



BEHAVIORAL  
HEALTHCARE  
PROVIDERS

Quality Management and Improvement  
2019 Year-end Report

**Behavioral Healthcare Providers  
Quality Management and Improvement Program  
2019 Year-end Report**

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**Introduction**

Behavioral Healthcare Providers (BHP) began 2019 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 **2019 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 2019.

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 2020. BHP's next renewal survey is 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 six clinical practice guidelines: one related to diagnosis, evaluation and treatment ADHD, one for the assessment and treatment of Depression, two related to Substance Use disorders, one for assessment and management of Bipolar disorders, and one for the assessment and treatment of Autism Spectrum Disorders. (2) Implementing a screening program for co-occurring disorders and an additional screening program targeting symptoms of Generalized Anxiety Disorder. These activities were reviewed during the 2019 year and upon that review the clinical practice guidelines were updated to reflect new evidence and changes in standards.

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 four meaningful quality clinical activities are implemented, and in 2019 we maintained five activities, one of these was retired and we are pursuing

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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, BHP instituted a provider survey 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

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for and education about selected diagnoses. This report summarizes the efforts and performance in each area.

**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
- Patient Complaint Review
- Utilization Management Review Process and Quality Activities
- Complex Case Management Services
- 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 2019 for all categories. BHP continues to monitor reports daily to ensure timely UM decisions. These reports 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
<b>2019 % Total</b>	100%	99.82%	NA	100%	100%	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:

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- The Manager reviews the decisions to ensure that staff appropriately forwarded a case on to the appropriate reviewer, when required.
- 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
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%)
2019	Agreement on 12/12 cases (100%)	Agreement on 12/12 cases (100%)	Agreement on 12/12 cases (100%)

**Practitioner Satisfaction with UM Process**

The 2019 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

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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 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 2019, 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 2019, 267 patients were contacted to enter BHP's Personalized Outreach Program (POP). Of those contacted, 62 began participation in 2019, 7 reached their goals, 29 discontinued after starting the program and prior to meeting their goals, staff were unable to reach 21 patients following their initial involvement, and 5 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 2019, BHP sent out surveys to 71 members who participated and had four returned for a 5.63% 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 2020.

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**POP Patient Satisfaction Survey Results**

	2017 (n = 2)	2018 (n = 1)	2019 (n = 4)
<b>1. I understood the Care Management/POP program the way it was explained to me.</b>	100%	100%	100%
<b>2. The BHP staff were knowledgeable about my condition(s) and healthcare needs.</b>	100%	100%	100%
<b>3. The staff at BHP included me in the planning of my care.</b>	100%	100%	100%
<b>4. The staff at BHP worked with me to set a care management schedule to fit my needs.</b>	100%	100%	100%
<b>5. The staff at BHP helped me set goals to manage my condition(s) and health care needs.</b>	100%	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%	100%
<b>7. The staff at BHP responded to my questions and concerns.</b>	100%	100%	100%
<b>8. The staff at BHP were available to me during normal business hours when I needed assistance.</b>	100%	100%	100%
<b>9. The staff at BHP treated my beliefs and values with respect.</b>	100%	100%	100%
<b>10. I am satisfied with my experience working with the staff at BHP.</b>	100%	100%	100%

The second outcome measure examines pre and post POP involvement GAD-7 scores. BHP's performance goal for 2019 was that 60% or more of POP members who completed the pre and post GAD-7 screening would have reduced their 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 14 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, both reduced their GAD-7 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 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>2017</b>	36	3	3	100%	≥60%	100%
<b>2018</b>	71	2	1	50%	≥60%	50%
<b>2019</b>	62	2	2	100%	≥60%	100%

BHP’s third outcome measure was related to inpatient hospitalizations post-POP involvement. BHP’s performance goal for this measure was that all members who completed POP would have an average of one or fewer inpatient admissions for 3 months post POP involvement. In 2019, the average number of post-POP inpatient admissions for those who participated in POP was 0, 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>2017</b>	36	1	0.03	≤ 1
<b>2018</b>	61	2	0.03	≤ 1
<b>2019</b>	57	0	0	≤ 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 2019, 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.*

**Adherence to Clinical Practice Guidelines**

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, Assessment of Bipolar, and Coordination of Care.

BHP has previously measured adherence to clinical practice guidelines by conducting chart audits of individual patients. BHP updated this process in 2019 to survey BHP network providers on their adherence to the guidelines. All providers received an email with a link to a self-report survey. Within the survey were questions related to the assessment and treatment of diagnoses BHP has clinical practice guidelines for. The survey questions are multiple choice and contain multiple correct and incorrect answers. The practitioner selects all responses that they believe are relevant. Respondents who select the clinical practice guideline elements within their responses are considered to pass that question. The change from chart audits to surveys has allowed BHP to assess a greater portion of network providers. In 2019 a performance goal of 90% was used for each chart audit measure. An invitation for the survey was sent to 2,909 practitioners and 358 practitioners completed the survey for a response rate of 12.31%. The results for the 2019 survey are listed below along with the chart audits results from previous years. Four categories did not meet the performance goal in 2019. Those who did not meet standards were provided with information related to BHP's clinical practice guidelines and asked to implement changes to their practice of assessing and treating the related disorders.

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**Clinical Chart Audit Results**

<b>CLINICAL PRACTICE GUIDELINE MEASURE</b>	<b>2016 Sample Size</b>	<b>2016 Results % of Passing Charts</b>	<b>2017 Sample Size</b>	<b>2017 Results % of Passing Charts</b>	<b>2018 Sample Size</b>	<b>2018 Results % of Passing Charts</b>
<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%

**Survey of Adherence to Clinical Practice Guidelines**

<b>CLINICAL PRACTICE GUIDELINE MEASURE</b>	<b>2019 Sample Size</b>	<b>2019 Results % of Passing Charts</b>
<b>Depression Measure 1</b>	n = 332	87.65%
<b>Depression Measure 2</b>	n = 332	86.14%
<b>ADHD Treatment Measure 1</b>	n = 236	91.10%
<b>ADHD Treatment Measure 2</b>	n = 236	83.05%
<b>ADHD Assessment Measure 1</b>	n = 227	77.09%
<b>ADHD Assessment Measure 2</b>	n = 227	95.15%
<b>Bipolar Measure 1</b>	n = 295	97.63%
<b>Bipolar Measure 2</b>	n = 295	96.27%

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<b>Coordination of Care Measure 1</b>	n = 349	93.12%
<b>Coordination of Care Measure 2</b>	n = 349	93.12%

**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.

**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.).

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\*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**

**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.

BHP’s performance goal for coordination of care was 73% for 2019. Coordination occurred 74.99% of the time in 2019 exceeding the performance goal. Several steps were taken in 2019 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. At the end of 2019 the performance goal was increase to 80% due to increasing performance on this measure. Monitoring of this activity will continue to occur on a monthly basis in 2020, as will ongoing interventions.

**DEC Coordination Results**

Timeframe	Totals	Coordination	Performance Goal
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%
2019	# of Total Assmts: 15, 247 # of Assmts w/ PCP Identified: 8,161 # of Assmts w/ coordination with PCP: 6,120	In cases which a PCP is identified, coordination occurred 74.99% of the time.	≥73%

**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

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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.

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 80% or more of cases that are triaged will be rated “routine.” In 2019, BHP triaged a total of 142 patients to a licensed staff member. Of those, 119 cases (83.80%) were rated “routine” upon conclusion of their conversation with the licensed staff member, thus meeting the performance goal in 2019. After analysis, BHP determined that results hit a ceiling and despite several interventions did not receive higher performance rates. BHP discontinued this activity as a Quality Improvement Activity, but will continue to monitor results.

**De-escalation of Patients Results**

<b>Timeframe</b>	<b>Totals</b>	<b>Percentage</b>	<b>Performance Goal</b>
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	≥80%
2019	Total number of cases triaged: 142 Number of cases triaged rated routine: 119	83.80% of cases triaged were rated routine	≥80%

**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

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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.

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: 80% or more of patients discharged from IP will have attend a behavioral health follow-up appointment with 30 days. The performance goal was increased from 60% at the beginning of 2019 based on past performance.

Of the 173 IP cases in 2019, 77.46% attended a behavioral health appointment within 30 days of discharge. BHP did not reach the 80% performance goal for 2019. BHP has implemented several interventions to continue to increase attendance for this population. In 2019 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 2020 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.

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%
2019	173	134	77.46%	≥80%

**DEC Scheduling Activity**

In 2018 BHP obtained baseline data for a new quality initiative centered around promptly scheduling patients who present to an emergency department (ED) for a crisis assessment. Research has shown that patients are more likely to attend their follow-up appointments if it is scheduled before the patient leaves the ED or other setting. There are several barriers that arise if a patient needs their follow-up appointment scheduled once they have been discharged from the ED and the goal of this activity is to schedule most patients while they are still in the ED. For those patients who do not have an appointment set upon discharge, BHP also tracks the number of those patients who eventually scheduled a follow-up appointment, as well as the overall follow-up appointment attendance for

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DEC patients. Following the 2018 baseline period, BHP set the performance goal that 8% or less of patients will need additional scheduling assistance following discharge from the ED, BHP did not meet that goal in 2019. The performance goal for scheduling those who need additional assistance was set at 48% or greater. This also was not met in 2019. For overall DEC follow-up appointment attendance, the performance goal was set at 60% or greater. The goal for this measure was also not met for 2019. Interventions taken in 2019 were not consistently effective and additional interventions will be taken in 2020 to improve performance on this measure.

DEC Follow-up Scheduling						
Timeframe	% of patients discharged from ED who needed scheduling follow-up	Performance Goal	% who needed scheduling follow-up who had an appointment scheduled	Performance Goal	Overall Follow-up Attendance % for DEC patients	Performance Goal
2018	12.51%	N/A	39.27%	N/A	49.25%	N/A
2019	12.97%	≤8%	45.90%	≥48%	44.06%	≥60%

**Response Rate Quality Activity**

BHP routinely uses patient satisfaction surveys to obtain feedback about a variety of patient services. The survey results help identify strengths in programming and areas for growth. Given the importance of patient feedback BHP collected baseline data in 2018 related to the response rate for patient surveys. This was developed into a formal quality activity based on low response rates and limited the ability for BHP to generalize responses and findings. After collecting baseline data, BHP set the performance goal for the response rate of all surveys combined to 10% or greater. We did not meet this goal in 2019 and are working to increase interventions to improve response rates.

Patient Survey Response Results				
Timeframe	Number of Surveys Sent	Number of Surveys Received	Response Rate	Performance Goal
2018	14,067	776	5.52%	N/A
2019	15,267	863	5.71%	≥10%

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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 80% 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. This goal was met for all categories in 2019.

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 Identification Criteria</b>	<b>% of Assessments that met Risk Documentation Criteria</b>	<b>% of Assessments that met Disposition Criteria</b>	<b>% of Assessments that met Primary Diagnosis Criteria</b>	<b>Performance Goal</b>
2018	3,018	98.43%	97.55%	99.60%	99.77%	≥ 95%
2019	1,918	99.11%	98.44%	99.95%	99.90%	≥ 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. During the second quarter of 2019 the DEC survey was updated to remove a question based on the recommendation of the BHP Quality Improvement Committee. The question related to improvement in life following a crisis assessment and the committee deemed this question to be too vague to make interventions with. In addition, scoring standards were adjusted to one question to reflect community standards in scoring. This question was related to recommending the service to family and friends.

In 2019, 14,485 DEC surveys were sent out and 790 were returned; yielding a response rate of 5.5%. Results show that two questions fell below the 80% performance goal for 2019. These questions met the performance goal in 2018 and we will continue to monitor results on these questions. One of the questions is scored more conservatively than other questions and we believe this contributed to not meeting the performance goal. Throughout 2019 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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**DEC Patient Satisfaction Survey Results**

	2017 (n = 552)	2018 (n = 646)	2019 (n = 790)
<b>1. The therapist that met with me was professional.</b>	90.25%	93.32%	91%
<b>2. The therapist that met with me listened to me and understood my concerns.</b>	85.51%	89.37%	86%
<b>3. I was treated with dignity and respect during the crisis assessment.</b>	89.15%	90.78%	88%
<b>4. The therapist explained the next step/s in my care plan.</b>	84.47%	88.44%	83%
<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>	77.80%	85.27%	82%
<b>6. I am satisfied with the result of my crisis assessment.</b>	77.98%	82.33%	80%
<b>7. My life has improved since receiving the crisis assessment.</b>	75.46%	78.79%	N/A
<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>	78.65%	84.20%	78%
<b>9. Overall, I am happy with the service I received.</b>	79.59%	83.60%	82%
<b>10. I would recommend this service to my family and friends.</b>	78.54%	82.86%	79%
<b>11. Follow-up staff were professional and courteous.</b>	92.16%	92.35%	87%
<b>12. Follow-up staff provided me with helpful resources or information.</b>	86.91%	87.89%	82%
<b>13. Follow-up staff were easily available to me.</b>	87.42%	88.78%	82%

*Historical satisfaction survey data is available upon request*

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**Member Services – Member Experience**

**Member Satisfaction Survey**

In 2019, 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.

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

In 2019, 630 member surveys were sent out for both surveys (outpatient and facility). The results for the member survey met or exceeded the expectation of 80% in every category of the outpatient survey. On the facility survey eight questions fell below the performance goal (all that fell below were two percentage points below the goal). There was a low number of responses for the facility survey and thus it is difficult to generalize results.

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 2020.

For the calendar year 2019, there were no appeals related to member satisfaction.

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**Outpatient Member Satisfaction Survey Results**

Question	2017 Survey Results (n = 186 )	2018 Survey Results (n = 102)	2019 Survey Results (n = 41)
<b>1. The clinic was easily accessible.</b>	96.76%	95.05%	98%
<b>2. The clinic hours were convenient for me.</b>	96.75%	98.02%	100%
<b>3. My provider understood my issues.</b>	97.31%	94.06%	98%
<b>4. My provider was thorough and competent.</b>	97.83%	94.06%	98%
<b>5. My privacy was maintained.</b>	98.90%	98.02%	100%
<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>	97.00%	93.68%	89%
<b>7. My provider was sensitive to my cultural and/or racial background.</b>	98.31%	98.0%	100%
<b>8. The office and facilities of this provider were well maintained.</b>	98.36%	99.0%	98%
<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>	98.11%	96.05%	100%
<b>10. I was actively involved in decision making regarding my treatment.</b>	99.45%	94.0%	98%
<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>	91.71%	94.12%	93%
<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>	91.66%	88.24%	95%
<b>13. BHP staff were professional and courteous.</b>	97.74%	100%	100%
<b>14. It was easy to reach staff at BHP.</b>	96.92%	100%	95%
<b>15. I was happy with the scheduling process through BHP.</b>	95.38%	100%	95%
<b>16. I am satisfied with how BHP authorized my care.</b>	95.48%	98.42%	100%

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<b>17. My first appointment was scheduled quickly.</b>	81.06%	90.48%	100%
<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>	98.41%	95.24%	95%
<b>19. All my behavioral health scheduling needs were addressed by BHP (E.g. I was scheduled for both therapy and psychiatry).</b>	93.75%	96.30%	95%

**Facility Member Satisfaction Survey Results**

<b>Question</b>	<b>2017 Survey Results (n = 32 )</b>	<b>2018 Survey Results (n =10 )</b>	<b>2019 Survey Results (n = 9)</b>
<b>1. I was able to get into the program as soon as I wanted.</b>	90.32%	90%	78%
<b>2. This treatment program’s location was easy to get to.</b>	90.32%	90%	78%
<b>3. This treatment program’s building was clean and comfortable.</b>	96.77%	90%	100%
<b>4. My counselor/therapist understood my problems and needs.</b>	90.32%	90%	78%
<b>5. The treatment program treated me with dignity and respect.</b>	96.77%	90%	78%
<b>6. My treatment plan goals were based on my needs.</b>	90.32%	90%	89%
<b>7. My life has improved since entering this program.</b>	83.87%	80%	78%
<b>8. This treatment program assisted me in developing my long-term recovery plan.</b>	73.33%	80%	78%
<b>9. I would recommend this treatment program to my family and friends.</b>	83.87%	88.89%	78%
<b>10. Overall, I am satisfied with the care I received at this treatment program.</b>	83.87%	88.89%	78%
<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>	85.71%	100%	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</b>	85.18%	100%	100%

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any other behavioral health providers please skip this question).			
<b>13. BHP staff were professional and courteous.</b>	91.66%	85.71%	100%
<b>14. BHP staff were easily available to me.</b>	87.50%	85.71%	100%
<b>15. BHP staff provided me with helpful resources or information.</b>	87.50%	100%	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. The greatest numbers of respondents are Caucasian between the ages of 18-64. BHP has worked with Network Services to ensure that all practitioners and services are available for all patient demographic needs.

**Combined Member Demographic Survey Data**

Ethnicity

	2016	2017	2018	2019
African American	4%	3.85%	9.30%	2.90%
Asian/Pacific	3%	3.37%	4.65%	2.90%
Caucasian	86%	86.06%	83.72%	89.86%
Hispanic	4%	2.88%	2.33%	2.90%
Native American	1%	0%	0%	0%
Other	2%	3.37%	0%	0%
Hmong	0%	0%	0%	0%
Somali	0%	0%	0%	0%

Age

	2016	2017	2018	2019
0-12	8%	6.25%	15.92%	5.56%
13-17	13%	13.94%	17.45%	19.44%
18-64	77%	75.96%	65.65%	72.22%
65 +	2%	3.85%	0.99%	2.78%

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.

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Ethnicity from 2019 Census Data

	Ramsey County	Hennepin County
African American	12.6%	13.3%
Asian	15.3%	7.11%
Caucasian	67.4%	68.4%
Hispanic	7.6%	6.97%
Native American	1.0%	0.62%

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

**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 81 surveys that were sent out in 2019, 8 were returned for a response rate of 9.9%. There were zero questions that fell below the performance goal of 80%. BHP will continue to monitor chemical health satisfaction survey results in 2019 on a quarterly basis and will implement additional interventions for questions that fall below the performance goal.

**Chemical Health Member Satisfaction Survey Results**

Question	2017 Survey Results (n = 11 )	2018 Survey Results (n = 7)	2019 Survey Results (n = 8)
<b>1. I was able to get into the program as soon as I wanted.</b>	81.81%	100%	100%
<b>2. This treatment program’s location was easy to get to.</b>	81.81%	100%	90%
<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>	90.90%	85.71%	100%
<b>5. The treatment program treated me with dignity and respect.</b>	90.90%	100%	100%
<b>6. My treatment plan goals were based on my needs.</b>	81.81%	85.71%	100%

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<b>7. My life has improved since entering this program.</b>	90.90%	100%	80%
<b>8. This treatment program assisted my in developing my long-term recovery plan.</b>	81.81%	85.71%	90%
<b>9. I would recommend this treatment program to my family and friends.</b>	81.81%	85.71%	90%
<b>10. Overall, I am satisfied with the care I received at this treatment program.</b>	90.90%	85.71%	80%
<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>	90.90%	71.43%	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>	100%	71.43%	100%
<b>13. BHP staff were professional and courteous.</b>	90.90%	100%	100%
<b>14. BHP staff were easily available to me.</b>	100%	100%	90%
<b>15. BHP staff provided me with helpful resources or information.</b>	90.90%	100%	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. BHP evaluates complaints and appeals from the entire member population.

In 2019, BHP received one informal complaint and zero formal complaints. The one informal complaint received meet the timeframe of 10 days for completion. The nature of the complaint was related to practitioner billing and financial issues. BHP also received on appeal in 2019 through the UM process and this was related to continued access to care. BHP resolved both requests within the required timeframes. In review of member survey data there were not additional concerns related to these categories. Upon review no trends were found related to these types of complaints or appeals.

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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.

Categories of Complaint and Appeals		
Category	2019 Number of Complaints	2019 Number of Appeals
Quality of Care	0	0
Access	0	1
Attitude and Service	0	0
Billing and Financial Issues	1	0
Quality of Practitioner Office Site	0	0

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. Zero practitioners had three or more complaints for the 2019 calendar year

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

### **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.

The performance goal is that a call will be answered within 30 seconds. Results from 2019 indicate the performance goal was met. 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

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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 2019 was 0%. BHP will continue to monitor access and abandonment on a minimum of a quarterly basis in 2020.

Telephone Access Results		
Calendar Year	Number of Seconds	Percentage
2018	12.50 seconds	100%
2019	16.1 seconds	100%

Telephone Abandonment Results	
Calendar Year	Abandonment Rate
2017	1.33% member calls abandoned
2018	2.22% member calls abandoned
2019	0% member calls abandoned

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

**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 has set the standards that patients can access routine follow-up care within 10 days.

BHP met the performance goal for all care windows in 2019.

BHP also reviewed survey data to assess if members were able to access routine follow-up care within 10 days. The surveys asks if members were satisfied with the length of time between their visits with the practitioner. (They were instructed to select N/A if they had only seen the practitioner one time). Knowing that all patients have different needs for follow-up and different specialties have different time frames – BHP set the performance goal that 80% of members will report satisfaction with their routine follow-up care availability. In 2019, 89% of members who responded noted satisfaction with their routine follow-up care availability. Based on these results BHP believes that members are able to access timely follow-up appointments with practitioners. It was also noted that BHP did not receive any complaints in 2019 related to follow-up care availability. BHP has updated this survey question for 2020 to specifically ask if members were able to schedule a follow-up routine appointment within ten days of their initial appointment.

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,

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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	2017	2018	2019
Routine (appt. offered within 10 days)	100%	93.24%	100%
Urgent (appt. offered within 48 hrs.)	100%	N/A	N/A
Non-Life Threatening (appt. within 6 hours or refer to ER)	N/A	N/A	N/A
Life Threatening (refer to ER)	N/A	N/A	N/A
<b>OVERALL TOTALS</b>	<b>100%</b>	<b>93.24%</b>	<b>100%</b>

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

**Out of Network Requests**

BHP began tracking UM requests for out of network services and practitioners in 2019. BHP has set the performance goal of ≤1 out of network request per 1,000 members. BHP reviewed all types of UM service requests received in 2019 and found there to be 0.918 out of network requests per 1,000 members. There was a total of 750 utilization requests and of those 45 were requests for services that were out of network. BHP met the performance goal for 2019 and will continue to track requests for out of network services and make interventions to our network as needed.

**Out of Network Requests**

	Performance Goal	2019
Ratio of out of network requests	≤1 out of network request: 1,000 members	0.918 : 1,000 members

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**Practitioner Accessibility and Availability**

For 2019, BHP has the responsibility for the network management of approximately 48,999 enrolled lives. BHP has taken interest and concern in ensuring access to culturally specific providers. The BHP contracted network of 2,791 practitioners (2,386 - therapy providers, 307 - 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, 96.82% 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)	2017 BHP Network Provider : Member Ratio Results	2018 BHP Network Provider : Member Ratio Results	2019 BHP Network Provider : Member Ratio Results
<b>MD Providers</b>	1 : 222	428 : 3,489	307 : 4,769	250 : 4,899
<b>All Prescribers (MD and Non-MD)</b>	1 : 222	700 : 3,489	795 : 4,769	459 : 4,899
<b>Doctoral Providers (Non- Prescriber)</b>	1 : 109	337 : 1,163	946 : 4,769	748 : 4,899
<b>Non-Doctoral, Non-Prescriber Providers</b>	1 : 109	3,023 : 3.489	2,752 : 4,769	2,241 : 4,899

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<b>All Psychotherapy (Non-Prescriber) Providers</b>	1:109	4,034:3,489	1,233 : 4,769	2,989 : 4,899
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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 2019 BHP met the performance goals for all types of providers.

<b>Geographic Distribution Performance Goals and Results</b>				
<b>Type of Provider</b>	<b>Performance Goal</b>	<b>2017 % of Members within 30 Miles to Provider</b>	<b>2018 % of Members within 30 Miles to Provider</b>	<b>2019 % of Members within 30 Miles to Provider</b>
<b>MD Providers</b>	95%	98.99%	97.45%	95%
<b>All Prescribers (MD and Non-MD)</b>	95%	99.44%	99.04%	96%
<b>Doctoral Providers (Non- Prescriber)</b>	95%	99.99%	99.59%	97%
<b>Non-Doctoral, Non-Prescriber Providers</b>	95%	99.99%	99.74%	97%
<b>All Psychotherapy (Non-Prescriber) Providers</b>	95%	99.99%	99.74%	97%

**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

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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). These screenings programs will continue in 2020.

**Conclusion**

The BHP Quality staff spent a large part of 2019 focusing efforts on improving previous quality activities and adding two new additional NCQA quality improvement 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. 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.

This report serves as a comprehensive summary of the efforts and actions taken during 2019 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."

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