

VALUE BEHAVIORAL HEALTH  
*of* PENNSYLVANIA

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A BEACON HEALTH OPTIONS COMPANY

# 2016 Quality Management Program Highlights

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Spring 2017 Update

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# Quality Management Program: Overview



- The **Value Behavioral Health of Pennsylvania, (VBH-PA) Quality Management (QM) Program** directs all quality management activities across the behavioral health services provided to HealthChoices members in thirteen western Pennsylvania counties.
- VBH-PA is committed to superior clinical quality and service that is consumer-focused, clinically appropriate, cost effective, data-driven, and culturally competent.
- Our company-wide QM Program involves input from and coordination with all key stakeholders including clients, members, providers, functional areas, counties/oversight entities and clinical staff.

# Overview

- Each year, VBH-PA develops a comprehensive **QM/UM Program Work Plan** with detailed goals and the actions necessary to achieve those goals. Almost every aspect of our operation is measured and assessed utilizing consistent data collection methodology. This approach allows VBH-PA to track and trend progress towards achieving our goals.
- VBH-PA also prepares an annual **QM/UM Program Evaluation** to assess the overall effectiveness of the QM Program, based on our performance across a wide set of clinical care and service quality initiatives, along with adherence to HealthChoices standards. Based on these results, the **QM/UM Program Description** is revised annually to reflect the full scope of the Quality Program.
- In these **2016 Quality Management Program Highlights**, you will find information on our QM Program results for 2016, as well as a description of our QM/UM Program, including highlights of our QM/UM Work Plan goals for 2017.

# Quality Committees

Our robust quality committee structure aids in the oversight and implementation of our **QM Program**. We partner with our network participating providers, members/consumers, families, counties, oversight entities, and OMHSAS to continually improve the quality of care and services provided to our members.

A **Quality Management Committee (QMC)** for each contract meets regularly throughout the year to review monitoring reports and discuss updates on current activities. Composition of these committees include:

- Provider Representatives [Mental Health (MH) and Drug and Alcohol (D&A)]
- Consumer/Family Representatives
- County Representatives
- VBH-PA Clinical Representative
- VBH-PA QM Director and Quality Management Staff
- Department of Provider Relations



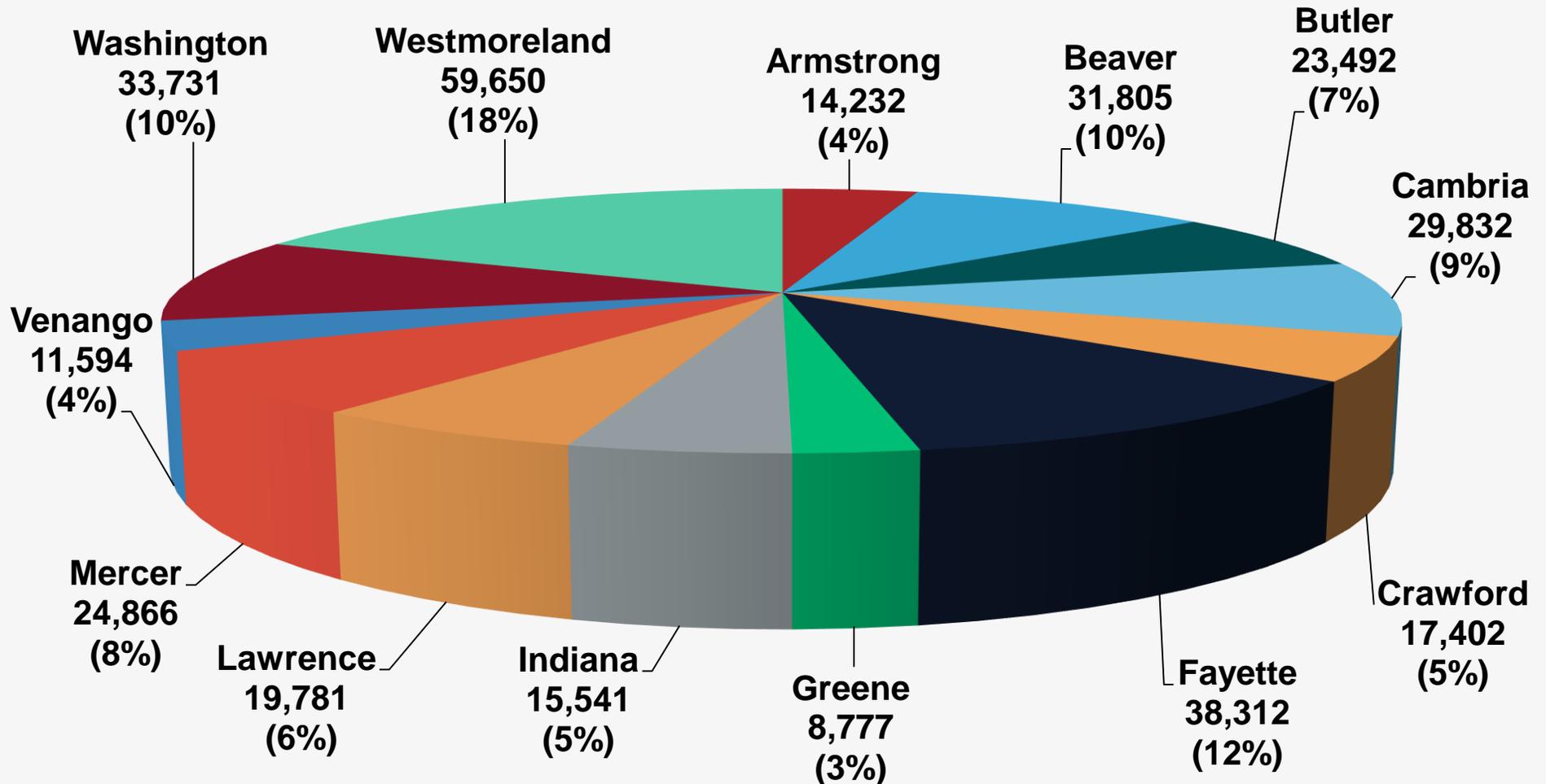
# 2016 QM Program Evaluation: Data Monitoring

- As part of the Quality Management Program Evaluation, we track our progress in meeting our goals. Some of the data VBH-PA monitors includes:
  - Utilization trends and patterns
  - Risk management for critical incidents, complaints, and quality of care
  - Preventative behavioral health services
  - Evaluation of the quality effectiveness of internal processes
  - Assessment of satisfaction from members and providers
  - Evaluation of the quality and performance of the provider network
  - Coordination with primary healthcare
  - Status updates on state-wide performance improvement projects



# 2016 Enrollment Trends in HealthChoices

329,015 covered lives (15% increase from 2015)



# QM/UM Highlights

## Member Satisfaction

- VBH-PA assesses member satisfaction through Consumer/Family Satisfaction Team surveys and also through an independent telephonic survey through Fact Finders, Inc.
  - ✓ In 2016, overall member satisfaction with VBH-PA was rated 96% from over 7,200 CFST surveys and 96% from 1,000 member Fact Finders surveys. This level of satisfaction continues to be high from year to year.

## Provider Satisfaction

- VBH-PA contracts with Fact Finders, Inc. to survey providers annually and utilizes the feedback to monitor our performance and identify potential areas for improvement in provider satisfaction.
  - ✓ In 2016, overall provider satisfaction with VBH-PA was 91%.



# Clinical Advisory Committee Actions for Quality Improvements

- Comprised of members, providers, consumers/family members, county stakeholders and VBH-PA
- Serves as primary forum for discussion/problem solving for pertinent aspects of clinical operations
- Evidenced-Based Practices (EBP) were reviewed and updated
- Focused efforts to decrease early discharges from residential treatment facilities for substance abuse
- Reviewed and approved Suboxone best practice standards and the roll out of a “Best Practices” network of providers meeting guideline criteria via the conduction of self-audits and over-read audits
- Discussed initiatives to combat opiate addiction

# Access to and Availability of Care

VBH-PA evaluates members' access to behavioral health services and care through provider capacity reporting, geo-access, member satisfaction, call monitoring, and exception waivers. Our performance standard for emergent care is one hour, urgent care within 24 hours, and routine care within seven days for most services.

- In 2016, we answered our 800 number phone lines for 17,577 member calls with an average speed of 14 seconds



All DOH standards for speed of answer for member lines were met in 2016

# Denial and Appeal Decision Timelines

- VBH-PA maintains ongoing systems for tracking and monitoring compliance with applicable timelines for all levels of care managed. The 2016 results were as follows:

Request Type	VBH-PA Timeline for Resolution	Percent Processed Timely
Peer Review	1 Hr/24 Hrs	100%
Grievance Level I	30 Days	100%
GLI Resolution Letters	5 Days	99.3%
Grievance Level II	30 Days	100%
GLII Resolution Letters	5 Days	100%

# Monitoring Quality of Care

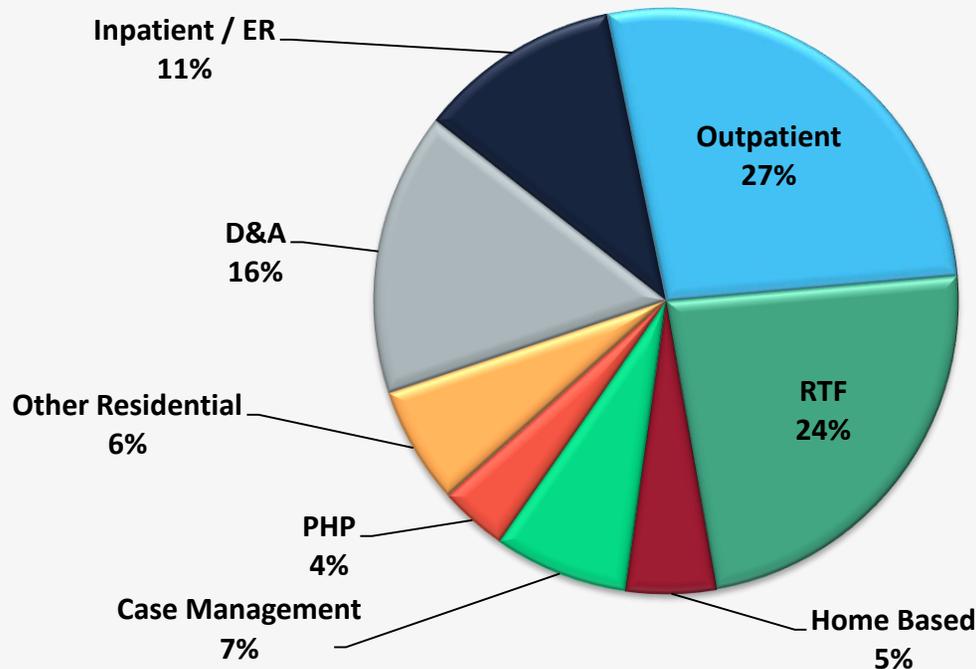
- Quality of care and service issues and trends are those that decrease the likelihood of desired health outcomes and that are inconsistent with current professional knowledge of behavioral health. VBH-PA has a defined procedure for the identification, investigation, resolution, and monitoring of behavioral health quality of care and service issues and trends. This includes **Critical Incidents, Quality of Care Committee Referrals, and Complaints.**



# Incident Reporting

There are various types of events that qualify as critical incidents. More severe or high risk incidents meet criteria for adverse events and are investigated and presented to the Quality Management Committees for recommendations. All incidents are tracked and trended in the Quality Department. There were 1,669 reported critical incidents in 2016. Of these, **444 met adverse criteria for full investigation and resolution.**

2016 Adverse Incidents



# Value Recovery Coordination (VRC) Program

- The Value Recovery Coordination (VRC) Program is designed to be a collaborative process that assesses, implements, coordinates, monitors, and evaluates options and services to meet an individual's health needs.
- Care Managers (CMs) review service utilization of high risk individuals in order to ensure they get the right level of care at the right time and in the right setting.
- The VRC program is associated with a positive change in the types and frequency of services received leading to increased community tenure.

# Performance Improvement Project

Behavioral Health Managed Care Organizations (BHMCOs) began collaboration on a statewide initiative titled “**Successful Transitions from Inpatient Care to Ambulatory Care**” for Pennsylvania HealthChoices members hospitalized with a mental health or a substance abuse diagnosis.

The core performance measures selected by OMHSAS for this initiative include the following:

- Reduce behavioral health and substance abuse readmissions post-inpatient discharge (BHR)
- Improve medication adherence post-inpatient discharge (SAA)
- Improve the documentation of the components of Discharge Management Planning (DMP)

Multiple interventions have been identified to assist in meeting these goals.

# Quality Management Program Goals

Each year, VBH-PA formulates a **QM/UM Program Work Plan** that includes goals and actions that are necessary to achieve those goals. Monitoring processes of almost every aspect of our operation are developed and maintained. The following are highlights of VBH-PA program goals for 2017:

- ❑ Performance Improvement Project for readmissions and follow-up after hospitalization
- ❑ Risk Management for Quality of Care and Critical Incidents
- ❑ Investigation and resolution of member complaints
- ❑ Measure satisfaction with members and providers and target improvement opportunities
- ❑ Monitor Performance Measures through associated projects designed to improve the quality of service
- ❑ Provider Profiling for Inpatient Mental Health, D&A, and Independent Prescribers
- ❑ Enhance collaboration with the Physical Health Plans through the Integrated P4P Improvement Plan focusing on those with Serious and Persistent Mental Illness and Substance Abuse Disorder
- ❑ Review the best practice guidelines for buprenorphine/suboxone assisted treatment and develop a best practice network

# Contact Us

If you have any questions or are interested in more information about our Quality Management Program, please contact:

**VBH-PA Quality Department**  
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