CLINICAL PRACTICE GUIDELINE MEASURE	2016 Sample Size	2016 Results % of Passing Charts	2017 Sample Size	2017 Results % of Passing Charts	2018 Sample Size	2018 Results % of Passing Charts
<b>Depression Measure 1</b>	n = 23	82.61%	n = 42	88.10%	n = 28	82.14%
<b>Depression Measure 2</b>	n = 23	91.30%	n = 42	92.86%	n = 28	96.43%
<b>ADHD Treatment Measure 1</b>	n = 8	87.50%	n = 9	100%	n = 6	100%
<b>ADHD Treatment Measure 2</b>	n = 8	100%	n = 9	100%	n = 6	100%
<b>ADHD Assessment Measure 1</b>	n = 4	100%	n = 4	75%	n = 2	100%
<b>ADHD Assessment Measure 2</b>	n = 4	100%	n = 4	100%	n = 2	100%
<b>Bipolar Measure 1</b>	n = 7	71.43%	n = 8	87.50%	n = 4	100%
<b>Bipolar Measure 2</b>	n = 7	85.71%	n = 8	100%	n = 4	100%
<b>Coordination of Care Measure 1</b>	n = 44	75.0%	n = 64	78.13%	n = 34	79.41%
<b>Coordination of Care Measure 2</b>	n = 44	86.36%	n = 64	93.75%	n = 11	72.73%

**Depression Measure 1:** There is documentation within the diagnostic assessment that the patient has had a physical/medical evaluation to rule out all possible medical explanations for depression like symptoms. If the patient has not had a recent physical/medical evaluation there is documentation that this is recommended.

**Depression Measure 2:** There is documentation within the diagnostic assessment of whether the patient has had a psychiatric assessment related to their current symptoms. If the patient has not had a psychiatric assessment there is documentation that this is recommended or clinical rationale for not having a medication component for this patient. If the patient is currently taking psychotropic medications this is documented, and there is information related to medication compliance.

**ADHD Treatment Measure 1:** There is a comprehensive treatment plan present that has been created in collaboration with the patient and the parent/legal guardian.

**ADHD Treatment Measure 2:** If medications are not already a part of the treatment plan, a referral for a psychiatric evaluation is considered and documented.

**ADHD Assessment Measure 1:** Completion of a parent/guardian rating scale (e.g. Conners Parent Rating Scale, CBCL, Brown, etc. A “short version” scale is acceptable).

**ADHD Assessment Measure 2:** The application and analysis of DSM criteria indicating frequency, duration and severity of each symptoms, presence of any other psychiatric disorder comorbid to ADHD, and evaluation of the setting in which impairment occurs should also be noted.

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**Bipolar Measure 1:** There is an assessment for family history of mental illness, substance abuse, medical concerns, suicide attempts, and treatment patterns present within the chart.

**Bipolar Measure 2:** There is documentation related to behavioral health treatment history, including psychiatric hospitalizations and chemical health treatments present within the chart.

**Coordination of Care Measure 1:** Evidence of most recent coordination of care with the patient's primary care provider.

**Coordination of Care Measure 2:** Evidence of most recent coordination of care with other behavioral providers (psychiatric provider, therapist, case manager, etc.).

\*The following documentation meet the intent of the criteria for the coordination of care measures: evidence of exchange such as fax cover sheets or communication logs, documentation of the patient's refusal to coordinate, documentation that the patient does not currently have a PCP or other behavioral providers, or clinical rationale for not coordinating.

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**Clinical Measurement Activities**

**Chemical Health Treatment Access**

The purpose of this activity was to assist patients identified as having substance use concerns in starting a recommended chemical health (CH) treatment program. When BHP received a chemical health assessment from a provider recommending that a patient begin chemical health treatment, BHP initiated this quality activity. BHP licensed Care Management staff reached out to the patient within one business day and encouraged them to attend chemical health treatment, assisted them in getting into a treatment program, addressed any barriers to treatment, inquired if the patient had any mental health scheduling needs in addition to their chemical health treatment needs, and assisted in scheduling any mental health appointments.

As noted previously, at the beginning of 2018 BHP changed their authorization process and no longer required authorization for outpatient services, including chemical health assessment. This process change resulted in BHP no longer being informed when a chemical health assessment was completed, thus this activity ended after 1<sup>st</sup> quarter 2018.

The performance goal for this activity was that at least 90% of patient recommended to chemical health treatment will then attend. Though it is not required there are some circumstances when providers still send in a chemical health assessment for patients seen. When that occurs, BHP still follows the process outlined above, but it is no longer a clinical measurement activity.

Chemical Health Treatment Access Report		
Time frame	Number of patients recommended to CH treatment	% of patients in which patient attended CH treatment
2017	102	89.47%
1 <sup>st</sup> Quarter, 2018	21	90.48%

*Historical data for Chemical Health Treatment Access services is available upon request.*

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**DEC Coordination of Care**

Improving coordination of care between behavioral and medical providers has been a long-term BHP quality initiative. It is our belief that members receive the best care when their providers are in communication with one another. In the 4<sup>th</sup> quarter of 2014 BHP established baseline data that indicated the DEC exchanged information 34.99% of the time with primary care providers.

Based on these results, in 2015 BHP set a performance goal of coordination at least 50% of the time. Several steps were taken in 2018 to improve coordination between the DEC services and primary care providers including: DEC assessor and coordinator education, supervisor feedback, and providing individual results to DEC staff. Coordination occurred 50.09% of the time in 2017, exceeding the performance goal of 50% for the first time. Monitoring of this activity will continue to occur on a monthly basis in 2018, as will ongoing interventions.

**DEC Coordination Results**

Timeframe	Totals	Coordination	Performance Goal
2015	# of Total Assmts: 14,183 # of Assmts w/ PCP Identified: 3,883 # of Assmts w/ coordination with PCP: 1,924	In cases which a PCP is identified, coordination occurred 49.55% of the time.	≥50%
2016	# of Total Assmts: 13,270 # of Assmts w/ PCP Identified: 7,841 # of Assmts w/ coordination with PCP: 2,915	In cases which a PCP is identified, coordination occurred 37.18% of the time.	≥50%
2017	# of Total Assmts: 14,771 # of Assmts w/ PCP Identified: 9,238 # of Assmts w/ coordination with PCP: 4,121	In cases which a PCP is identified, coordination occurred 44.60% of the time.	≥50%
2018	# of Total Assmts: 15,224 # of Assmts w/ PCP Identified: 9,200 # of Assmts w/ coordination with PCP: 5,511	In cases which a PCP is identified, coordination occurred 59.09% of the time.	≥50%

**De-escalation of Patients in Crisis**

As part of BHP’s screening program, the PHQ-9 is offered to patients 18 years of age and older who call in to BHP. When a patient receives a score of 15 or higher on the PHQ-9, responds affirmatively to question nine indicating suicidality, or affirmatively responds that they are “in- crisis,” the patient is triaged with a licensed BHP staff member. In 2015, BHP implemented a new quality measurement activity related to this process. The purpose of the activity is to identify patients who may be in need of crisis services as early as possible in order to help de-escalate them and help them access to appropriate appointments.

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The licensed BHP staff person assesses to determine patient needs and attempts to de-escalate them. BHP staff connects the patient with appropriate services based on the assessment of the licensed staff. These cases fall into one of four categories of increasing severity: routine, urgent, non-life threatening emergency, and life-threatening emergency. BHP’s goal is that licensed staff will de-escalate the patients and thus increase the number of cases categories as “routine.” Additional training has been provided to licensed staff to complete patient crisis calls. Additionally, in order to further support the patient, all triaged patients are offered a behavioral health appointment within the determined NCQA timeframe. If a patient does not attend their scheduled appointment, an Intake Coordinator contacts them the same day of their scheduled appointment to provide further assistance.

For this activity BHP looks at the total number of cases triaged as a crisis call and the number of those cases that are rated “routine.” BHP has set a performance goal of 60% or more of cases that are triaged will be rated “routine.” In 2018, BHP triaged a total of 184 patients to a licensed staff member. Of those, 158 cases (85.87%) were rated “routine” upon conclusion of their conversation with the licensed staff member, thus meeting the performance goal in 2018. Given that we have met the performance goal for several years in a row, BHP decided to increase the performance goal to 80% starting 4<sup>th</sup> quarter 2018. Monitoring will continue to occur on a quarterly basis in 2018 for this activity.

**De-escalation of Patients Results**

Timeframe	Totals	Percentage	Performance Goal
2015	Total number of cases triaged: 196 Number of cases triaged rated routine: 134	68.36% of cases triaged were rated routine	≥60%
2016	Total number of cases triaged: 239 Number of cases triaged rated routine: 150	62.76% of cases triaged were rated routine	≥60%
2017	Total number of cases triaged: 186 Number of cases triaged rated routine: 115	61.83% of cases triaged were rated routine	≥60%
2018	Total number of cases triaged: 184 Number of cases triaged rated routine: 158	85.87% of cases triaged were rated routine	≥60%

**Follow-up After Inpatient Hospitalization**

The purpose of this activity is to ensure that patients who are discharged from an inpatient (IP) hospital stay are scheduled with an appropriate follow-up appointment with a behavioral health practitioner in a timely manner. Having appropriate follow-up appointments scheduled upon discharge can help decrease re-admission rates for patients and can reduce stress for patients who would otherwise be left to find and schedule follow-up care on their own and may thus be less likely to attend. Having a behavioral health appointment following discharge can also ensure that the patient is doing well and that any progress made during their hospitalization is not lost.

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In 2016 BHP began analyzing data regarding the percentage of patients who attended a behavioral health appointment following an IP discharge. For those patients who did not have an appointment scheduled upon discharge, BHP Care Management staff followed-up with patients to offer scheduling assistance and offer enrollment into the complex case management program (POP). After analyzing baseline data BHP set the following performance goal: 60% or more of patients discharged from IP will have attend a behavioral health follow-up appointment with 30 days.

Of the 163 IP cases in 2018, 65.64% attended a behavioral health appointment within 30 days of discharge. BHP reached the 60% performance goal for 2018. In 2018 BHP reached out to all patients discharged and offered scheduling assistance and education regarding the importance of appointment attendance. In addition, BHP contacted IP facilities to inform them of BHP’s ability to schedule follow-up appointments for members. This activity will continue in 2019 and BHP will continue to work on ways of increasing behavioral health appointment access and attendance for patients who are discharged from an inpatient hospitalization. BHP will consider increasing the performance goal if it continues to be met.

Follow-Up After Inpatient Hospitalization				
Timeframe	# of patients discharge from IP treatment	# who attended follow-up appointment within 30 days	% who attended follow-up appointment within 30 days	Performance goal
2016	128	54	42.18%	≥60%
2017	166	63	37.95%	≥60%
2018	163	107	65.64%	≥60%

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**Diagnostic Evaluation Center (DEC) Quality Activities**

**Diagnostic Evaluation Center Quality Reviews**

Diagnostic Evaluation Center assessments are routinely and randomly reviewed to ensure that quality care guidelines are being met. Each month a randomized, representative sample of assessments are selected for review. A minimum 95% confidence level and a margin of error of 10 is used to determine the sample size of assessments needed for each assessor. These assessments were reviewed on three clinical criteria related to the following topics: risk assessment, disposition recommendation, and primary diagnosis. Beginning in second quarter in 2018, BHP broke the risk assessment category into two questions to be more precise in our measurement. The four criteria are as follows:

- Does the assessment evaluate and identify all potential risk factors?
- Is risk thoroughly documented within the risk assessment and match the factors noted within the clinical narrative?
- Does the disposition recommendation seem appropriate given the patient's presenting concerns?
- Does the primary diagnosis match the symptoms of the presenting concern?

BHP has set a performance goal that each clinical criteria is met at least 95% of the time.

In addition to the above four criteria, general feedback is also noted during quality reviews. Clinical feedback is provided each month to every assessor that had assessments reviewed during the previous month.

At BHP, the current quality review team includes licensed behavioral health clinicians (doctorate, MA level, and LADC clinicians) and an MD reviewer. The clinicians complete an inter-rater review of any assessment in which complete agreement was not reached on all review measures. If consensus is not able to be reached, the assessment is brought to the Medical Director for further review. Clinical concerns that come from any review are noted and also brought to the BHP Clinical Operations Team for review, if necessary. Additionally, if any patient complaints are received or another quality concern arises, those assessments are reviewed by the BHP Clinical Operations Team as well.

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**Diagnostic Evaluation Center Quality Review Activity**

<b>Timeframe</b>	<b>Number of Assessments Reviewed</b>	<b>% of Assessments that met Risk Assessment Criteria</b>		<b>% of Assessments that met Disposition Criteria</b>	<b>% of Assessments that met Primary Diagnosis Criteria</b>	<b>Performance Goal</b>
2016	4,403	95.30%		98.16%	96.62%	≥ 95%
2017	3,180	93.08%		98.11%	98.14%	≥ 95%
2018	3,018	<b>% of Assessments that met Risk Identification Criteria</b>	<b>% of Assessments that met Risk Documentation Criteria</b>			
		98.43%	97.55%	99.60%	99.77%	≥ 95%

**DEC Patient Satisfaction Survey**

In 2009, BHP implemented a new satisfaction survey for patients seen at DEC sites. This survey obtains satisfaction information from all DEC patients. BHP Clinical Operations Team reviews survey data on a quarterly basis and aims to improve DEC services. Results continue to indicate that overall patients are satisfied with the care they receive. DEC surveys were updated in 2016 to clarify the service the survey was asking about and were expanded to include patients who were admitted, as previously the survey was only sent to patients who were discharged after their DEC assessment. Questions were also added and updated to try to obtain additional and more accurate information. This updated survey was sent out starting in the beginning of the 3<sup>rd</sup> quarter of 2016.

In 2018, 2,451 DEC surveys were sent out and 646 were returned; yielding a response rate of 4.91%. Results show that one question fell below the 80% performance goal for 2018. Based on feedback from BHP’s Quality Improvement Committee, it has been suggested that question that fell below the performance goal is ambiguous in what it is asking and measuring, thus efforts have been made to revise this question in order to implement more specific interventions. Throughout 2018 assessors received individual feedback regarding their survey results. These questions will continue to be monitored going forward and will be addressed if they continue to fall below the performance goal.

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	2016 (n = 160)	2017 (n = 552)	2018 (n = 646)
<b>1. The therapist that met with me was professional.</b>	94.97%	90.25%	93.32%
<b>2. The therapist that met with me listened to me and understood my concerns.</b>	90.51%	85.51%	89.37%
<b>3. I was treated with dignity and respect during the crisis assessment.</b>	92.45%	89.15%	90.78%
<b>4. The therapist explained the next step/s in my care plan.</b>	87.26%	84.47%	88.44%
<b>5. The therapist discussed sending a copy of my crisis assessment to my primary care provider/medical provider (Select N/A if you do not have a primary care provider/medical provider).</b>	88.19%	77.80%	85.27%
<b>6. I am satisfied with the result of my crisis assessment.</b>	83.44%	77.98%	82.33%
<b>7. My life has improved since receiving the crisis assessment.</b>	78.21%	75.46%	78.79%
<b>8. My follow-up appointment was scheduled in a timely way (If you were admitted to the hospital following your crisis assessment, please select N/A for this question).</b>	83.75%	78.65%	84.20%
<b>9. Overall, I am happy with the service I received.</b>	86.08%	79.59%	83.60%
<b>10. I would recommend this service to my family and friends.</b>	87.18%	78.54%	82.86%
<b>11. Follow-up staff were professional and courteous.</b>	90.91%	92.16%	92.35%
<b>12. Follow-up staff provided me with helpful resources or information.</b>	84.88%	86.91%	87.89%
<b>13. Follow-up staff were easily available to me.</b>	86.52%	87.42%	88.78%

**DEC Patient Satisfaction Survey Results**

*Historical satisfaction survey data is available upon request*

## Member Services – Member Experience

### Member Satisfaction Survey

In 2018, BHP sent out two member satisfaction surveys, an outpatient member survey and a facility member survey (A separate DEC patient survey, chemical health survey, and POP survey were also sent as discussed elsewhere in this report). These surveys are sent out based on the service type the member has received. In 2016, the facility member survey was created to specifically target aspects of patient satisfaction related to a higher level of care. The outpatient survey was updated in the second quarter of 2016 in order to clarify questions and questions were added related to experience with BHP staff and services. The surveys are sent on a weekly basis to all members who received an services with a provider or facility who is in-network with BHP. The questions on each surveys are broken down to meet NCQA standards according the member services, accessibility, availability and acceptability.

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BHP established the following performance goal for member satisfaction surveys: 80% or more of respondents will answer neutral, agree or strongly agree (response of 3, 4 or 5) to survey questions.

In 2018, 829 member surveys were sent out for both surveys (outpatient and facility) and 112 were returned, resulting in a combined return rate of 13.51%. In 2018, the results for the member survey met or exceeded the expectation of 80% in every category for both the outpatient and facility survey. The year-end results indicate that the majority of the respondents are satisfied with BHP's services and practitioners.

Satisfaction data is subjective; it should be taken as an indicator of the member's perceived satisfaction with care and services. The process of obtaining member satisfaction results will continue into 2019.

For the calendar year 2018, there were no appeals related to member satisfaction.

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**Outpatient Member Satisfaction Survey Results**

Question	2016 Survey Results (n = 95)	2017 Survey Results (n = 186 )	2018 Survey Results (n = 102)
<b>1. The clinic was easily accessible.</b>	100%	96.76%	95.05%
<b>2. The clinic hours were convenient for me.</b>	95.70%	96.75%	98.02%
<b>3. My provider understood my issues.</b>	98.94%	97.31%	94.06%
<b>4. My provider was thorough and competent.</b>	96.84%	97.83%	94.06%
<b>5. My privacy was maintained.</b>	98.92%	98.90%	98.02%
<b>6. I am satisfied with the length of time between my visits with this provider (If you have only seen this practitioner once, please skip this question).</b>	97.33%	97.00%	93.68%
<b>7. My provider was sensitive to my cultural and/or racial background.</b>	98.94%	98.31%	98.0%
<b>8. The office and facilities of this provider were well maintained.</b>	98.94%	98.36%	99.0%
<b>9. I had positive interactions with the support staff (E.g. receptionist, scheduling staff, etc. Please skip this questions if you did not interact with any support staff).</b>	92.21%	98.11%	96.05%
<b>10. I was actively involved in decision making regarding my treatment.</b>	95.74%	99.45%	94.0%
<b>11. My provider talked with me about exchanging information with my primary care physician/medical provider (If you do not have a medical provider please skip this question).</b>	92.31%	91.71%	94.12%
<b>12. My provider talked to me about exchanging information with my other behavioral health provider (E.g. psychiatrist, therapist, case manager, etc. If you do not have any other behavioral health providers please skip this question).</b>	95.65%	91.66%	88.24%
<b>13. BHP staff were professional and courteous.</b>	98.34%	97.74%	100%
<b>14. It was easy to reach staff at BHP.</b>	96.67%	96.92%	100%
<b>15. I was happy with the scheduling process through BHP.</b>	96.61%	95.38%	100%
<b>16. I am satisfied with how BHP authorized my care.</b>	90.78%	95.48%	98.42%
<b>17. My first appointment was scheduled quickly.</b>	86.44%	81.06%	90.48%
<b>18. I felt my needs and preferences were well matched with the provider I was scheduled with (E.g. preferring a female therapist, someone who specialized in depression, etc.).</b>	94.55%	98.41%	95.24%
<b>19. All my behavioral health scheduling needs were addressed by BHP (E.g. I was scheduled for both therapy and psychiatry).</b>	92.0%	93.75%	96.30%

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**Facility Member Satisfaction Survey Results**

Question	2016 Survey Results (n = 25)	2017 Survey Results (n = 32 )	2018 Survey Results (n =10 )
<b>1. I was able to get into the program as soon as I wanted.</b>	72%	90.32%	90%
<b>2. This treatment program’s location was easy to get to.</b>	84%	90.32%	90%
<b>3. This treatment program’s building was clean and comfortable.</b>	92%	96.77%	90%
<b>4. My counselor/therapist understood my problems and needs.</b>	84%	90.32%	90%
<b>5. The treatment program treated me with dignity and respect.</b>	88%	96.77%	90%
<b>6. My treatment plan goals were based on my needs.</b>	80%	90.32%	90%
<b>7. My life has improved since entering this program.</b>	80%	83.87%	80%
<b>8. This treatment program assisted me in developing my long-term recovery plan.</b>	69.57%	73.33%	80%
<b>9. I would recommend this treatment program to my family and friends.</b>	80%	83.87%	88.89%
<b>10. Overall, I am satisfied with the care I received at this treatment program.</b>	80%	83.87%	88.89%
<b>11. This treatment program talked with me about exchanging information with my primary care physician/medical provider (If you do not have a medical provider please skip this question).</b>	76%	85.71%	100%
<b>12. This treatment program talked to me about exchanging information with my other behavioral health provider (E.g. psychiatrist, therapist, case manager, etc. If you do not have any other behavioral health providers please skip this question).</b>	91.67%	85.18%	100%
<b>13. BHP staff were professional and courteous.</b>	93.75%	91.66%	85.71%
<b>14. BHP staff were easily available to me.</b>	93.75%	87.50%	85.71%
<b>15. BHP staff provided me with helpful resources or information.</b>	87.5%	87.50%	100%

In addition to satisfaction data, BHP surveys basic demographic characteristics of the respondents. If an identified culturally specific population of more than 10% exists, BHP must explain our process for meeting those culturally specific needs. Due to a change in survey software, BHP only has ethnicity data for 1<sup>st</sup> quarter 2018. BHP utilized service request data to obtain information related to patient age. The greatest numbers of respondents are Caucasian between the ages of 18-64. In 2018

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17.45% of members with service requests were in the age range of 13-17 years old and 15.92% of members with service requests were in the 0-12 age range. BHP has added this age specialization to the Network Services needs meeting to ensure BHP has sufficient providers for this age group.

**Combined Member Demographic Survey Data**

	Ethnicity			
	2015	2016	2017	1 <sup>st</sup> Quarter, 2018
African American	3%	4%	3.85%	9.30%
Asian/Pacific	3%	3%	3.37%	4.65%
Caucasian	88%	86%	86.06%	83.72%
Hispanic	1%	4%	2.88%	2.33%
Native American	2%	1%	0%	0%
Other	5%	2%	3.37%	0%
Hmong	0%	0%	0%	0%
Somali	0%	0%	0%	0%

	Age			
	2015	2016	2017	2018
0-12	7%	8%	6.25%	15.92%
13-17	10%	13%	13.94%	17.45%
18-64	73%	77%	75.96%	65.65%
65 +	10%	2%	3.85%	0.99%

In addition to utilizing survey data to obtain information related to ethnicity, BHP also reviews census data from Hennepin and Ramsey county in Minnesota. These two counties account for 44% of BHP’s managed care population. Census data for ethnicity is listed below. Based on this data, efforts will be taken to increase services to meet the cultural needs of the African American and Asian populations.

Ethnicity from Census Data		
	Ramsey County	Hennepin County
African American	12.3%	13.4%
Asian	15.2%	7.6%
Caucasian	67.8%	74.6%
Hispanic	7.6%	7.0%
Native American	0.1%	1.1%

*Historical satisfaction survey data and demographic characteristics are available upon request.*

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**Chemical Health Patient Satisfaction**

In 2010 BHP contracted with significantly more chemical health programs, and in response to this change our quality program began expanding to include these services. The first quality activity designed for these services was a patient satisfaction survey. Together with our Quality Improvement Committee and our Clinical Operations Team we designed a survey to measure patient satisfaction with chemical health services. The survey is sent to members 30 days after we receive notification that they began chemical health treatment.

BHP has set the following performance goal for the Chemical Health patient survey: 80% or more of respondents will answer neutral, agree or strongly agree (response of 3, 4 or 5) to survey questions. Of the 89 surveys that were sent out in 2018, 7 were returned for a response rate of 7.86%. There were two questions that fell below the performance goal of 80%. These questions were related to coordination of care with primary care providers and other behavioral providers. This is an area that BHP has focused several interventions on and will continue to provide education to facilities and providers related to the importance of coordination between providers. This is the first year that BHP has fallen below 80% for these questions on the chemical health survey. BHP will continue to monitor chemical health satisfaction survey results in 2018 on a quarterly basis and will implement additional interventions if the two coordination questions continue to fall below the performance goal.

**Chemical Health Member Satisfaction Survey Results**

Question	2016 Survey Results (n = 9)	2017 Survey Results (n = 11 )	2018 Survey Results (n = 7)
<b>1. I was able to get into the program as soon as I wanted.</b>	100%	81.81%	100%
<b>2. This treatment program’s location was easy to get to.</b>	100%	81.81%	100%
<b>3. This treatment program’s building was clean and comfortable.</b>	100%	100%	100%
<b>4. My counselor understood my problems and needs.</b>	100%	90.90%	85.71%
<b>5. The treatment program treated me with dignity and respect.</b>	100%	90.90%	100%
<b>6. My treatment plan goals were based on my needs.</b>	100%	81.81%	85.71%
<b>7. My life has improved since entering this program.</b>	100%	90.90%	100%
<b>8. This treatment program assisted my in developing my long-term recovery plan.</b>	100%	81.81%	85.71%
<b>9. I would recommend this treatment program to my family and friends.</b>	88.89%	81.81%	85.71%
<b>10. Overall, I am satisfied with the care I received at this treatment program.</b>	88.89%	90.90%	85.71%
<b>11. This treatment program talked with me about exchanging information with my primary care</b>	100%	90.90%	71.43%

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<b>physician/medical provider (If you do not have a medical provider please skip this question).</b>			
<b>12. This treatment program talked to me about exchanging information with my other behavioral health provider (E.g. psychiatrist, therapist, case manager, etc. If you do not have any other behavioral health providers please skip this question).</b>	80%	100%	71.43%
<b>13. BHP staff were professional and courteous.</b>	100%	90.90%	100%
<b>14. BHP staff were easily available to me.</b>	83.33%	100%	100%
<b>15. BHP staff provided me with helpful resources or information.</b>	100%	90.90%	100%

*Historical satisfaction survey data is available upon request*

**Member Complaints and Appeals**

BHP tracks both informal (telephonic) and formal (written) complaints. Informal complaints, by definition are often resolved at the time of the call. Formal complaints require a written response. BHP tracks both types of complaints and the time required to resolve complaints. Our standard is to resolve informal complaints within ten (10) days of receipt and formal complaints within thirty (30) days of receipt.

In 2018, BHP received one informal complaint and zero formal complaints. The one informal complaint received did not meet the timeframe of 10 days for completion. This was due to needing to request chart documents and have them reviewed by the clinical operations committee and the BHP medical director. Efforts were made to obtain these documents promptly, but did not meet the 10 day timeframe. This was the first year that BHP did not meet the complaint timeframe performance goal. Interventions will be taken to address this area should these results continue.

In addition to informal and formal complaint data, the member satisfaction surveys allow for written comments from the respondent. BHP quality staff reads, documents and tracks the negative comments.

A review of all practitioner-specific complaints was completed. This includes informal, formal and member satisfaction comments. We identify all practitioners with three or more complaints and determine if this is equal to or greater than 5% of total number of complaints for the year. For those that are 5% or higher, a review of the complaint detail is done by the clinical team to determine the percentage of complaints that are clinical in nature. If concern arises from this review further action is taken as deemed necessary.

One practitioner had three or more complaints for the 2018 calendar year. The complaints for this practitioner were reviewed and interventions taken. This practitioner is no longer in the BHP network since they are no longer practicing at the location they were credentialed at.

*Specific data on the categories and types of complaints is available upon request.*

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**Member Services - Accessibility of Services**

**Telephone Access and Abandonment**

Telephone access refers to a caller’s ability to reach a non-recorded voice within thirty seconds (approximately six rings). Through June 2018 telephone access was monitored via a manual process where a BHP staff called all of the BHP main telephone extensions and documented the number of rings until a live voice answers the line. Starting July of 2018 BHP moved to a new phone system in which an automated report was used to calculate the time that it took for a caller to reach a live person.

Given the change mid-year, two different calculations were made in 2018. For the first half of the year, the average number of rings was 1.60 and 100% of the calls were answered within 6 rings. For the second half of the year, the average speed a call was answered was 12.50 seconds. The performance goal is that a call will be answered within 30 seconds (6 rings). Results from the first and second half of the year met the performance goal. Results from this monitoring process reveal that members can easily reach BHP. Our favorable telephone access rate reflects our commitment to quality customer service.

Telephone abandonment rates refer to members who abandon their call (hang up) prior to reaching a staff member. The BHP Care Management department is responsible for practitioner and member services telephone calls. The telephone system sets a higher priority to member calls and passes these calls through to a Care Management Staff according to this priority. For practitioners, a voicemail option is available in which they may leave their information rather than waiting on hold. The performance standard is to have an annual member abandonment rate of 5% or less.

The abandonment rate in 2018 was 2.22%. BHP will continue to monitor access and abandonment on a minimum of a quarterly basis in 2019.

Telephone Access Results			
Calendar Year	Number of Rings		Percentage
2015	1.19		100%
2016	0.99		100%
2017	1.60		100%
2018	Jan – June 2018	July – December 2018	100%
	1.60 rings	12.50 seconds	

Telephone Abandonment Results	
Calendar Year	Abandonment Rate
2015	1.38% member calls abandoned
2016	3.52% member calls abandoned
2017	1.33% member calls abandoned
2018	2.22% member calls abandoned

*Historical data on telephone access and abandonment is available upon request.*

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**Care Windows Reports**

This report identifies the length of time from the request for service to the first appointment BHP can offer within a thirty-mile drive. The care window report is based on a query that identifies the date of the member call and the first offered appointment by BHP Care Management staff. The data below lists access timeframes for routine, urgent, life-threatening and non-life-threatening emergency appointments for physicians and therapists combined. NCQA stipulates that members with life threatening emergencies are immediately sent to the ER, non-life threatening emergencies be seen within 6 hours, members with urgent needs have access to care within 48 hours, and members with routine issues within 10 days.

BHP did not meet the routine care window performance goal of 100% in 2018. These results are combined totals of Therapy and Psychiatry appointments. There were two cases that did not meet the timeframe of an appointment offered within ten days. When these cases were monitored it was identified that there were appointments available within ten days, but the offered appointments had not been documented. BHP moved to a new documentation system in April of 2018 changing how staff document appointments that were offered to patients. Education and training were provided to staff to ensure they knew how to document appointments that patients were offered. The performance goal was at 100% for 4<sup>th</sup> quarter of 2018.

Throughout the year, we review more detailed data on a monthly basis. We review data for each level of acuity and separate out psychiatry and psychotherapy. If an appointment falls outside the standard, the case is reviewed to ensure that all efforts are being made to meet the members’ needs concerning gender, insurance, location and specialty; this allows us to identify any specific access issues as they arise within each specialty. In addition, BHP has data on the appointment the member accepted. A review of this data indicates that even if the member declines our first offered appointment, BHP can still find an appointment within the NCQA standard care windows that the patient accepts. Through the availability of our network, BHP consistently meets our care window performance goals. Overall, the high percentages indicate a strong commitment and effort to ensure that patients are seen in a timely way.

**Care Window Results**

Year Percent Meeting Standard	2016	2017	2018
Routine ( <b>appt. offered within 10 days</b> )	100%	100%	93.24%
Urgent ( <b>appt. offered within 48 hrs.</b> )	100%	100%	N/A
Non-Life Threatening ( <b>appt. within 6 hours or refer to ER</b> )	100%	N/A	N/A
Life Threatening ( <b>refer to ER</b> )	N/A	N/A	N/A
<b>OVERALL TOTALS</b>	<b>100%</b>	<b>100%</b>	<b>93.24%</b>

*Historical data on Care Windows is available upon request.*

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**Practitioner Accessibility and Availability**

For 2018, BHP has the responsibility for the network management of approximately 47,686 enrolled lives. BHP has taken interest and concern in ensuring access to culturally specific providers. The BHP contracted network of 2,801 practitioners (2,495 - therapy providers, 306 - prescribing providers) and contains the following language competencies: Farsi, French, German, Hmong, Italian, Persian, Russian, Serbo-Croatian, Spanish, and Yoruba. In addition, BHP’s contracted network has practitioners in 71 Minnesota counties, 14 Wisconsin counties, 3 North Dakota counties, and 1 South Dakota county. BHP also has access to the AT&T language line and has identified language interpreters that can be used to serve language needs as they arise.

BHP’s network evaluation policy is outlined below:

- By geographic region:
- Overall numeric standard; and
- Practitioner licensure-level standard

A geographic network analysis report was run according to policy. BHP members currently reside in 189 counties across the United States. Of those, 97.23% of members live within Minnesota, and 94.06% live within 12 counties in Minnesota. The table below outlines the network availability performance goals and results. While BHP did not meet the performance goal in all counties, BHP met the overall ratio performance goal. BHP also has contracted with a number of practitioners that provide telehealth services and would be able to provide services to members living in counties in which the performance goal was not met. As mentioned above, 94.06% of BHP members live within 12 counties in MN and BHP met performance standards for all types of providers within those 12 counties. From this report we can determine that most members can easily access providers within their geographic region. BHP will continue to analyze network availability and will seek to add providers in counties in which we are not currently meeting standards. In addition, BHP has not received any informal or formal complaints related to access of care.

Network Availability Performance Goals and Results				
Type of Provider	Performance Goal Ratio Standard (Provider : Member)	2016 BHP Network Provider : Member Ratio Results	2017 BHP Network Provider : Member Ratio Results	2018 BHP Network Provider : Member Ratio Results
MD Providers	1 : 222	423 : 6,531	428 : 3,489	307 : 3,489
All Prescribers (MD and Non-MD)	1 : 222	656 : 6,531	700 : 3,489	194 : 1,163
Doctoral Providers (Non- Prescriber)	1 : 109	1049 : 6,531	337 : 1,163	946 : 3,489
Non-Doctoral, Non-Prescriber Providers	1 : 109	3,241 : 6,531	3,023 : 3,489	2,752 : 3,489
All Psychotherapy (Non-Prescriber) Providers	1:109	4,290 : 6,531	4,034:3,489	1,233 : 1,163

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In addition to numeric standards, BHP also examines geographic access to providers. BHP’s performance goal is that at least 95% of members will be within 30 miles of each type of provider outlined below. For 2018 BHP met the performance goals for all types of providers.

Geographic Distribution Performance Goals and Results			
Type of Provider	Performance Goal	2017 % of Members within 30 Miles to Provider	2018 % of Members within 30 Miles to Provider
MD Providers	95%	98.99%	97.45%
All Prescribers (MD and Non-MD)	95%	99.44%	99.04%
Doctoral Providers (Non-Prescriber)	95%	99.99%	99.59%
Non-Doctoral, Non-Prescriber Providers	95%	99.99%	99.74%
All Psychotherapy (Non-Prescriber) Providers	95%	99.99%	99.74%

**Preventive Health and Screening Programs**

**Behavioral Health Screening Programs**

The Quality Management and Improvement Program description states that BHP is committed to implementing at least two preventive health/behavioral health screening programs designed to benefit the member while improving the delivery of care. BHP believes that behavioral health screening is the first step in the process of identifying and treating mental health and substance use concerns.

BHP has two defined behavioral health screening programs; one is designed to screen for co-existing mental health and substance use disorders, the other is designed to screen for Generalized Anxiety Disorder. The screening program for co-existing conditions utilizes results from the PHQ-9 and the CAGE-AID, while the screening program for Generalized Anxiety Disorder utilizes the GAD-7 screening tool. These screening programs assist BHP staff in identifying potential mental health and substance use concerns in members. BHP uses the results of these screening programs to help members access and schedule appropriate behavioral health services and also coordinates care by relaying the results of the screening program to any providers or practitioners the member is scheduled with. The co-existing screening program is administered to eligible members through BHP’s Intake department and through the Complex Case Management Program (POP). The screening program for Generalized Anxiety Disorder is also administered through the Complex Case Management Program (POP).

**Date Approved:**  
**Reviewed and Approved by:**

**Behavioral Healthcare Providers  
Quality Management and Improvement Program  
2018 Year-end Report**

**Conclusion**

The BHP Quality staff spent a large part of 2018 focusing efforts on maintaining previous quality activities and adding additional NCQA required quality activities. The efforts made this year overall provide BHP and its Board with the necessary data to ensure that BHP’s mission, vision and goals are being carried out. It should be noted that most of our existing monitoring functions did not warrant major interventions throughout the year, but when needed interventions were taken. Where appropriate, BHP has processes in place through the plan description and policies that specify appropriate action. The practitioners within the Quality Improvement Committee and the BHP Clinical Operations team helped provide guidance and recommendation for BHP’s quality program throughout the year. Quality activities were reviewed on a consistent basis and the structure of these groups were helpful in determining when interventions were needed. The involvement of these groups is a great asset to BHP’s Quality Management and Improvement Program. Given the results of BHP’s quality activities we conclude there are adequate quality program resources to complete and maintain quality performance goals. Based on BHP’s recent NCQA accreditation results, as well as results from our year-end activities several interventions and updates will be made to the QI program in 2019.

This report serves as a comprehensive summary of the efforts and actions taken during 2018 related to BHP’s NCQA MBHO requirements.

Awareness of quality monitoring and quality reporting continues to gain interest and approval in the BHP network. In addition, it appears that many other health plans and health systems have also taken an interest in this degree of identifying and delivering quality care. BHP continues to function ahead of the curve with our quality improvement goals and programs. The BHP Board, Management, and staff can conclude that they made significant strides toward accomplishing a level and standard of care and service that supports BHP’s mission “dedicated to enhancing behavioral health through innovation.”

**Date Approved:**  
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