

# **Engolve PeopleCare Quality Improvement Program Evaluation 2016**

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# Introduction

Although our name has changed, our innovation continues. Envolve PeopleCare (EPC) combines the experience, track record and expertise of Nurtur, LiveHealthier, NurseWise and Cenpatico into a single integrated solution. We joined forces in order to focus on individual health management through education and empowerment, in a stronger and more unified manner. Additionally, Centene, our parent company, acquired HealthNet and its behavioral health subsidiary, Managed Health Network (MHN) in 2016.

Envolve PeopleCare Business Units:

- Envolve PeopleCare Behavioral Health (EPC BH)
- Envolve PeopleCare Disease Management/Lifestyle Management (EPC DM/LM)
- Envolve PeopleCare Nurse Advice Line (EPC NAL)
- Envolve PeopleCare Digital Health (EPC DH)

Our collective expertise allows us to improve the lives of our participants by offering health and wellness solutions for the whole person. Our clients benefit from less risk, lower healthcare costs, higher quality, and the peace of mind that comes from partnering with a proven leader in population health management. With behavioral health solutions, the trusted advice of nurses, and health, wellness and disease guidance programs, we make a difference in the lives of individuals when it matters most.

Envolve PeopleCare Behavioral Health improves outcomes for members, agencies, health plans and states through behavioral health programs and specialty rehabilitation therapies. Our strong local presence means we are closely aligned to the needs of our communities. EPC Behavioral Health (BH), a National Committee for Quality Assurance (NCQA) accredited managed behavioral health organization (MBHO), administers publicly funded behavioral health contracts in multiple states for Medicaid, Medicare and Health Insurance Exchange populations. Populations served include:

- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- Children’s Health Insurance Program (CHIP)
- Foster care programs
- Commercial and EAP
- Aged, Blind and Disabled (ABD)
- Health Insurance Marketplace (HIM) populations
- Programs for chronic/disabled populations
- Other federal block grant and state subvention funded programs

Envolve PeopleCare Disease Management/Lifestyle Management (DM/LM) is a NCQA and Utilization Review Accreditation Commission (URAC) accredited life, health and wellness product dedicated to supporting, encouraging and motivating people to transform their lives. The EPC DM/LM mission is to bring innovative, creative and compassionate solutions for improved individual health, wellness

and life balance to those we serve. EPC DM/LM initiatives have enhanced care and service while contributing to better practices in disease and health management, including:

- Goal of quality improvement and error reduction
- Goals and commitment by Executive Leadership to obtain these goals and to develop an organization-wide method to monitor these goals
- Belief that status quo is not an option where poor quality exists
- Adherence to disciplined methodologies
- Regular performance monitoring (daily, weekly, monthly, quarterly, and annually) to link action to results
- Self-improvement is encouraged for everyone
- Enhance inter-department communication and collaboration

Envolve Nurse Advice Line (NAL) is a national multilingual nurse triage and health education provider. We are a category leader in call response times—delivering positive, measurable results and improved outcomes through quality care, award-winning services and customized solutions.

Envolve Digital Health (DH) fits effortlessly into everyday lives. We spark positive behavior change through technology-based tools, evidence-based wellness offerings and motivational incentives delivered at the intersection of the individual and the organization.

The EPC Quality Improvement (QI) program is based on the principles of continuous performance improvement (CPI) and is adopted and utilized throughout the organization. EPC believes quality is an organizational value synonymous with performance and incorporates monitoring, analysis and evaluation of clinical services; access to services for members and providers; network adequacy and management; utilization management; operations measures and member and provider satisfaction in the identification of performance improvement opportunities.

The QI Program Evaluation provides a comprehensive analysis of the efficacy of the previous year's QI activities; identifies areas for continued monitoring and improvement; and establishes the framework for the 2017 QI program's priorities and initiatives. This evaluation covers the 2016 calendar year (January 1, 2016 – December 31, 2016). Data analysis includes longitudinal tracking to assist in the identification of performance trends and shifts.

# Program Structure and Operations

## Effectiveness of EPC QI Committees

The Board of Directors for EPC is responsible for the implementation of the quality program, approval of the annual program evaluation and the QI Program description. The quality program, at the direction of the Board, is implemented through the Quality Improvement Committee (QIC). Within the timeframe of this review, the QIC met eight times. The main topics reviewed by the QIC included:

- Review and approval of the Quality, Utilization, Case Management and Credentialing Program Descriptions, work plan and Annual Evaluations;
- Updates to the QI work plan;
- Updates to policies and procedures;
- Review and approval of QI activities;
- Oversight of sub-committee work; and
- Monitoring of performance indicators.

The QIC has four defined sub-committees that functioned during 2016. Sub-committees of the QIC with a brief description of their activities and their meetings for the time period are listed below.

Sub-Committee	Composition/Function	Meetings Held
<b>Credentialing Committee (CC)</b>	Includes representation from various disciplines credentialed. The committee includes MDs, PhD's, PsyD, Licensed Clinical Social Works, and Licensed Professional Counselors. The Vice President of Medical Affairs from MHS IN joined the Credentialing Committee as a representative of Primary Care.  The committee reviewed and approved applicants for network participation, assessed sanction activity, evaluated new delegates and approved annual oversight reviews for existing delegates.	The Credentialing Committee held twelve regularly scheduled meetings with additional meetings scheduled for peer review on an as needed basis.
<b>Utilization Management Committee (UMC)</b>	This internal committee reviewed data for service utilization data on a market and product level; assessed utilization trends as compared to established thresholds; assessed for instances of over and underutilization; monitored the performance and level of satisfaction with the Case Management Program; monitored timeliness of decisions made in the UM Department; evaluated the use of Clinical Fact Sheets for practitioners which provide assistance in managing members with specific diagnoses; assessed inter-rater	The committee held five meetings.

Sub-Committee	Composition/Function	Meetings Held
	<p>reliability testing results and action plans and reviewed provider profiling.</p> <p>The focus of the UMC at the end of the year moved to the use of predictive modeling for member population health assessment and provider profiling.</p>	
<p><b>Policy and Procedure Committee (P&amp;P)</b></p>	<p>This internal committee is responsible for the review of all policies for the organization. Departments in attendance are responsible for educating their staffs when a policy impacts their functions or processes.</p> <p>All policies were reviewed on an annual cycle and on an as needed basis following change to contracts and/or laws, statutes and regulations.</p>	<p>The committee held twelve regularly scheduled meetings and three ad hoc meetings.</p>
<p><b>National Advisory Council (NAC)</b></p>	<p>Review and approval of the actions identified in response to the 2013 Member Satisfaction Survey; Submission and Approval of Adoption of the SAMHSA Recovery Principles; Review and recommendation to adopt and implement the SAMHSA YSS-F and MHSIP Member Surveys.</p>	<p>Four meetings held in 2016.</p>

# Availability of Practitioners and Providers

EPC monitors accessibility of services and identifies areas for potential improvement. EPC is dedicated to ensuring timely access to health services. EPC actively monitors and evaluates member access to behavioral health practitioners and providers against established appointment standards and initiates improvement activities as needed.

## Provider Availability Analysis

### Member and Provider Cultural Demographics

Envolve People Care Behavioral Health (EPC BH) uses data from member satisfaction surveys, US Census and provider demographics to analyze the cultural and linguistic needs of its members. Analysis of provider demographics in conjunction with member cultural and linguistic needs supports EPC BH in the development of its Network Management strategy and goals.

On an annual basis, EPC BH analyzes member and provider demographics to determine whether the current provider/practitioner network meets the needs of its membership. Listed below are tables and graphs to outline information relative to EPC member and provider demographics.

US Census Data (race and ethnicities) by EPC BH Market:

State	Population	Non-Latino White	Latino	Black	AIAN*	Asian	NHPI*	Mixed Race
California	37,253,956	57.6	16.9	6.2	1.0	13.0	0.4	4.9
Florida	18,801,310	57.9	22.5	16.0	0.4	2.4	0.1	2.5
Georgia	9,687,653	55.9	8.8	30.5	0.3	3.2	0.1	2.1
Illinois	12,830,632	63.7	15.8	14.5	0.3	4.6	0	2.3
Indiana	6,483,802	81.5	6.0	9.1	0.3	1.6	0	2.0
Kansas	2,853,118	78.2	10.5	5.9	1.0	2.4	0.1	3.0
Massachusetts	6,547,629	76.1	9.6	6.6	0.3	5.3	0.0	2.6
Mississippi	2,984,926	58.0	2.7	37.0	0.5	0.9	0	1.1
Missouri	6,021,988	81.0	3.5	11.6	0.5	1.6	0.1	2.1
New Hampshire	1,320,718	92.3	2.8	1.1	0.2	2.2	0	1.6
Ohio	11,536,504	81.1	3.1	12.2	0.2	1.7	0	2.1
South Carolina	4,625,364	64.1	5.1	27.9	0.4	1.3	0.1	1.7

State	Population	Non-Latino White	Latino	Black	AIAN*	Asian	NHPI*	Mixed Race
Texas	25,145,561	45.3	37.6	11.8	0.7	3.8	0.1	2.7
Washington	6,724,540	72.5	11.2	3.6	1.5	7.2	0.6	4.7
Wisconsin	5,686,986	83.3	5.9	6.3	1.0	2.3	0	1.8

All Data from 2010 U.S. Census Bureau:

\* AIAN is American Indian or Alaskan Native; NHPI is Native Hawaiian or Pacific Islander

In order for EPC BH to meet the cultural and linguistic needs of its members, EPC Network staff members review member complaints, appeals, and survey data as part of EPC’s ongoing evaluation of member preferences for practitioners that meet their cultural and linguistic needs.

In 2016, a review of member complaint data revealed a trend related to translation services. Upon completion of a root cause analysis, a process breakdown was identified. As a result, a process improvement team was compiled to develop an efficient and effective process to meet the cultural and linguistic needs of EPC members. The process improvement project is scheduled for completion by Q2 2017. EPC BH ensures access to translation services, either by telephone or face to face, upon request by members and families.

EPC BH examines available data about network practitioners’ ability to meet members’ cultural and linguistic needs. The information collected in this document includes demographic data and languages spoken by providers and practitioners. This data is stored in EPC BH’s Credentialing systems, Vistar and Portico. There are some limitations to this data as the information is self-reported and, at times, is not updated in a timely manner by the provider/practitioner. Additionally, CMHCs and other large facility providers submit rosters and for these rostered providers, this information is not consistently captured across all markets.

In December 2016, EPC BH implemented a Provider Demographic project to validate provider demographic information twice a year. As a part of this initiative sent, via email, a prepopulated demographic form to each of EPC provider/practitioners asking them to validate the information EPC have on file. Through this process the provider advises EPC Network staff of any changes and sends back all corresponding information through the EPC provider website. Daily submissions are imported for EPC Credentialing and Provider Data Management (PDM) team to make updates and changes to maintain the most up-to-date information. Also to supplement this initiative, EPC provides ongoing technical assistance and training to promote the receipt of the most current provider and practitioner demographics.

The following table presents the languages spoken by all EPC BH providers and practitioners as extracted from Vistar and Portico. Although the table is reflective of three primary languages spoken by each provider, it is important to note, the total count of providers is unique per market.

## US Census Data: Languages Spoken at Home by EPC BH Market

State	English	Spanish	French	Italian	Portuguese	German	Russian	Slavic	European	Chinese	Korean	Vietnamese	Tagalog	Other Asian	Other
CA	58%	28%	0%	0%	0%	0%	0%	0%	0%	3%	1%	1%	2%	0%	7%
FL	74%	19%	2%	0%	1%	1%	0%	0%	1%	0%	0%	0%	0%	0%	1%
GA	88%	7%	1%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	1%
IL	78%	13%	0%	0%	0%	1%	0%	0%	4%	1%	0%	0%	1%	1%	1%
IN	93%	4%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%
KS	90%	7%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	1%	0%
MA	80%	7%	2%	1%	3%	0%	1%	0%	2%	1%	0%	1%	0%	1%	1%
MO	94%	3%	0%	0%	0%	1%	0%	0%	1%	0%	0%	0%	0%	0%	0%
MS	95%	3%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%
NH	89%	3%	3%	.2%	.2%	.5%	.1%	0%	.3%	.3%	.1%	.1%	0%	1%	.1%
OH	94%	2%	0%	0%	0%	1%	0%	0%	1%	0%	0%	0%	0%	0%	1%
SC	94%	4%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
TX	66%	29%	0%	0%	0%	0%	0%	0%	1%	1%	0%	1%	0%	1%	1%
WA	83%	7%	0%	0%	0%	1%	1%	0%	1%	1%	1%	1%	1%	1%	1%
WI	92%	4%	0%	0%	0%	1%	0%	0%	1%	0%	0%	0%	0%	1%	0%

All Data from 2010 U.S. Census Bureau

## Provider Languages

State	Total # of Providers	English	Spanish	French	Italian	Portuguese	German	Russian	Slavic	European	Chinese	Korean	Vietnamese	Tagalog	Other Asian	Other
CA	219	88%	10%	0.91%	0.00%	0.00%	0.00%	0.00%	0.00%	0.46%	1.37%	0.00%	0.00%	0.00%	0.91%	0.46%
FL	3,953	98%	12.70%	0.48%	0.03%	0.18%	0.20%	0.15%	0.00%	0.18%	0.00%	0.00%	0.05%	0.05%	0.23%	1.54%
GA	1,521	99%	7.89%	0.66%	0.07%	0.07%	0.33%	0.13%	0.00%	0.20%	0.13%	0.00%	0.00%	0.07%	2.24%	1.91%
IL	725	96%	34.07%	0.28%	0.14%	0.00%	0.00%	1.52%	0.00%	4.41%	0.41%	0.14%	0.14%	0.14%	2.21%	2.07%
IN	2,565	100%	2.92%	0.04%	0.00%	0.00%	0.04%	0.08%	0.00%	0.16%	0.16%	0.00%	0.00%	0.04%	0.78%	0.94%
KS	1,516	87%	10.95%	0.33%	0.00%	0.13%	0.20%	0.07%	0.00%	0.26%	0.13%	0.20%	0.07%	0.00%	0.59%	1.72%
MA	474	95%	13.92%	2.32%	0.84%	2.11%	0.21%	0.84%	0.00%	1.27%	1.27%	0.21%	1.05%	0.00%	2.32%	1.90%
MO	2,130	100%	2.11%	0.09%	0.00%	0.00%	0.09%	0.05%	0.00%	0.09%	0.00%	0.00%	0.00%	0.00%	0.19%	0.38%
MS	688	100%	3.49%	0.00%	0.00%	0.00%	0.15%	0.00%	0.00%	0.15%	0.00%	0.00%	0.15%	0.00%	0.29%	0.15%
NH	1,211	99%	2.97%	1.24%	0.00%	0.00%	0.74%	0.17%	0.00%	0.66%	0.00%	0.00%	0.00%	0.00%	0.25%	0.74%
OH	1,754	99%	4.05%	0.34%	0.11%	0.06%	0.17%	0.17%	0.00%	0.51%	0.11%	0.29%	0.06%	0.06%	2.39%	3.08%
SC	790	99%	13.42%	0.25%	0.00%	0.13%	0.00%	0.13%	0.00%	1.01%	0.00%	0.00%	0.13%	0.25%	0.51%	0.51%
TX	5,034	99%	29.40%	0.38%	0.10%	0.16%	0.26%	0.12%	0.00%	0.14%	0.10%	0.12%	0.28%	0.06%	0.95%	1.03%
WA	281	88%	8.19%	0.71%	0.00%	0.71%	0.36%	0.36%	0.00%	0.00%	1.42%	1.07%	0.36%	0.00%	0.36%	0.36%
WI	2,259	99%	8.59%	0.40%	0.00%	0.09%	0.22%	0.09%	0.00%	0.44%	0.04%	0.09%	0.00%	0.13%	1.02%	1.81%

## Conclusion

Upon review of available member and provider/practitioner demographic data, EPC BH identified the following cultural and linguistic requirements of its membership that must be met by the EPC BH provider/practitioner network:

- Spanish is the most prevalent non-English language spoken by members across all EPC BH markets, with the highest prevalence in Texas and Florida. This has remained the same as reported last year.
- EPC BH's Provider/Practitioner network shows similar language trends as identified in the member language analysis, with the majority of providers/practitioners across EPC BH networks speaking English and Spanish.
- No significant trend/prevalence for other languages is noted in the member demographics. Although some EPC BH members identified themselves as Asian/Pacific Islander, little to no requests for language assistance in these languages is indicated, demonstrating low member need in this area.
- There were no significant population changes from 2015 to 2016.

## Provider Geographic Location Analysis

EPC BH ensures adequate numbers and distribution of behavioral health practitioners and providers in each market that it serves. To deter any unreasonable delays in a member's access to care, EPC BH's Network Department uses regular analysis of GEO Access Reports, US Census data, member demographics and provider demographics to assess compliance with specific market and National Committee for Quality Assurance (NCQA) availability standards for urban and rural members. EPC BH is committed to meeting all market availability standards and effectively utilizing population density data to support Network Management activities.

## Methodology

EPC BH practitioner and provider availability monitoring is completed for all behavioral health practitioner/provider types. EPC BH defines behavioral health practitioners and providers as:

- Psychiatrists/Prescribers (MD, DO, APNP/ARNP)
- Psychologists (PhD, PsyD, EdD)
- Master's Level Clinicians (Mid-level practitioners; LPC, LCSW, LMFT, etc.)
- Inpatient Psychiatric Facilities and Acute Care Hospitals
- Community Mental Health Centers (CMHC)<sup>1</sup>

EPC BH's internal standards for provider and practitioner geographic location are listed below.

For all provider/practitioner types, where it does not indicate differently in the table due to state requirements, the standards are:

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<sup>1</sup> Not all provider types are included in all EPC BH markets. Allowable behavioral health provider types are dictated by the individual state managing the Medicaid services for a market.

- Rural: 1 in 60 miles
- Urban/Suburban: 1 in 30 miles

Data Source: EPC BH GEO Access Data provided by Health plans

Reporting Frequency: Quarterly

Goal: 95% for all practitioner/provider types in both rural and urban locations.

## Analysis

### EPC BH

\*All markets have standard ratios of Urban 1:30 and Rural 1:60

#### Medicaid

Market*	Rural	Urban	Goal Met Yes/No	Actions
CA	Psychiatrist/Prescribers: 99.7% Psychologist: 99.9% Master's Level 98% Inpatient: 30.4 CMHC: 66.6%	Psychiatrist/Prescribers: 99.7% Psychologist: 99.9% Master's Level 98% Inpatient: 47.3% CMHC: 98.4%	Yes, Inpatient is not part of the benefits managed. EPC only required to have MOUs with the CMHC	None needed
FL	Psychiatrist/Prescribers: 99.8% Psychologist: 98.6% Master's Level: 100% Inpatient: 87% CMHC: 100%	Psychiatrist/Prescribers: 99.9% Psychologist: 97.9% Master's Level: 99.9% Inpatient: 99.5% CMHC: 99.9%	Yes for all provider types with the exception Inpatient in Rural areas.	The local Provider Relations is recruiting an additional IP hospital in rural FL.
GA	Psychiatrist/Prescribers: 96.8% Psychologist: 99.9% Master's Level 100% Inpatient: 98.3% CMHC: 99.8%	Psychiatrist/Prescribers: 98.7% Psychologist: 99.9% Master's Level 100% Inpatient: 99.0% CMHC: 98.0%	Yes, for all provider types	None needed
IL	Psychiatrist/Prescribers: 99.9% Psychologist: 85.8% Master's Level 99.9% Inpatient: 85.7% CMHC: 99.9%	Psychiatrist/Prescribers: 99.9% Psychologist: 91.3% Master's Level 99.9% Inpatient: 96.7% CMHC: 99.9%	Yes, for all provider types with the exception of Psychologist and Inpatient in rural areas and Psychologist in Urban areas.	The local PR team is recruiting psychologist who are willing to see Medicaid members in urban and rural areas.

Market*	Rural	Urban	Goal Met Yes/No	Actions
IN	Psychiatrist/Prescribers: 100% Psychologist: 100% Master's Level 100% Inpatient: 100% CMHC: 100%	Psychiatrist/Prescribers: 100% Psychologist: 100% Master's Level 100% Inpatient: 99.9% CMHC: 97.3%	Yes, for all provider types	None needed
KS	Psychiatrist/Prescribers: 99.9% Psychologist: 99.9% Master's Level 100% Inpatient: 91.2% CMHC: 99.7%	Psychiatrist/Prescribers: 100% Psychologist: 100% Master's Level 100% Inpatient: 100% CMHC: 100%	Yes, for all provider types with the exception of Inpatient in rural areas.	EPC BH is contracted with all IP psychiatric units in Rural KS. There is a capacity shortage in the rural parts of KS.
MA	Psychiatrist/Prescribers: 100% Psychologist: 100% Master's Level 100% Inpatient: 100% CMHC: 98.6%	Psychiatrist/Prescribers: 100% Psychologist: 100% Master's Level 100% Inpatient: 100% CMHC: 98.6%	Yes, for all provider types	None needed
MO	Psychiatrist/Prescribers: 100% Psychologist: 99.6% Master's Level 100% Inpatient: 98% CMHC: 100%	Psychiatrist/Prescribers: 100% Psychologist: 100% Master's Level 100% Inpatient: 99.9% CMHC: 100%	Yes, for all provider types	None needed
MS	Psychiatrist/Prescribers: 99.9% Psychologist: 99.9% Master's Level 100% Inpatient: 95.8% CMHC: 99.9%	Psychiatrist/Prescribers: 100% Psychologist: 99.9% Master's Level 100% Inpatient: 100% CMHC: 99.8%	Yes, for all provider types	None needed
NH	Psychiatrist/Prescribers: 100% Psychologist: 100% Master's Level 100% Inpatient: 96.8% CMHC: 100%	Psychiatrist/Prescribers: 100% Psychologist: 100% Master's Level 100% Inpatient: 95% CMHC: 100%	Yes, for all provider types	None needed
OH	Psychiatrist/Prescribers: 100% Psychologist: 100% Master's Level 100% Inpatient: 98.4% CMHC: 97.4%	Psychiatrist/Prescribers: 100% Psychologist: 99.9% Master's Level 100% Inpatient: 99.9% CMHC: 99.9%	Yes, for all provider types	None needed

Market*	Rural	Urban	Goal Met Yes/No	Actions
SC	Psychiatrist/Prescribers: 100% Psychologist: 100% Master's Level 100% Inpatient: 99.9% CMHC: 100%	Psychiatrist/Prescribers: 99.9% Psychologist: 99.9% Master's Level 100% Inpatient: 99.9% CMHC: 100%	Yes, for all provider types	None needed
TX	Psychiatrist/Prescribers: 97.7% Psychologist: 95.4% Master's Level: 99.2% Inpatient: 80.7% CMHC: 88.4%	Psychiatrist/Prescribers: 99.8% Psychologist: 99.9% Master's Level: 99.8% Inpatient: 95% CMHC: 87.9%	Yes, for all other provider types with the exception of Inpatient in Rural Areas and CMHCs in Rural and Urban areas.	EPC currently contracted with 3 CMHCs (Helen Farabee, Harris County Center for IDD, and Gulf Cost Center) that are in rural areas in negotiations. EPC also has 1 hospital in the Rural area in negotiations (Oceans Behavioral)
WA	Psychiatrist/Prescribers: 99.8% Psychologist: 99.2% Master's Level 99.9% Inpatient: 99.9% CMHC: 33.6%	Psychiatrist/Prescribers: 100% Psychologist: 100% Master's Level 100% Inpatient: 100% CMHC: 72.3%	Yes, except for CMHCs in rural and urban areas. EPC only required to have MOUs with the CMHCs. Also, inpatient is not part of the benefits managed.	EPC BH network is combined with health plan. The HP (Coordinated Care) holds the contracts with the Acute Care Hospitals that provide behavioral health services. That data is not included in this report. EPC BH only contracts with the free standing psych facilities.
WI	Psychiatrist/Prescribers: 100% Psychologist: 99.8% Master's Level 100% Inpatient: 86.3% CMHC: 85.2%	Psychiatrist/Prescribers: 100% Psychologist: 100% Master's Level 100% Inpatient: 100% CMHC: 76.9%	Yes, for all provider types except for inpatient hospital in rural areas, and CMHCs in both rural and urban areas.	EPC BH does not meet the standard in one WI rural county. There is only one hospital, which refuses to contract with EPC BH, but will see members on a Single Case basis for emergency admissions. The HP

Market*	Rural	Urban	Goal Met Yes/No	Actions
WI				provides transportation if a member needs to be transferred to an in-network hospital. With regard to the CMHC deficiency in rural and urban areas, EPC has contracted with all the CMHCs in the service areas.

*CHIP*

Market*	Rural	Urban	Goal Met Yes/No	Actions
MS	Psychiatrist/Prescribers: 100% Psychologist: 99.5% Master's Level 100% Inpatient: 98% CMHC: 100%	Psychiatrist/Prescribers: 100% Psychologist: 100% Master's Level 100% Inpatient: 86.9% CMHC: 100%	Yes, for all provider types except for inpatient in Urban areas.	EPC currently contracted with all IP providers willing to accept CHIP members
TX	Psychiatrist/Prescribers: 97.9% Psychologist: 94.2% Master's Level: 99.1% Inpatient: 79.1% CMHC: 99.7%	Psychiatrist/Prescribers: 99.9% Psychologist: 99.8% Master's Level: 99.9% Inpatient: 93.1% CMHC: 100%	Yes for all provider types except psychologist in Rural areas and Inpatient in Rural and Urban Areas.	EPC in negotiations with Aurora San Antonio Behavioral Health in Bexar County.

**EPC BH Ambetter**

Ambetter is Centene's Health Insurance Marketplace product.

\*\*All Marketplace markets have standard ratios of Urban 1:45 and Rural 1:60

Market**	Rural	Urban	Goal Met Yes/No	Actions
FL	Psychiatrist/Prescribers: 100% Psychologist: 100% Master's Level: 100% Inpatient: 100% CMHC: 100%	Psychiatrist/Prescribers: 100% Psychologist: 100% Master's Level: 100% Inpatient: 100% CMHC: 100%	Yes for all provider types	None needed

Market**	Rural	Urban	Goal Met Yes/No	Actions
GA	Psychiatrist/Prescribers: 99.9% Psychologist: 100% Master's Level 100% Inpatient: 86.8% CMHC: 100%	Psychiatrist/Prescribers: 100% Psychologist: 100% Master's Level 100% Inpatient: 95.5% CMHC: 100%	Yes, for all provider types with the exception of Inpatient in Rural areas.	EPC contracted with all IP facilities willing to accept Ambetter members.
IL	Psychiatrist/Prescribers: 100% Psychologist: 100% Master's Level 100% Inpatient: 100% CMHC: 100%	Psychiatrist/Prescribers: 100% Psychologist: 100% Master's Level 100% Inpatient: 100% CMHC: 100%	Yes, for all provider types	None needed
IN	Psychiatrist/Prescribers: 100% Psychologist: 100% Master's Level 100% Inpatient: 99.9% CMHC: 100%	Psychiatrist/Prescribers: 100% Psychologist: 100% Master's Level 100% Inpatient: 99.9% CMHC: 97.3%	Yes, for all provider types	None needed
MA	Psychiatrist/Prescribers: 100% Psychologist: 100% Master's Level 100% Inpatient: 100% CMHC: 100%	Psychiatrist/Prescribers: 100% Psychologist: 100% Master's Level 100% Inpatient: 100% CMHC: 100%	Yes, for all provider types	None needed
MS	Psychiatrist/Prescribers: 100% Psychologist: 87.9% Master's Level 100% Inpatient: 77.5% CMHC: 95.3%	Psychiatrist/Prescribers: 100% Psychologist: 92.7% Master's Level 100% Inpatient: 100% CMHC: 71.2%	Yes for all provider types except Psychologist, Inpatient and CMHCs in Urban and Rural areas.	EPC contracted with every available psychologists and every willing CMHC - however, for inpatient facilities undergoing a data load review with PDM team to ensure all facilities loaded.
NH	Psychiatrist/Prescribers: 99.9% Psychologist: 99.9% Master's Level 99.9%	Psychiatrist/Prescribers: 100% Psychologist: 99.6% Master's Level 99.6%	Yes, for all provider types	None needed

Market**	Rural	Urban	Goal Met Yes/No	Actions
	Inpatient: 97.3% CMHC: 95.3%	Inpatient: 99.5% CMHC: 99.5%		
OH	Psychiatrist/Prescribers: 100% Psychologist: 100% Master's Level 79.3% Inpatient: 98.0% CMHC: 54.4%	Psychiatrist/Prescribers: 99.9% Psychologist: 99.9% Master's Level 98.6% Inpatient: 85.6% CMHC: 69.0%	Yes, for all provider types except Master's Level and CMHCs in Rural areas and Inpatient and CMHCs in Urban Areas	The local PR team continues to recruit Master level providers and CMHCs who are willing to accept Ambetter members in urban and rural areas.
TX	Psychiatrist/Prescribers: 100% Psychologist: 100% Master's Level: 100% Inpatient: 98.8%	Psychiatrist/Prescribers: 100% Psychologist: 100% Master's Level: 100% Inpatient: 100%	Yes for all provider types	None needed
WA	Psychiatrist/Prescribers: 100% Psychologist: 100% Master's Level 99.5% Inpatient: 44% CMHC: 43.3%	Psychiatrist/Prescribers: 100% Psychologist: 100% Master's Level 100% Inpatient: 83.6% CMHC: 85%	Yes for all provider types except for inpatient and CMHCs	This is a combined health plan and EPC BH network. The Health Plan (Coordinated Care) holds the contracts with the Acute Care Hospitals that provide behavioral health services. That data is not included in this report. EPC BH only contracts with the free standing facilities.
WI	Psychiatrist/Prescribers: 100% Psychologist: 99.8% Master's Level 100% Inpatient: 47.9% CMHC: 80.3%	Psychiatrist/Prescribers: 100% Psychologist: 100% Master's Level 100% Inpatient: 86.4% CMHC: 89.4%	Yes for all provider types except Inpatient and CMHCs in Urban and Rural areas.	None needed as no longer offering this product in the market in 2017.

# Member to Provider Ratios

## Methodology

EPC BH practitioner and provider ratio monitoring is completed for all behavioral health practitioner types. EPC BH defines behavioral health practitioners and providers as:

- Psychiatrists/Prescribers (MD, DO, APNP/ARNP)
- Psychologists (PhD, PsyD, EdD)
- Master’s Level Clinicians (Midlevel providers; LPC, LCSW, LMFT, etc.)
- Inpatient Psychiatric Facilities and Acute Care Hospitals
- Community Mental Health Centers

EPC BH’s internal standards for provider and practitioner to member ratios are listed below.

Member to Practitioner Ratio Standards:

Practitioner Type	Standard	Measurement Method	Measurement Frequency
Psychiatrists/Prescribers	2 practitioners per 1000 members	GEO Access	Annually
Psychologists	2 practitioners per 1000 members	GEO Access	Annually
Masters Level Clinicians	5 practitioners per 1000 members	GEO Access	Annually
In-patient Psychiatric Facilities	1 provider per 1000 members	GEO Access	Annually
CMHCs	1 provider per 1000 members	GEO Access	Annually

## Analysis

The table below reflects the member to provider/practitioner ratios, by EPC BH market. In several markets, Nurse Practitioners and Physicians Assistants are counted in the psychiatrist numbers as prescribers. Additionally, Federally Qualified Health Centers (FQHCs) are counted into CMHC numbers as they serve members in the same/similar capacity in some EPC BH markets.

## EPC BH

### Medicaid

Market	Results	Goal Met Yes/No	Actions
CA	<p>Psychiatrists: 0 practitioners per 1000 members</p> <p>Psychologists: 0 practitioner per 1000</p> <p>Master's Level: 1 practitioners per 1000</p> <p>Inpatient: 0 provider per 1000 members</p> <p>CMHC: 0 provider per 1000 members</p>	No, the goal was not met in any category	In this market, membership is in a very rural service area and has very limited available Medicaid providers. If a member needs services that are not in the network EPC, offers a single case agreement or work with PAR providers to provide an emergency visit.
FL	<p>Psychiatrists: 4 practitioners per 1000 members</p> <p>Psychologists: 0 practitioner per 1000</p> <p>Master's Level: 8 practitioners per 1000</p> <p>Inpatient: 0 provider per 1000 members</p> <p>CMHC: 0 provider per 1000 members</p>	Yes, except for psychologists, inpatient and CMHC.	Contracted with all CMHCs willing to accept Medicaid members and continuing to recruit psychologist.
GA	<p>Psychiatrists: 0 practitioner per 1000 members</p> <p>Psychologists: 1 practitioner per 1000 members</p> <p>Master's Level: 1 providers per 1000 members.</p> <p>Inpatient: 0 provider per 1000 members</p> <p>CMHC: 0 provider per 1000 members</p>	No, the goal was not met for any category	Contracted with all CMHC, psychiatrist and inpatient facilities who are willing or able to accept Medicaid members.
IL	<p>Psychiatrists: 1 practitioners per 1000 members</p> <p>Psychologists: 0 practitioners per 1000 members</p> <p>Master Level: 14 practitioners per 1000 members</p> <p>Inpatient: 0 provider per 1000 members</p> <p>CMHC: 0 providers per 1000 members counted</p>	No, except Masters Level Clinician	The local PR team is recruiting psychologist who are willing to see Medicaid members in urban and rural areas
IN	<p>Psychiatrists: 5 practitioners per 1000 members</p> <p>Psychologists: 3 practitioners per 1000 members</p> <p>Master's Level: 17 practitioners per 1000 members</p>	Yes, for all provider types, except inpatient and CMHC	We have contracted with all CMHC and inpatient facilities who are willing or able to accept Medicaid members.

Market	Results	Goal Met Yes/No	Actions
	Inpatient: 0 provider per 1000 members CMHC: 0 provider per 1000 members		
KS	Psychiatrists: 3 practitioners per 1000 members Psychologists: 3 practitioners per 1000 members. Master Level: 19 practitioners per 1000 members Inpatient: 0 provider per 1000 members CMHC: 0 provider per 1000 members	Yes, for all provider types except inpatient and CMHCs	Contracted with all CMHC and inpatient facilities who are willing or able to accept Medicaid members.
MA	Psychiatrists: 18 practitioners per 1000 members Psychologists: 8 practitioners per 1000 members Master Level: 87 practitioners per 1000 members. Inpatient: 0 providers per 1000 members CMHC: 0 provider per 1000 members	Yes, for all provider types except inpatient and CMHC	Contracted with all inpatient facilities who are willing or able to accept Medicaid members.
MO	Psychiatrists: 0 practitioners per 1000 members Psychologists: 0 practitioner provider per 1000 members Masters Level: 4 practitioners per 1000 members Inpatient: 0 provider per 1000 members. N/A CMHC: 0 providers per 1000 members	No, the goal was not met for any category	Contracted with all Medicaid eligible psychologists inpatient facility and CMHCs in service area for Medicaid members
MS	Psychiatrists: 3 practitioners per 1000 members Psychologists: 3 practitioners per 1000 members Master Level: 13 practitioners per 1000 members. Inpatient: 0 provider per 1000 members CMHC: 0 provider for every 1000 members.	Yes, for all provider types except inpatient and CMH3s	Contracted with all inpatient facilities in the service area willing to accept Medicaid members.
NH	Psychiatrists: 3 practitioners per 1000 members Psychologists: 2 practitioners per 1000 members Master Level: 14 practitioners per 1000 members.	Yes, for all provider types, except inpatient and CMHCs	Contracted with all inpatient facilities and CMHCs in the service area willing to accept Medicaid members.

Market	Results	Goal Met Yes/No	Actions
	Inpatient: 0 provider per 1000 members CMHC: 0 provider for every 1000 members.		
OH	Psychiatrists: 2 practitioners per 1000 members Psychologists: 1 practitioners per 1000 members Master Level: 2 practitioners per 1000 members Inpatient: 0 providers per 1000 members CMHC: 0 providers for every 1000 members	Yes for Psychiatrists	The local PR team continues to recruit Master level providers and CMHCs who are willing to accept Ambetter members in urban and rural areas
SC	Psychiatrists: 2 practitioners per 1000 members Psychologists: 0 practitioner per 1000 members Master Level: 5 practitioners per 1000 members. Inpatient: 0 provider per 1000 members CMHC: 0 providers for every 1000 members	Yes, for Psychiatrist and Masters Level	Contracted with every available psychologist that is approved by the state for the products that EPC serves in the South Carolina Market. It should be noted that Community Mental Health Centers (CMHC) services were carved out of the managed care behavioral health benefits for the reporting period.
TX	Psychiatrists: 2 practitioners per 1000 members Psychologists: 0 practitioner per 1000 members. Masters Level: 6 practitioners per 1000 members Inpatient: 0 provider per 1000 members. CMHC: 0 provider per 1000 members	Yes for Psychiatrists and Masters Level	EPC currently has 3 CMHCs (Helen Farabee, Harris County Center for IDD, and Gulf Cost Center) that are in rural areas in negotiations. EPC also has 1 hospital in the Rural area in negotiations (Oceans Behavioral)
WA	Psychiatrists: 2 practitioners per 1000 members Psychologists: 1 practitioners per 1000 members. Master Level: 5 practitioners per 1000 members. Inpatient: 0 provider per 1000 members CMHC: 0 provider per 1000 members	Yes, for Psychiatrist and Masters Level	This is a combined behavioral health network with health plan partner (Coordinated Care). The behavioral health providers contracted with health plan partner are not included in this report.

Market	Results	Goal Met Yes/No	Actions
WI	Psychiatrists: 4 practitioners per 1000 members Psychologists: 3 practitioners per 1000 members Master Level: 21 practitioners per 1000 members. Inpatient: 0 provider per 1000 members. CMHC: 0 providers per 1000 members	Yes, for all provider types, except Inpatient and CMHCs	Contracted with all Inpatient facilities and CMHC's willing to accept Medicaid members.

### CHIP

Market	Results	Goal Met Yes/No	Actions
MS	Psychiatrists: 16 practitioners per 1000 members Psychologists: 8 practitioner per 1000 Master's Level: 62 practitioners per 1000 Inpatient: 1 provider per 1000 members CMHC: 1 provider per 1000 members	Yes, for all provider types	None needed
TX	Psychiatrists: 11 practitioner per 1000 members Psychologists: 7 practitioner per 1000 members Master's Level: 41 providers per 1000 members Inpatient: 0 provider per 1000 members CMHC: 2 provider per 1000 members	Yes, for all provider types except inpatient	Currently in negotiations with Aurora San Antonio Behavioral Health in Bexar County.

### EPC BH Ambetter

Market	Results	Goal Met Yes/No	Actions
FL	Psychiatrists: 0 practitioners per 1000 members Psychologists: 0 practitioner per 1000 Master's Level: 1 practitioners per 1000 Inpatient: 0 provider per 1000 members CMHC: 1 provider per 1000 members	Yes for CMHCs	Continuing to recruit psychologist who are willing to accept Ambetter members.

Market	Results	Goal Met Yes/No	Actions
GA	Psychiatrists: 0 practitioner per 1000 members Psychologists: 0 practitioner per 1000 members Master's Level: 0 providers per 1000 members. Inpatient: 0 provider per 1000 members CMHC: 0 provider per 1000 members	No, none of the areas were met	<p>The individual practitioners who are employed by the CMHCs are not included in the GEO data (even though this is the data collected for other reporting needs) as EPC is required in the State of GA to only contract with those practitioners who appear on the state files. If able to include those individual practitioners who are employed by the CMHC's in data.</p> <p>GA has a limited number of inpatient facilities, primarily for children. EPC BH contracts with inpatient facilities in negotiating states to provide access to this level of care for GA members.</p>
IL	Psychiatrists: 1 practitioners per 1000 members Psychologists: 0 practitioners per 1000 members Master Level: 1 practitioners per 1000 members Inpatient: 0 provider per 1000 members CMHC: 1 providers per 1000 members I counted	Yes, for CMHCs	Contracted with all psychiatrist, psychologist and IP facilities willing to accept Ambetter members.
IN	Psychiatrists: 2 practitioners per 1000 members Psychologists: 2 practitioners per 1000 members Master's Level: 3 practitioners per 1000 members Inpatient: 0 provider per 1000 members	Yes, for MD and PhD's	Contracted with all the CMHCs in the state willing to accept Ambetter members.

Market	Results	Goal Met Yes/No	Actions
	CMHC: 0 provider per 1000 members		
MA	Psychiatrists: 266 practitioners per 1000 members Psychologists: 127 practitioners per 1000 members Master Level: 299 practitioners per 1000 members. Inpatient: 24 providers per 1000 members CMHC: 24 provider per 1000 members	Yes, for all provider types.	None needed
MS	Psychiatrists: 1 practitioner per 1000 members Psychologists: 0 practitioner provider per 1000 members. Masters Level: 1 practitioners per 1000 members Inpatient: 0 provider per 1000 members. N/A CMHC: 0 providers per 1000 members	No, did not meet criteria for any categories	Contracted with all psychologists and inpatient facilities willing to accept Ambetter members.
NH	Psychiatrists: 4 practitioners per 1000 members Psychologists: 5 practitioners per 1000 members Master Level: 31 practitioners per 1000 members. Inpatient: 0 provider per 1000 members CMHC: 0 provider for every 1000 members.	Yes, for all provider types except for inpatient and CMHCs	Contracted with all the inpatient hospitals and CMHCs that are willing to accept Ambetter members.
OH	Psychiatrists: 7 practitioners per 1000 members Psychologists: 2 practitioners per 1000 members Master Level: 19 practitioners per 1000 members Inpatient: 0 providers per 1000 members CMHC: 0 Providers per 1000 members	Yes, for all provider types except for inpatient and CMHCs	The local PR team continues to CMHCs who are willing to accept Ambetter members in urban and rural areas.

Market	Results	Goal Met Yes/No	Actions
TX	Psychiatrists: 2 practitioners per 1000 members Psychologists: 2 practitioner per 1000 members. Masters Level: 14 practitioners per 1000 members Inpatient: 0 provider per 1000 members. CMHC: 0 provider per 1000 members	Yes, for MD, PhD and Master Level	Contracted with all of the IP facilities who are willing to accept Ambetter members.
WA	Psychiatrists: 8 practitioners per 1000 members Psychologists: 2 practitioners per 1000 members. Master Level: 11 practitioners per 1000 members. Inpatient: 0 provider per 1000 members CMHC: 0 provider per 1000 members	Yes, for MD, PhD and Master Level	This network is a combined health plan and EPC BH network. The Health Plan (Coordinated Care) holds the contracts with the Acute Care Hospitals provide behavioral health services. That data is not included in this report. EPC BH only contracts with the free standing psychiatric facilities.
WI	Psychiatrists: 324 practitioners per 1000 members Psychologists: 211 practitioners per 1000 members Master Level: 1445 practitioners per 1000 members. Inpatient: 7 provider per 1000 members. CMHC: 21 Providers per 1000 members	Yes, for all provider types.	None needed.

## Barriers and Interventions

EPC BH did not meet GEO Access standards in Florida (FL), Illinois (IL), Kansas (KS), Texas (TX), Washington (WA) and Wisconsin (WI), for Medicaid; and Mississippi (MS) and Texas for CHIP; and Georgia (GA), Mississippi (MS), Ohio (OH), Washington (WA), and Wisconsin (WI) for Ambetter. As such, the local network teams continue to identify and recruit providers in the respective markets in an effort to fulfill all existing gaps. However, for some products in some markets such as GA, KS, and MS, there are no additional providers to close the identified gaps. In these instances EPC BH has contracted with all available providers.

When necessary, EPC BH enters into Single Case Agreements (SCA) with all practitioner and provider types to serve EPC members in all markets. To further enhance gap closure, the local teams receive a monthly report of all providers where an SCA was completed for purposes of pursuing a contractual relationship and ultimately the provider becoming a participating provider in the network.

EPC BH did not meet the established standards for the Medicaid member to provider ratio in several markets regarding inpatient, CMHC, psychologists and/or psychiatrists (FL, IL, IN, KS, MS, MO, OH, NH, SC and WI). However, in most of these markets EPC BH is currently contracted with all available providers in these categories who are willing to accept Medicaid members. In California, EPC's Medicaid population is primarily located in rural and frontier counties, where services are limited. As a result, EPC BH has partnered with Centene's California health plan and has pursued tele-health services to provide members with more access to care, since California is a market whereby the behavioral health network is shared with the health plan. The health plan's behavioral health providers are not included in these reports.

EPC BH did not meet CHIP population and member to provider ratios in the Texas market. To remediate this issue, EPC BH is currently in negotiations with the remaining inpatient facility in the area willing to accept CHIP members.

For the Ambetter product, EPC did not meet ratios/access standards in several markets. However, EPC has contracted with all providers who are willing to accept Ambetter members. In OH, EPC BH will continue efforts to recruit additional providers for the specific specialty types where gaps in care have been identified.

## Interventions by Market

Market	Intervention	Selected?
Georgia	EPC has contracted with all willing IP providers for the Ambetter product.	No
Illinois	Network team is working to identify all willing psychologists in deficient areas willing to participate in the Medicaid product	Yes
Mississippi	EPC has contracted with all inpatient psychologists and CMHCs who are willing to participate in the Ambetter product in EPC service area.	No
Ohio	For the Ambetter product, the local team is identifying and recruiting providers willing to accept the Ambetter product to address the deficient areas	Yes
Texas	EPC is currently in contract negotiations with 3 CMHCs for Medicaid product and IP facility for CHIP product in deficient areas	Yes
Wisconsin	For Ambetter, the HP is no longer a participating provider in the Ambetter product; therefore will no longer have a network for BH.	N/A

Market	Intervention	Selected?
<p><b>Member to Provider Ratios</b></p>	<p>There are some concerns, as well as, trends with regards to member to provider ratios, specifically for the Medicaid product as it relates to Inpatient facilities. EPC has either contracted or extended offers to all available Medicaid approved providers in each market. Several of these deficiencies are linked to the IMD restrictions relative to Medicaid members in most markets. Note that a small percentage of the member population receives services within an inpatient facility. However, EPC will continue to monitor access to Inpatient services to ensure members receive the care they need in a timely manner, as well as from a qualified provider.</p> <p>CMHCs are limited in many markets. EPC BH rarely meets the member to provider ratio currently in place today. Most CMHCs provide very specialized services for members diagnosed with higher acuity levels. Thus, non-CMHC providers in the EPC network serve as a wrap-around network to the CMHC for members with mild/moderate acuity.</p> <p>EPC BH did not meet member to provider ratios in several markets in 2015 and 2016, thus EPC leadership will review current internal policies (CNM.405 Network Adequacy, Member Geographic Access and Telemedicine) in 2017 for psychiatrist, psychologist, Master’s Level Clinician, Inpatient Psychiatric Facility, and Community Mental Health Center categories.</p>	<p>No</p>

## Conclusion

To ensure members receive care and timely access from qualified in-network providers, EPC BH evaluates network adequacy on an on-going basis. EPC BH also supports, prioritizes, and engages in ongoing network development and management activities in each of its respective markets, up to and including the utilization of member and provider demographics in an effort to drive the network management strategy.

Overall, Network management activities, including GEO Access reporting, are designated as a primary data feed into the EPC Quality Improvement Committee (QIC). Network management reports are provided to the QIC on a regular basis; reported to EPC BH customers in quarterly reporting, or upon request; and used as a means to support process and quality improvement activities.

EPC BH GEO Access Reports in 2016 remained standardized across all networks, as much as possible given the differences in state contracts, to provide and leverage consistency in the overall analysis and application of targeted network management interventions.

# Appointment Access

## Methodology

Definitions:

- Urgent: Within 48 hours
- Routine: Within 10 business days
- Life-Threatening Emergent: Immediately
- Non-Life-Threatening Emergent: within 6 hours

Population: The universe of contracted and credentialed practitioners and providers in each market served by EPC BH as of December 31<sup>st</sup> of the previous measurement year.

Sampling: No sampling was utilized for this activity. A universe of all credentialed and contracted providers was extracted and divided into quarterly measurement buckets. Each quarter of the measurement year, new participating providers within that quarter are surveyed.

Inclusion criteria: All current contracted and credentialed providers and practitioners

Exclusion criteria: N/A

Denominator description: total number of surveyed practitioners and providers.

Numerator description: Total number of practitioners and providers in the denominator that meet appointment standards.

Data source: Current credentialing data is pulled from EPC BH’s credentialing management system, Vistar. Numerator data is collected by a standardized survey distributed to all providers in the EPC BH network that request confirmation that the practitioner and/or provider can accommodate both new and existing members’ appointment needs based on current practitioner/ provider availability for routine and urgent appointments. The surveys request information on the practitioner/provider’s process for accommodating non-life threatening emergency appointments with the options of seeing the member within six (6) hours of request or directing the member to the nearest emergency department, as is supported by EPC BH’s practitioner/provider contracts and the EPC BH provider manual.

Measurement period: Annually, January 1st – December 31st.

Reporting frequency: Quarterly and Annually.

Validation: Source data is validated through front end system edits and cross checks with claims system edits. EPC BH uses analysis of complaint data to validate survey findings.

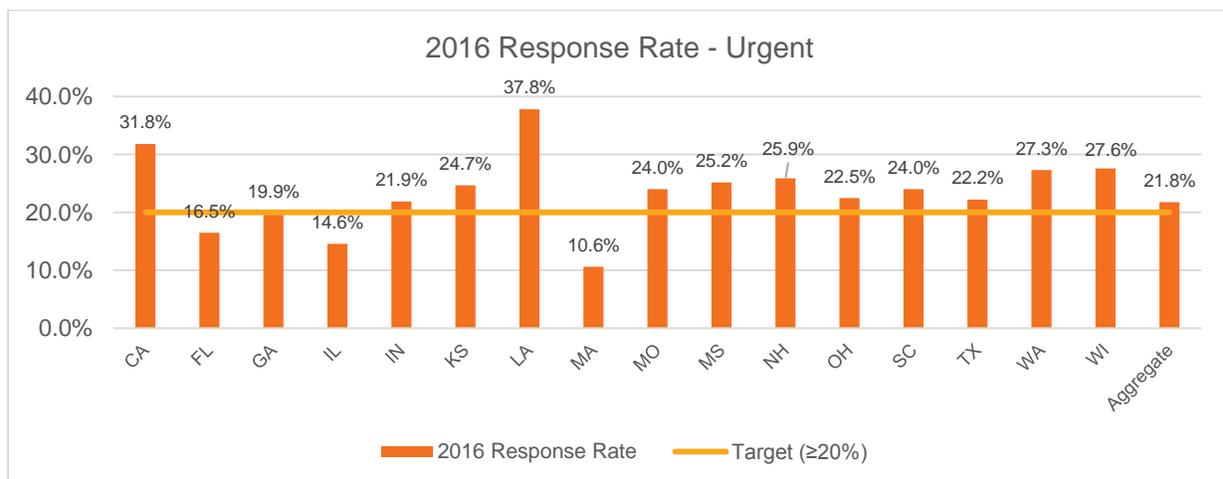
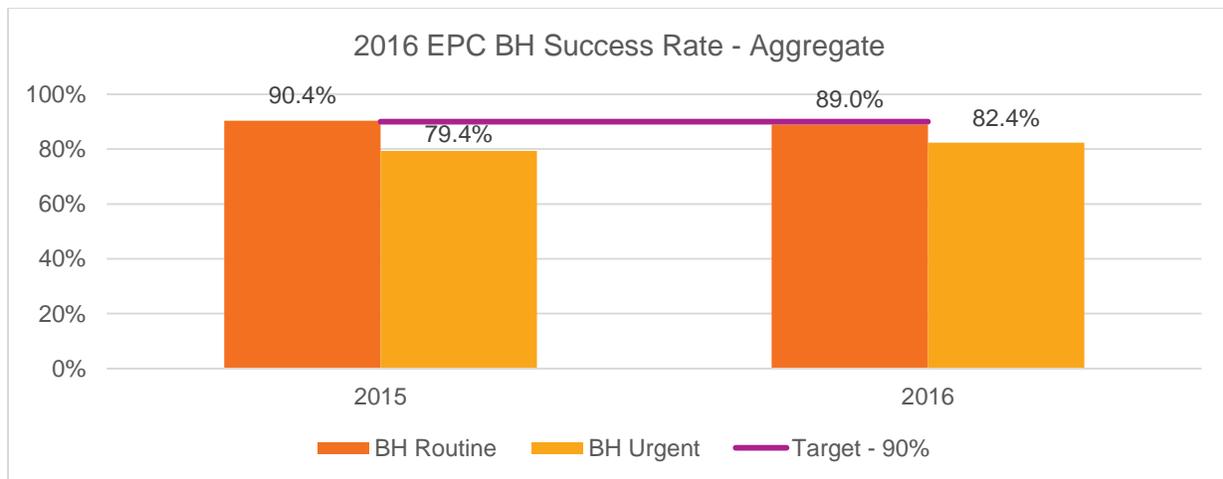
Performance Goal: 90%

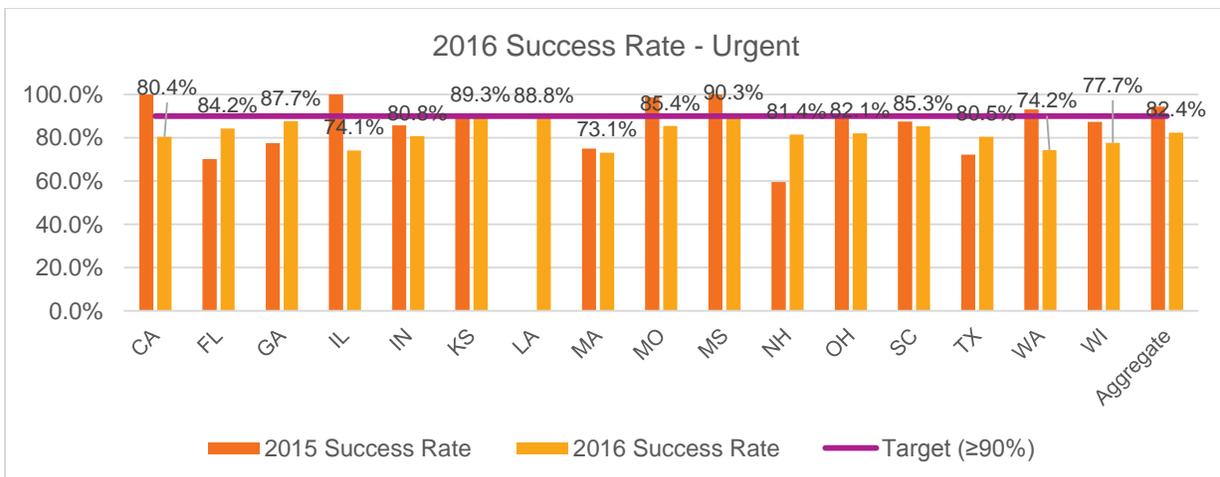
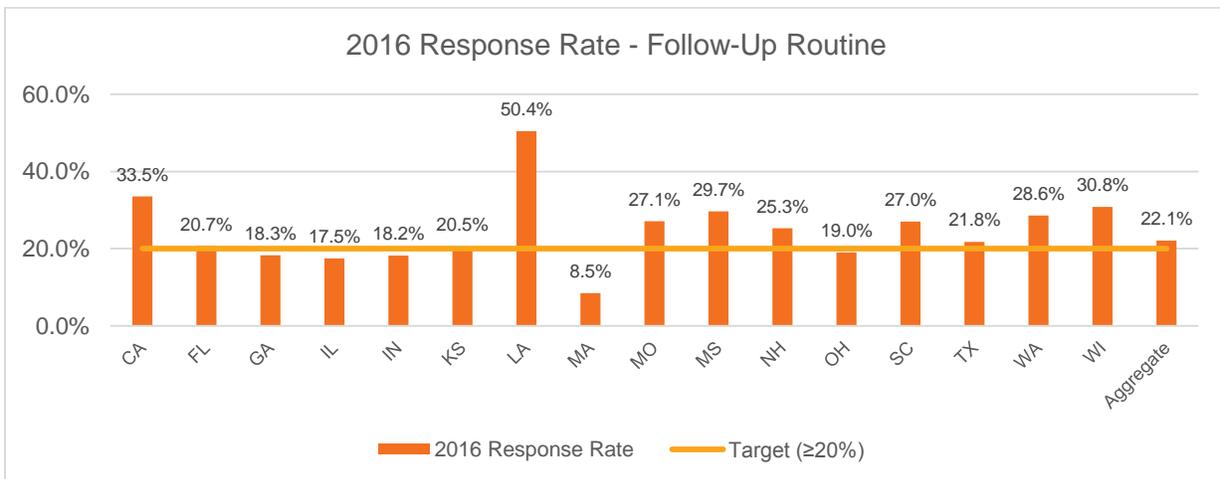
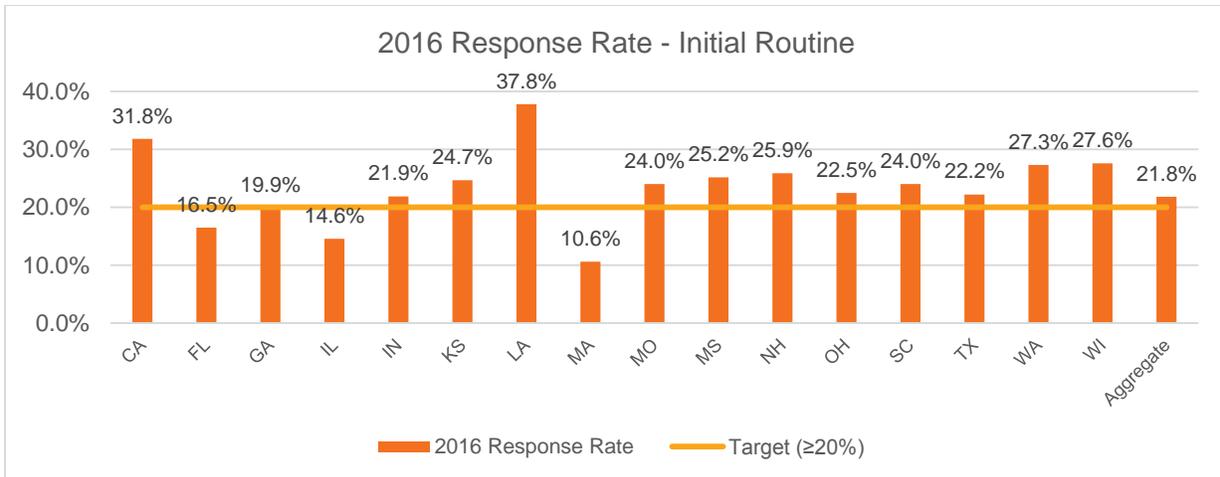
Many of EPC BH's markets allow for more time to respond to urgent and routine appointment requests (48 hours for urgent and 14 days for routine). EPC BH utilizes the standards reported above to ensure its network practitioners and facilities set the gold standard for access to behavioral health services.

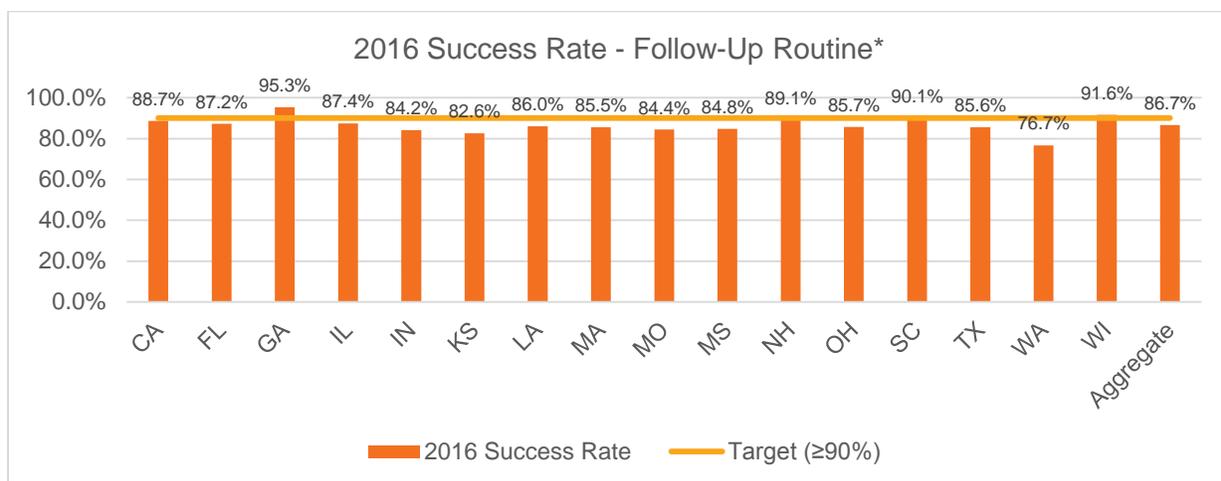
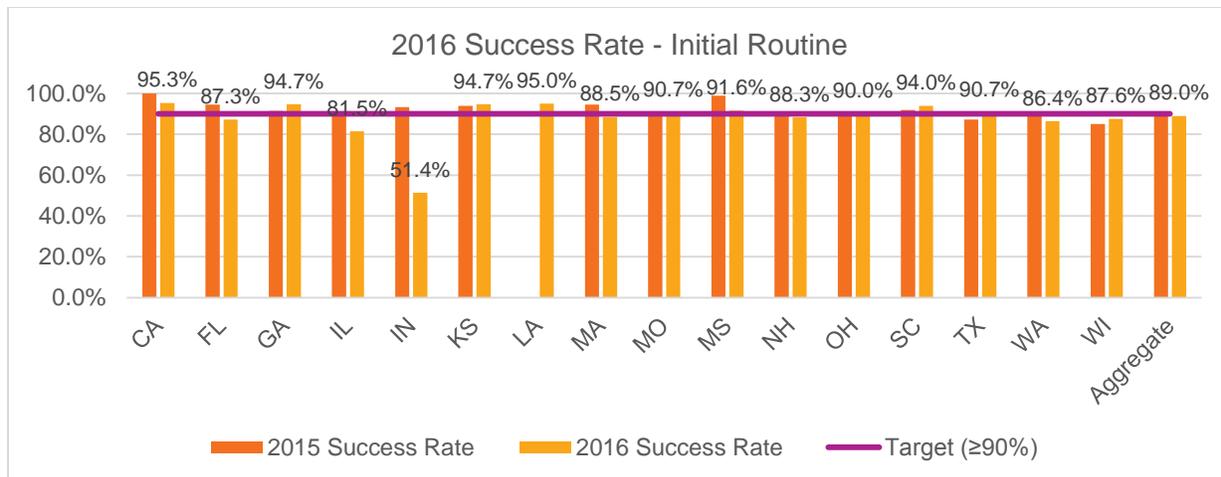
## Analysis

### EPC BH

Review of documentation indicates providers did not meet the EPC BH goal of 90% compliance with the Routine and Urgent Appointment Availability standards. As demonstrated in the review, performance is at a rate of 82.4% (5204/6316) compliance in 2016 and 79.4% (3193/4019) in 2015. Performance on the Routine Appointment Availability metric did not meet the EPC BH goal at 89.0% in 2016 as compared to 90.4% in 2015.







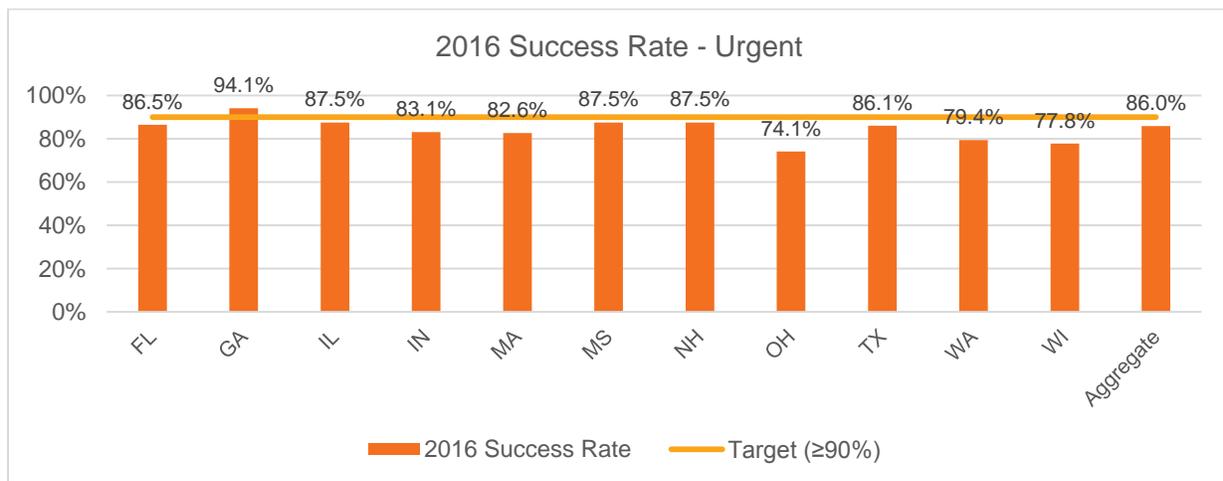
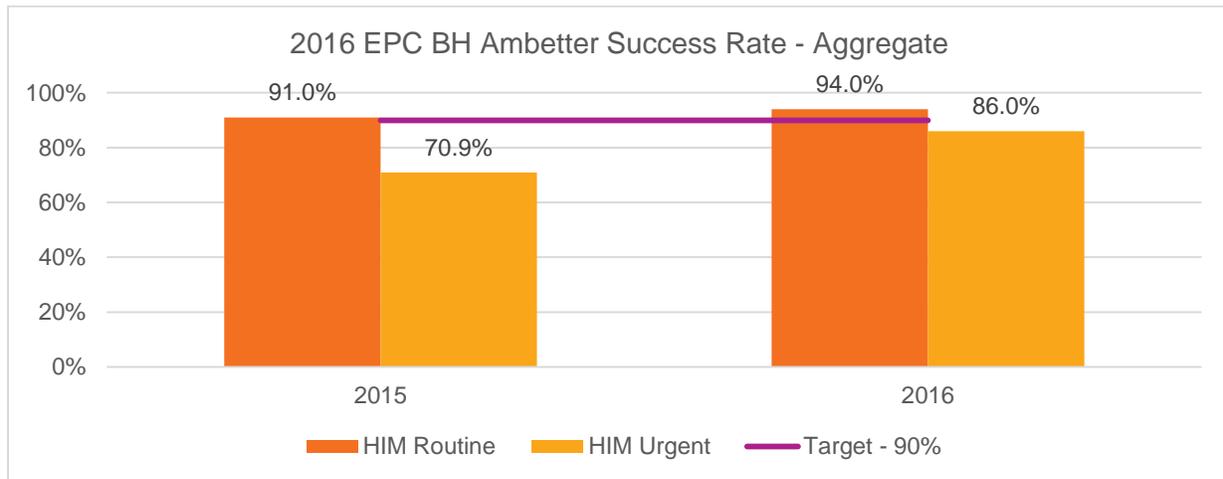
\*Q3'16 Follow-Up Routine started in Q3'16. Q3'16 - Q2'17 is considered the baseline period.

EPC BH providers demonstrated a statistically significant increase ( $p < 0.0003$ ,  $\alpha = 0.05$ ) in performance on the urgent appointment standard from 2015 to 2016. Urgent appointment availability remained below the 90% target and increased from the 2015 rate of 79.4% to 82.4% in 2016. Routine appointment availability fell below the performance target of 90% at a rate of 89.0% for the 2016 reporting period. The Routine appointment availability measure had a statistical significance decrease in performance from 2015 to 2016 ( $p < 0.0305$ ,  $\alpha = 0.05$ ). Provider compliance with the urgent availability standard is lower than that for the routine standard due to difference in timeframe of appointment availability, urgent appointments (48 hours) compared to routine appointments (10 business days).

EPC BH	2015	2016	Significant Change (Yes/ No)
BH Urgent	79.4%	82.4%	Yes $p < 0.0003$
BH Routine	90.4%	89.0%	Yes $p < 0.0305$

## EPC BH Ambetter

EPC BH's Ambetter Urgent Appointment Availability access rate increased from 70.9% in 2015 (1686/2377) to 86.0% in 2016 (1383/1608). The Urgent Appointment Availability measurement increased by a rate of 21.2%. The Routine success rate increased from 91.0% (2163/2377) in 2015 to 94.0% (1512/1608) in 2016.

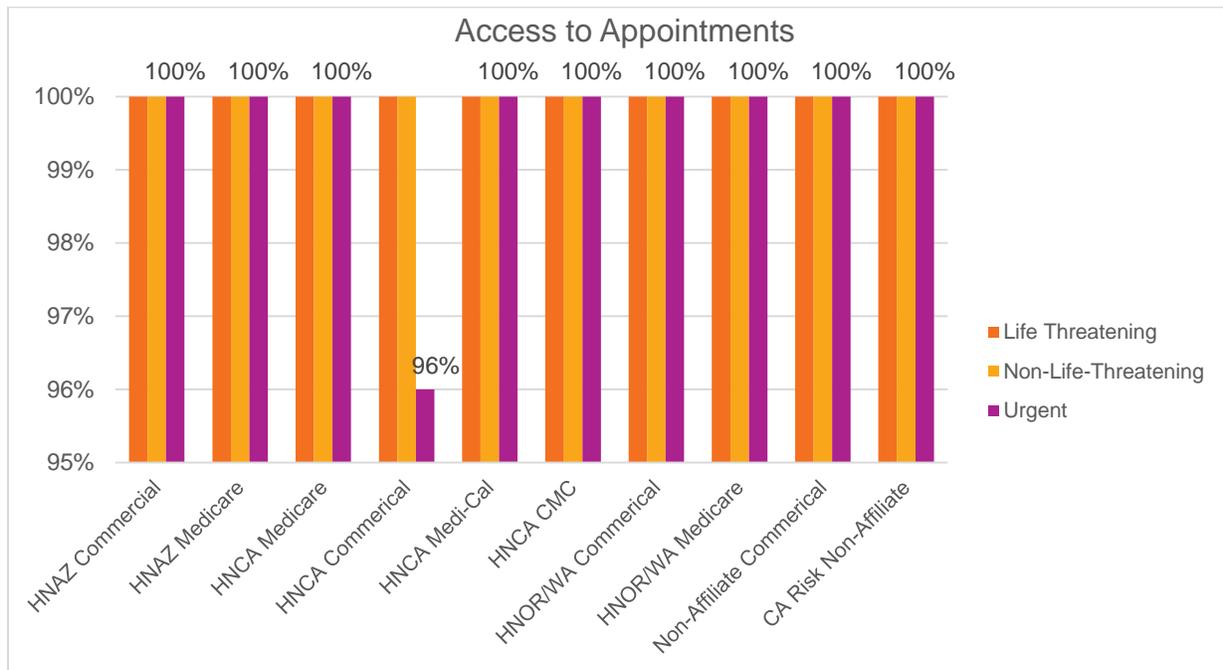




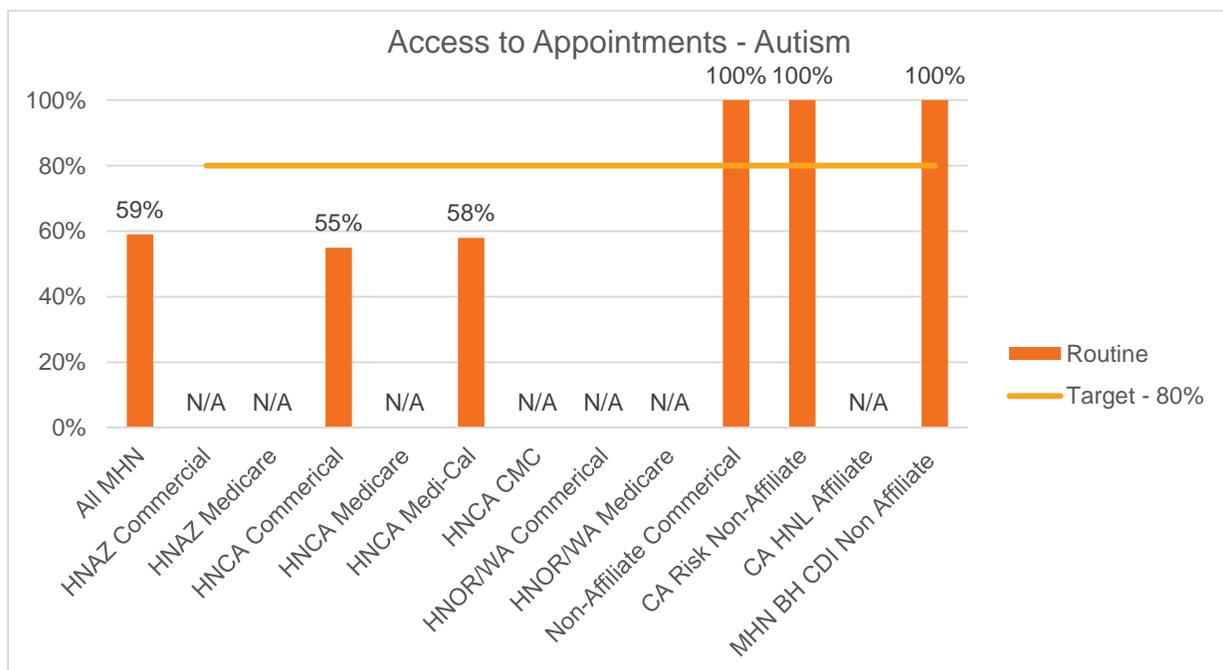
Ambetter	2015	2016	Significant Change
Ambetter Urgent	70.9%	86.0%	Yes p<0.0000
Ambetter Routine	91.0%	94.0%	Yes p<0.0010

EPC BH providers demonstrated a statistically significant increase ( $p < 0.0000$ ) in performance on the urgent appointment standard from 2015 to 2016. Urgent appointment availability remained below the 90% target but increased from the 2015 rate of 70.9% to 86.0% in 2016, which demonstrates a statistically significant increase compared to the 2015 rate. Performance on the routine indicator stayed above the performance target of 90% at a rate of 94.0% for the 2016 reporting period. The Ambetter Routine Appointment Availability measurement had a statistical significance increase of ( $p < 0.0010$ ,  $\alpha = 0.05$ ). Provider compliance with the urgent appointment availability standard is lower than that for the routine indicator due to provider's management of new patient rosters for new appointments due to membership increases in markets. Overall, the Ambetter Routine and Urgent Success Rates increased due to the new format and survey methods of the Appointment Availability Survey.

## EPC BH CA



Targets for Non-Life-Threatening and Urgent availability are 90%; Life-Threatening availability target is 100%. All lines of business met their corresponding target.



Autism Appointment Timeliness was below target in the first two quarters of 2016 for the HNCA Commercial and Medi-Cal lines of business. Several barriers were identified and several interventions were implemented. Provider groups had been slow to accept referrals and one major

group chose to stop receiving EPC BH CA referrals. Two cases required outreach to multiple providers and ASG was unable to offer a provider appointment within the 10 day standard. Certain geographic areas continue to have capacity issues. Demand for services exceeds the number of BCBAs in the network in some areas. The ASG Network team worked to increase network capacity to meet needs and held weekly reviews to assess strategies to meet access standards. There was one case in which a care coordinator did not process an intake immediately. Care Coordination staff received additional training and additional oversight of the referral process was implemented in order to ensure immediate attention be given to EPC BH CA referrals. In some cases, ASG was not following the protocol to offer the earliest available appointment, and to record the date of that offered appointment in the tracking spreadsheet. EPC BH CA reminded ASG of the protocol of offering and recording the earliest available appointment.

The ASG Provider Contract terminated on October 31, 2016. EPC BH CA continues to build its own provider network in order to meet the increasing demands for ABA services.

# Accessibility of Services

## Assessment of Telephone Standards

EPC is committed to ensuring timely access to information and support for its members and providers. As such, EPC actively monitors a suite of telephone access metrics as key performance indicators for the EPC customer service team. All access activities are measured on a quarterly basis, with formal assessment conducted annually. EPC BH reports market specific performance against access standards to each of its health plan and state customers in comprehensive quarterly reports.

### *Methodology*

**Abandonment Rate:** Total number of callers who hang up divided by the total number of calls received.

**Average Speed of Answer (Time to Answer):** The average number of seconds to answer a call by a live person from the time a caller selects an automated option from the automated attendant.

**Blockage Rate:** Percentage of incoming telephone calls not completed because switching or transmission capacity is not available.

**Non-emergent 1<sup>st</sup> call resolution:** The percentage of calls that were resolved on the first call.

**Time to RN Accessibility:** Number of minutes from agent transfer until RN answers the transferred call.

**Triage Callback Time:** Total callback time for triage or health education calls in callers receiving callback.

**Triage Outliers:** Percentage of calls that the first attempt to contact a member is greater than thirty (30) minutes from when the member called to speak with a nurse.

### *Goal*

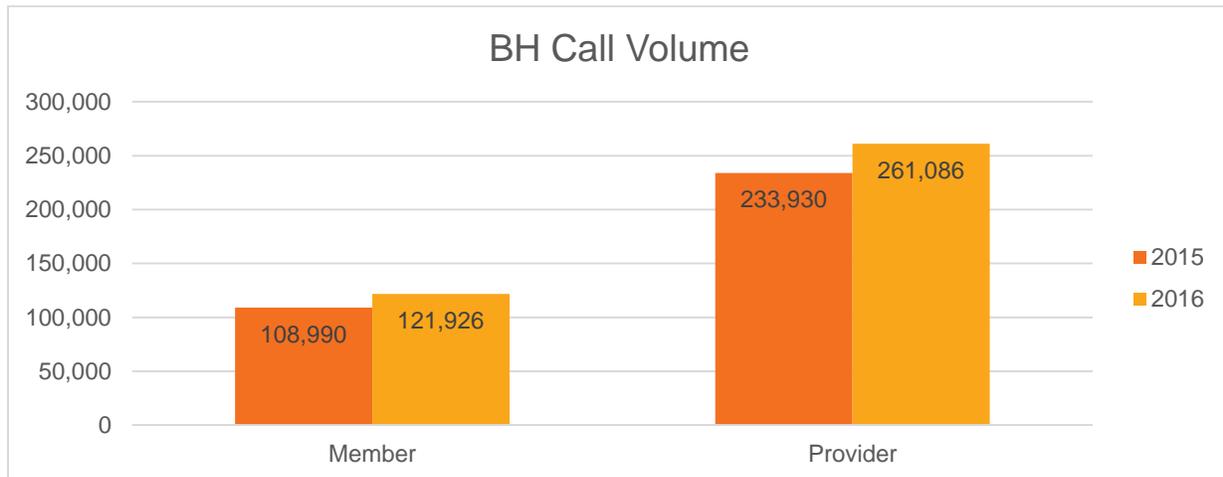
Customer service queues are monitored against established performance metrics to ensure ease of access and to maintain high quality operations for Behavioral Health (BH) members. The established performance metrics are:

- Abandonment Rate: < 5%
- Average Speed of Answer: < 30 seconds
- Service Level: > 80%
- Blockage Rate: <5%
- Non-emergent 1<sup>st</sup> call resolution: >95%
- Time to RN Accessibility: <30 minutes

- Triage callback time: <30 minutes
- Triage outliers: <5% exceed 30 minutes

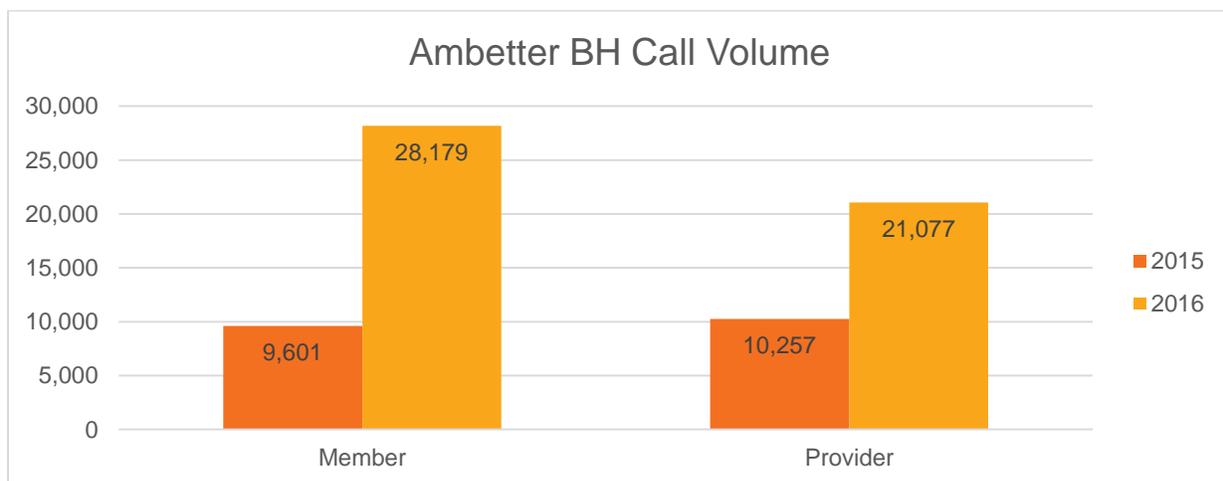
## Analysis Call Volume

### EPC BH



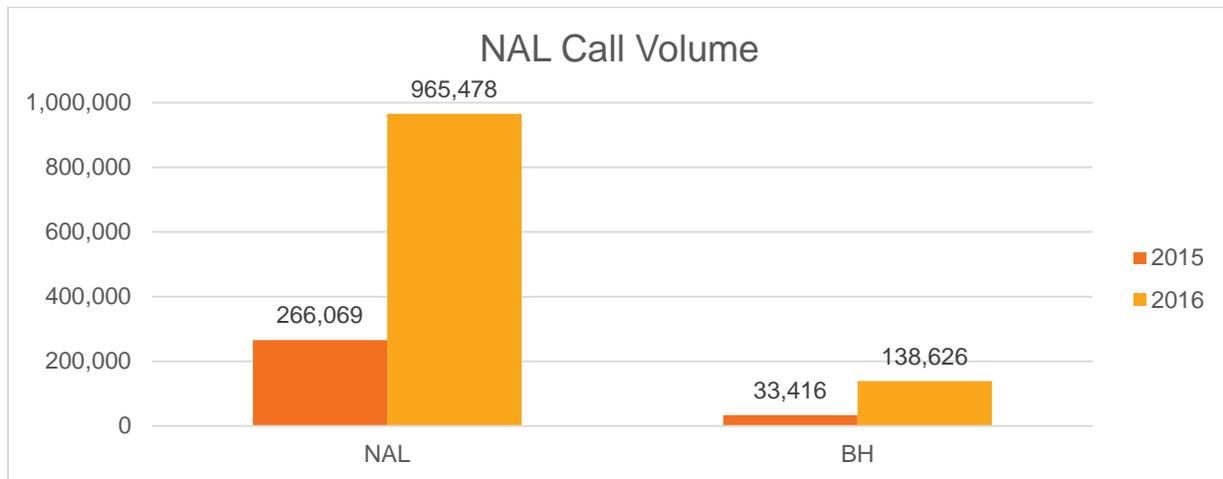
EPC BH received a total of 342,920 calls in 2015 as compared to 383,012 calls across its BH customer service queues in 2016. The increase in Member and Provider call volume in 2016 as compared to 2015 levels was 12% due to new market implementations and expansion in existing markets.

### EPC BH Ambetter



EPC BH received a total of 19,858 Ambetter BH calls in 2015 and 49,256 calls in 2016. The volume increase of 148% in both Member and Provider queues is related to new markets implementations and expansion in existing markets.

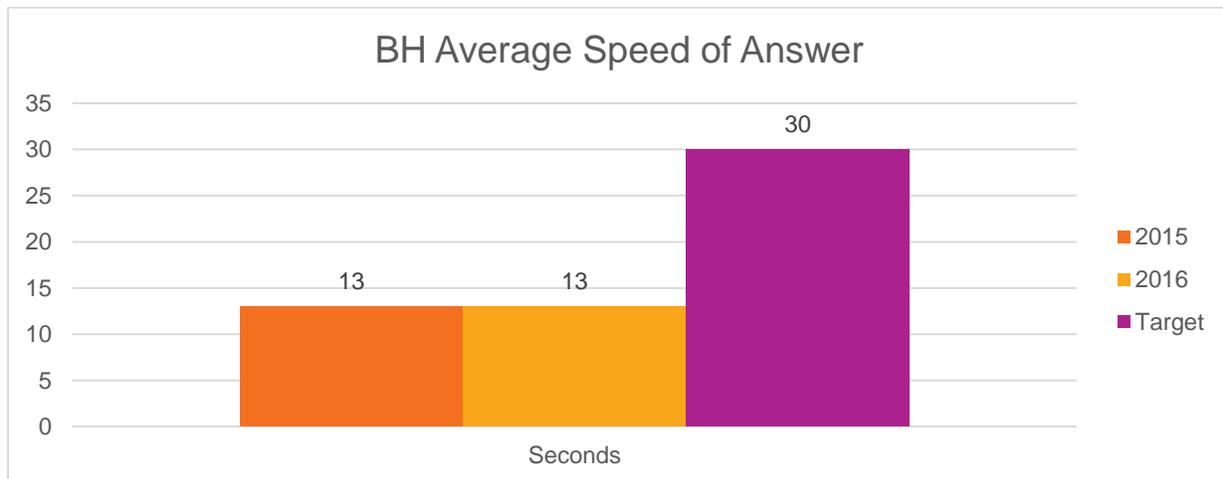
EPC NAL



EPC NAL measures call center performance in the nurse triage or “Nurse Advice Line” (NAL) call center. Call center performance is also measured distinctly in the Behavioral health “Crisis line” (BH). In 2015, the Nurse Advice and crisis lines received a total of 266,069 and 33,416 calls across all markets and all products, respectively. In 2016, a total of 965,478 and 138,626 were received. This represents an increase of 263% and 315% in total call volume in 2016 as compared to 2015.

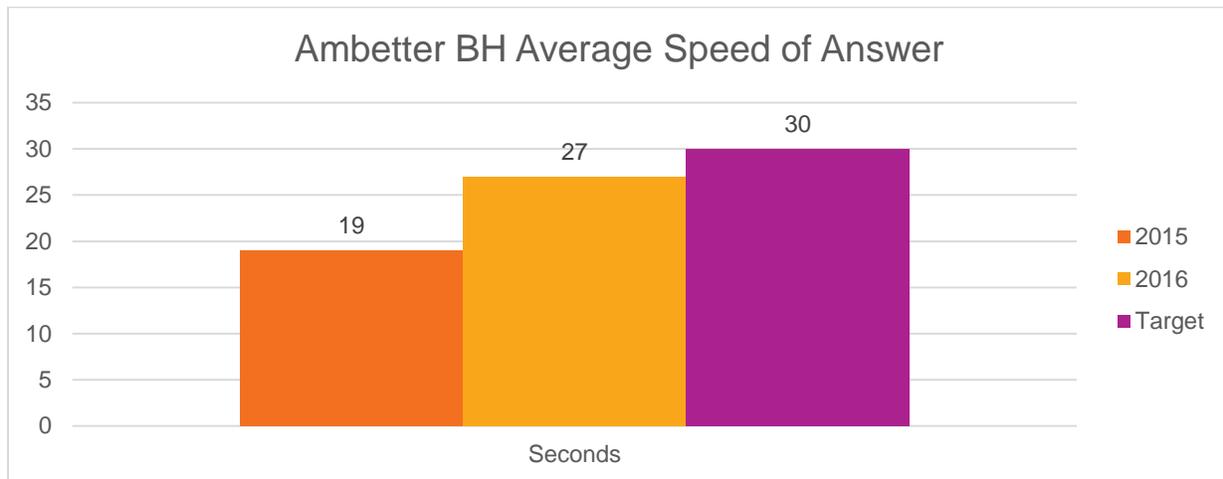
**Average Speed of Answer**

EPC BH



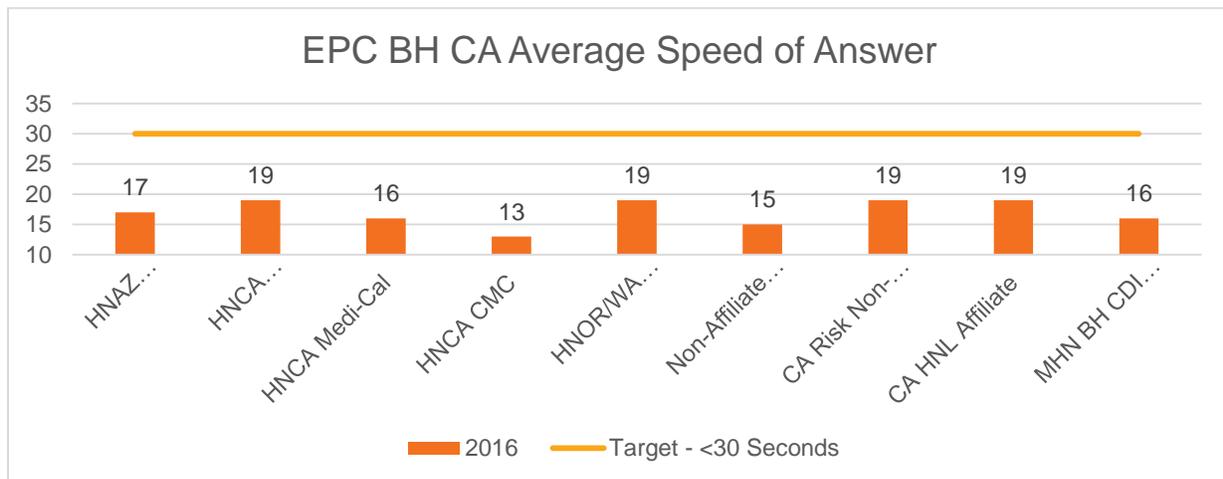
EPC BH sets a stringent threshold for performance on average speed of answer to ensure all callers receive a response to their calls in a timely fashion. Despite the significant increase in call volume across EPC BH’s queues, EPC BH exceeded its performance target for average speed of answer of < 30 seconds in both 2015 and 2016.

EPC BH Ambetter



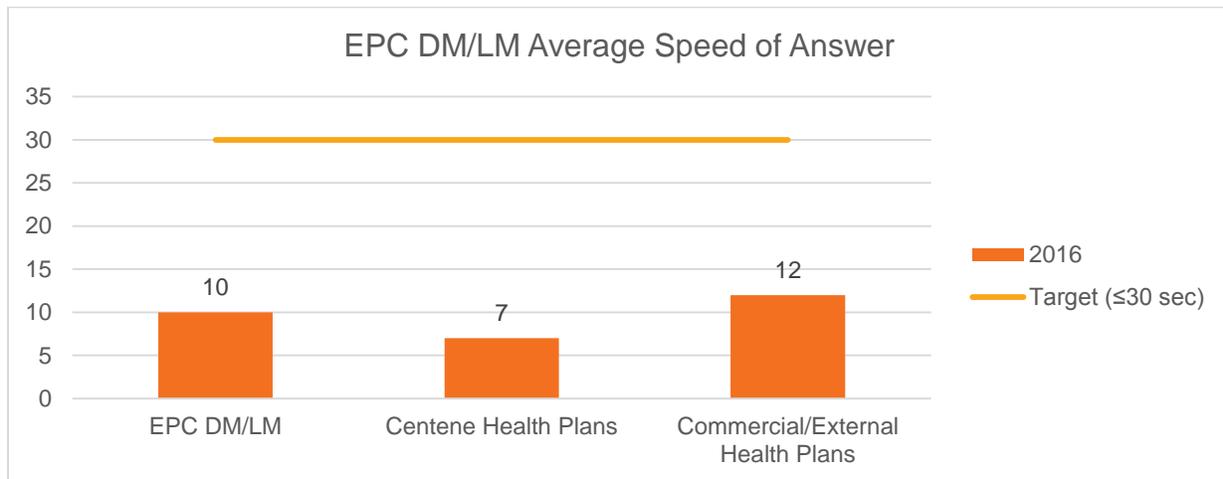
The chart shows the average speed of answer for Ambetter BH calls received by EPC BH from 2015-2016. EPC BH exceeded its performance target for Ambetter BH queues average speed of answer for both 2015 and 2016. The higher average speed of answer in 2016 is attributed to the 148% call volume increase in 2016 due to Ambetter market expansion.

EPC BH CA



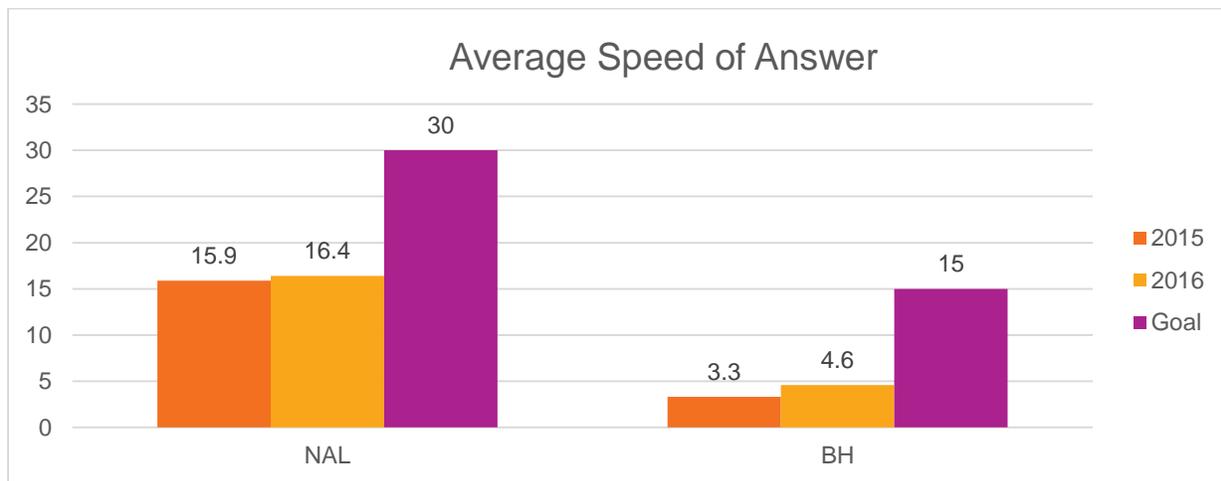
All lines of business met the Average speed of answer target of fewer than 30 seconds in CY 2016.

EPC DM/LM



All lines of business met the Average speed of answer target of fewer than 30 seconds in CY 2016.

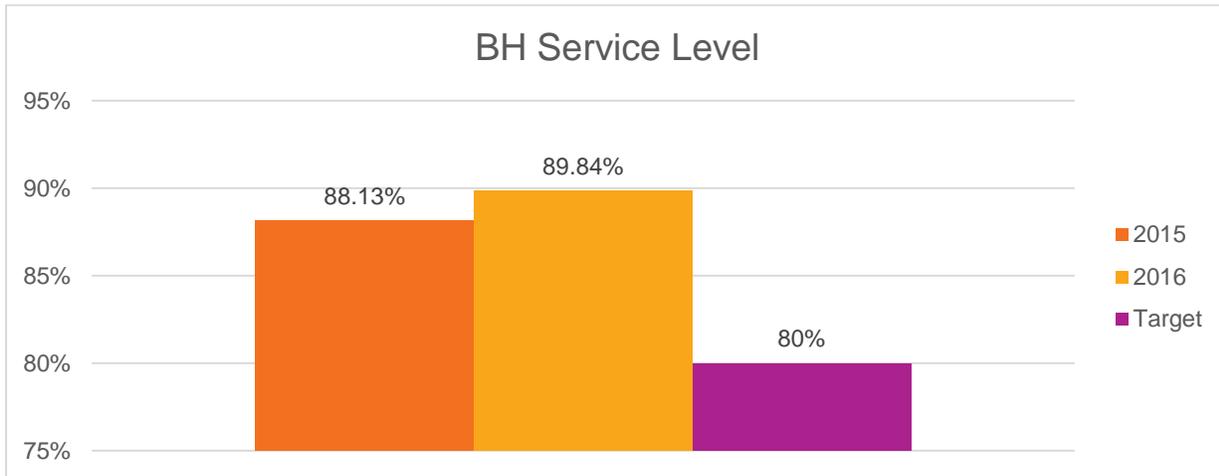
EPC NAL



EPC NAL sets a stringent threshold for performance on average speed of answer to ensure all callers receive response to their calls in a timely fashion. EPC NAL exceeded its performance target for answering incoming calls within 30 seconds in both 2015 and 2016. EPC NAL decreased performance on this metric by 3% in 2016 (16.4 seconds) from 2015 (15.9 seconds). The behavioral health crisis line 2016 average (4.6 seconds) increased at a rate of 39% from 2015 rate (3.3 seconds). This represents a decrease in performance. Due to meeting the performance goal no barriers or opportunities for improvement were identified. No interventions were implemented due to meeting the performance goal.

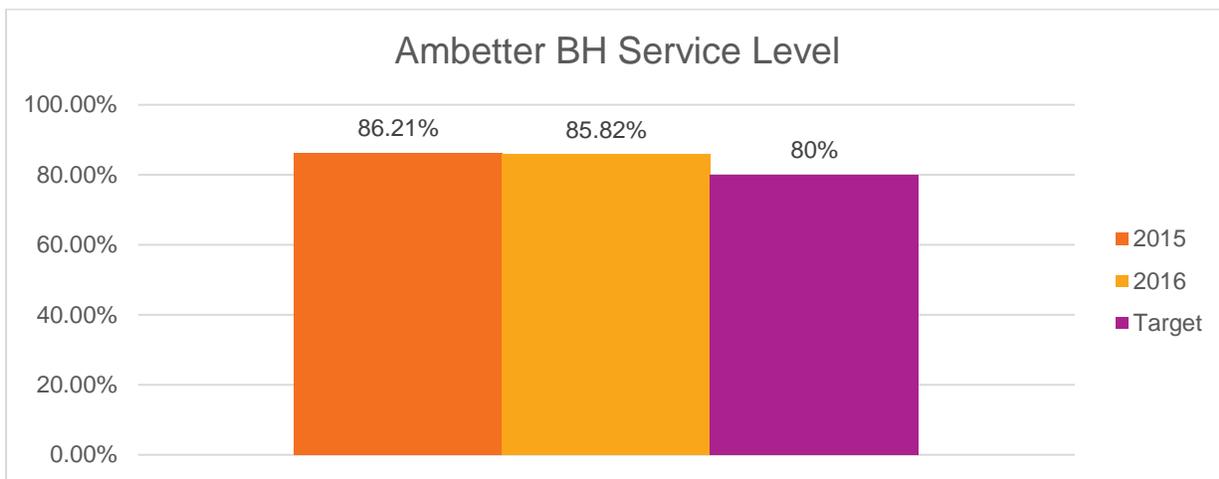
## Service Level

EPC BH



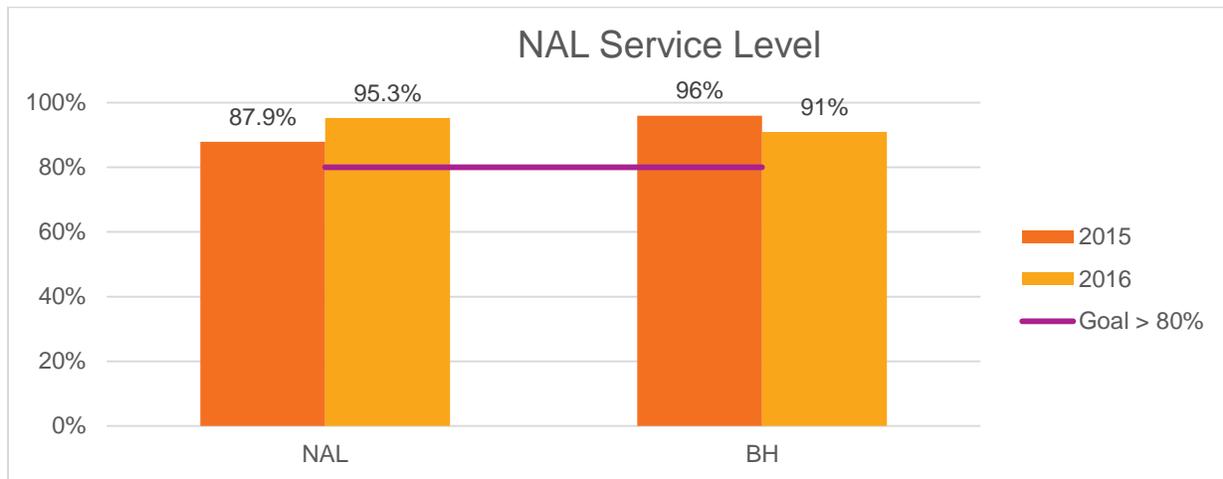
EPC BH exceeded its performance target for the service level metric in both 2015 and 2016.

EPC BH Ambetter



Consistent with BH service level performance, EPC BH exceeded its performance target for the Ambetter BH queues in both 2015 and 2016. EPC BH's performance on this metric decreased slightly from 2015 to 2016. This decrease is attributed to the 148% call volume increase in 2016 due to Ambetter market expansion.

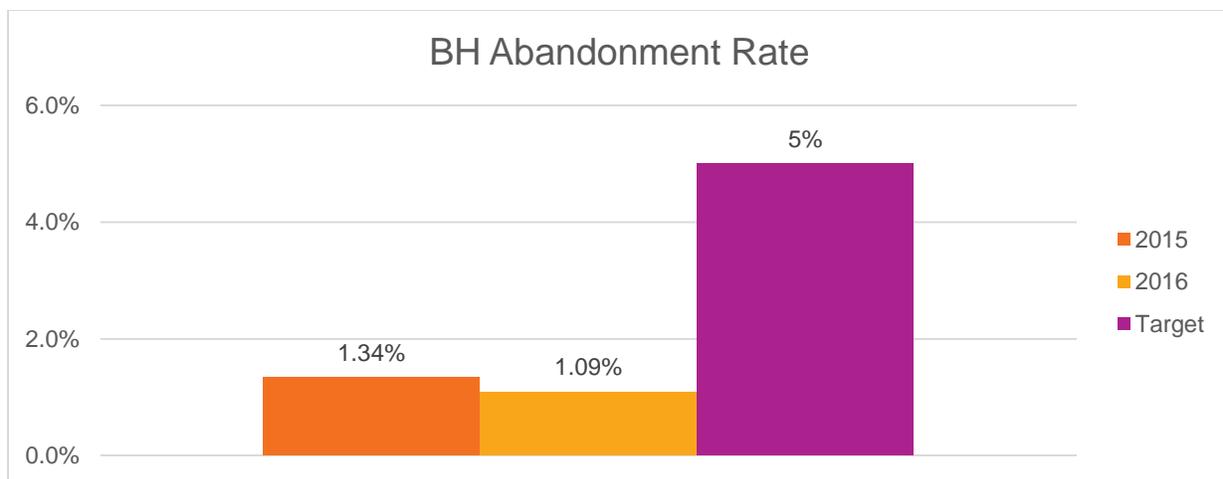
EPC NAL



Call Center service level is defined as the percentage of calls answered within 30 seconds of entering an IVR call queue. EPC NAL measures service level performance for both the nurse advice line and crisis line call centers. In both 2015 and 2016, service level performance in both the nurse advice line as well as the crisis line exceeded the target of 80%. The service level performance in 2015 was 87.9% for the nurse advice line and 96% for the crisis line. In 2016 the nurse advice line and crisis lines percentage of calls answered within 30 seconds was 95.3% and 91% respectively. The 2016 Nurse Advice line rate (95.3%) increased by a rate of 8% from the 2015 rate (87.9%). For the crisis line, the rate decreased by 5%. Due to continuing to exceed the performance goal, no barriers or opportunities for improvement were identified.

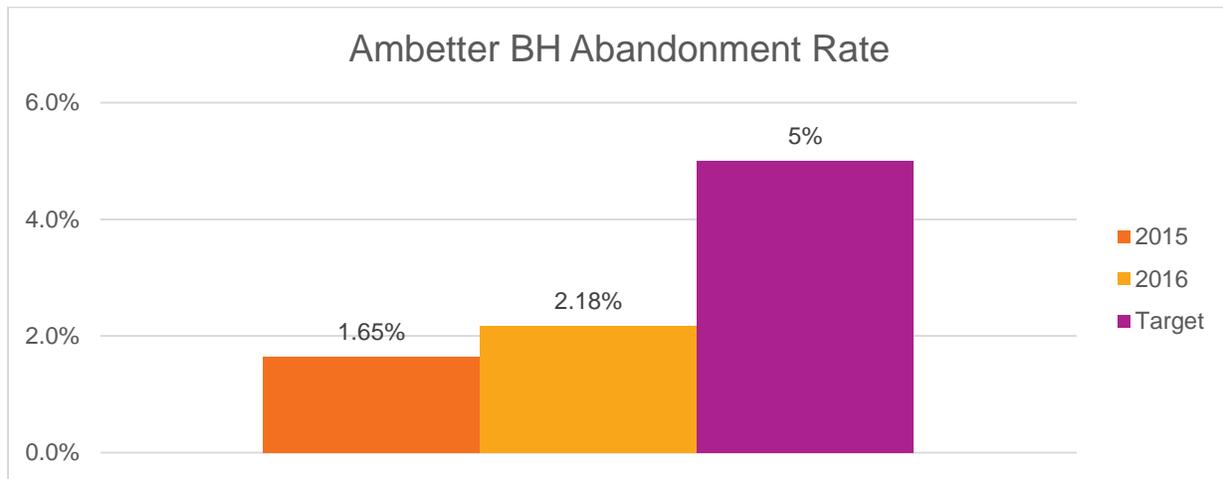
**Abandonment Rate**

EPC BH



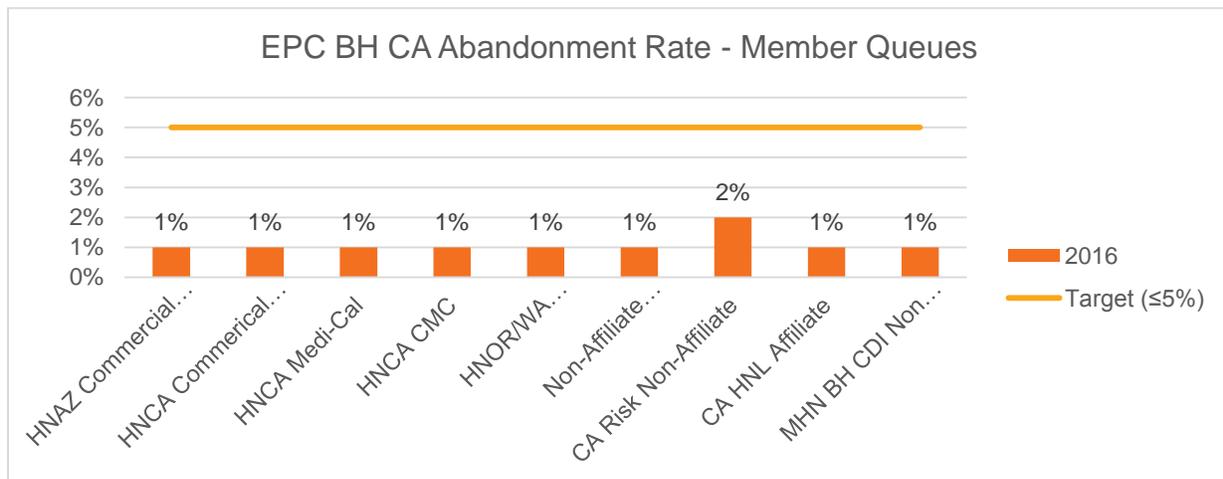
The chart shows the abandonment for EPC BH calls from 2015-2016. EPC BH exceeded performance targets on the abandonment rate metric.

EPC BH Ambetter

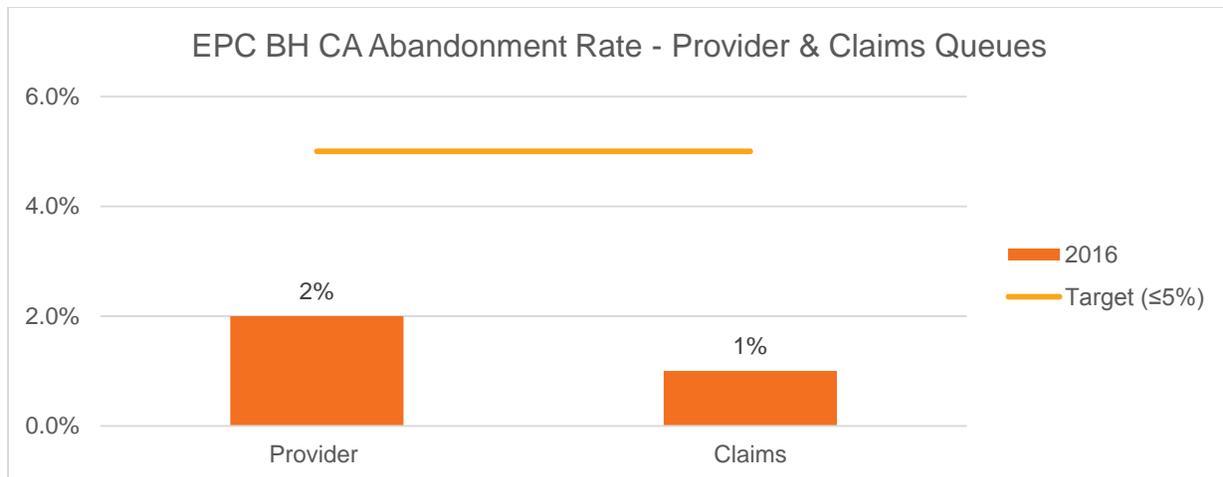


The chart shows the abandonment rate Ambetter BH calls received by EPC BH from 2015-2016. EPC BH exceeded its performance target for Ambetter BH abandonment rate of <5% in both 2015 and 2016. The higher abandonment rate is attributed to the 148% call volume increase in 2016 due to Ambetter market expansion.

EPC BH CA

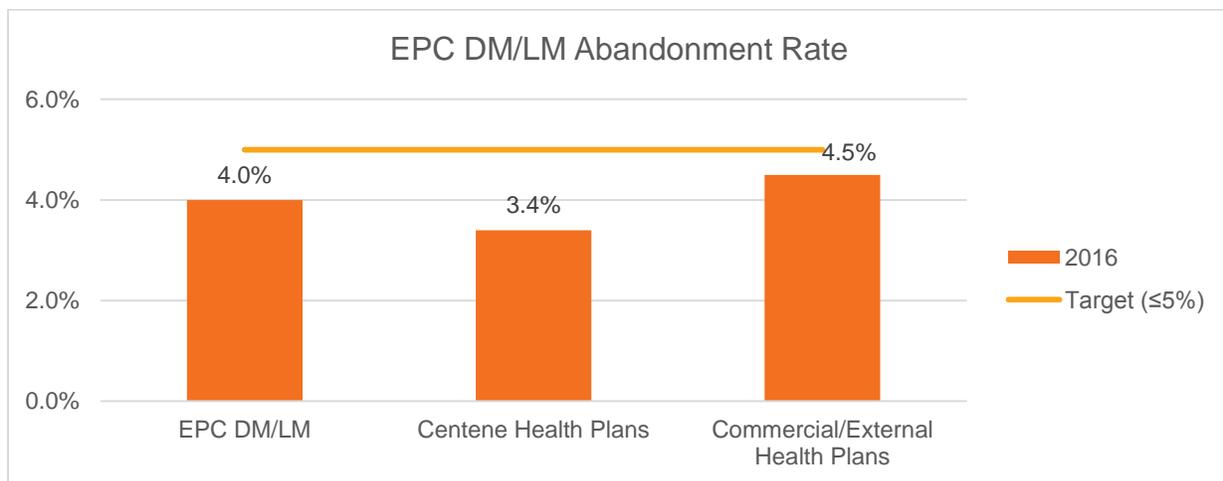


All lines of business met the Abandonment target of fewer than 5% in CY 2016 for Member Queues.



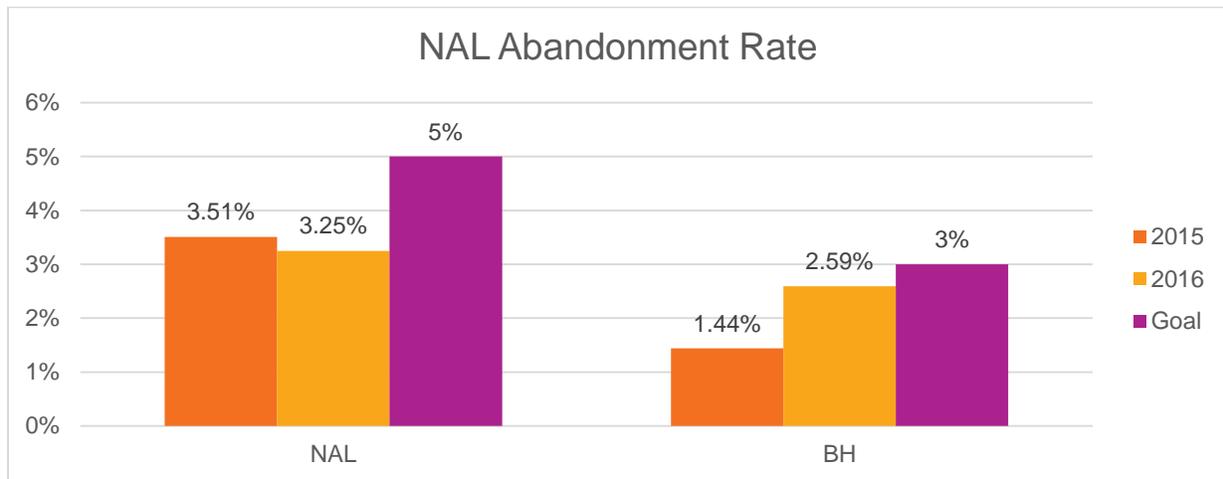
All lines of business met the Abandonment target of fewer than 5% in CY 2016 for Provider and Claims Queues.

*EPC DM/LM*



All lines of business met the Abandonment target of fewer than 5% in CY 2016 for Provider and Claims Queues.

EPC NAL



Over 2015 and 2016, EPC NAL exceeded the overall performance targets on the abandonment rate metric. The 2016 NAL performance of 3.25% shows a 7% reduction in the abandonment rate over the 2015 rate of 3.51%. The behavioral health abandonment rate increased for 2016 to 2.59% from the 2015 rate of 1.44%. This increase was at a rate of 80%. Due to meeting the performance goal no barriers or opportunities for improvement were identified. No interventions were implemented due to meeting the performance goal.

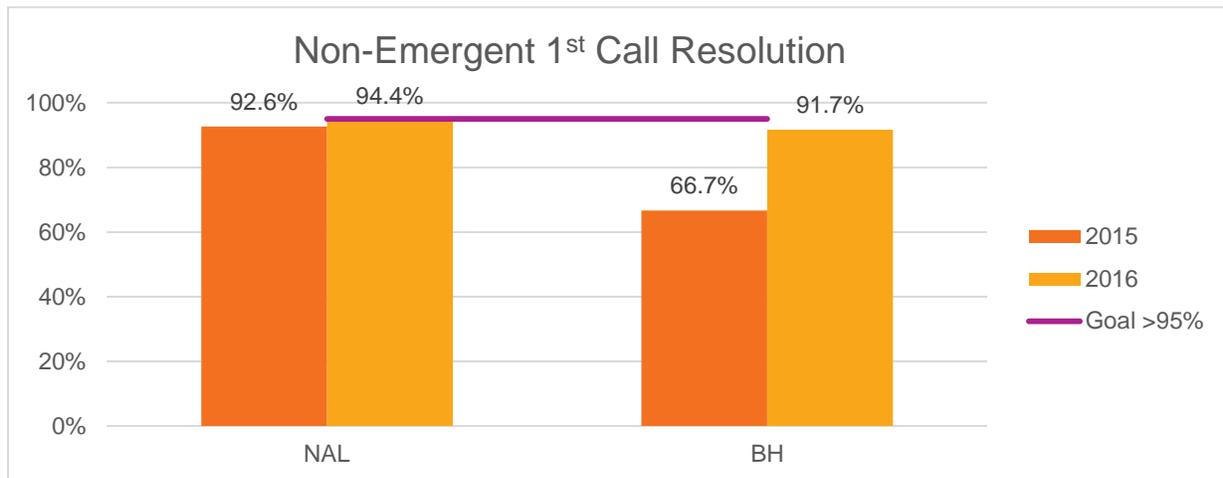
## Blockage Rate

EPC NAL

EPC NAL reports a blockage rate of zero for both 2015 and 2016 for both the nurse advice as well as the behavioral health crisis line call centers. Blockage rate refers to the percentage of calls that are initiated by callers but do not reach the call center due to lack of available circuits, lines or trunks. EPC NAL call centers have adequate bandwidth to support the needs of all call requests. Due to continuing to meet the performance goal no barriers or opportunities for improvement were identified. No interventions were implemented due to meeting the performance goal.

## Non-Emergent 1<sup>st</sup> Call Resolution

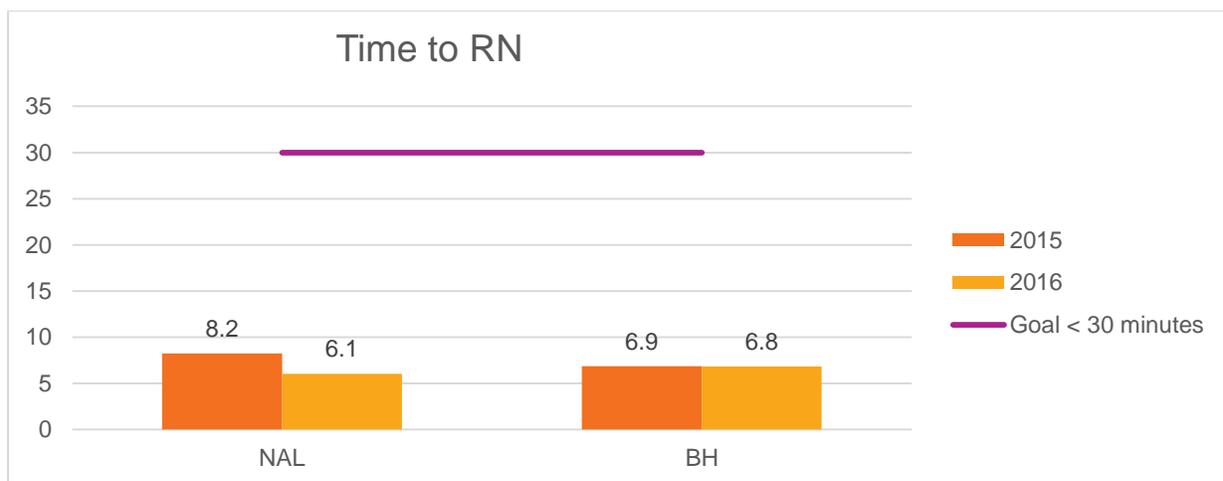
EPC NAL



The Non-Emergent 1<sup>st</sup> call resolution metric is defined as the % of non-emergent calls that were resolved on the first call EPC NAL exceeded its performance target of 100% for Non-Emergent 1<sup>st</sup> Call Resolution in both 2015 and 2016. EPC NAL improved performance on this metric by 2% in 2016. The 2016 rate (94.4%) slightly increased from the 2015 rate (92.6%). The 2016 rate (91.7%) for behavioral health crisis call center increased by a rate of 37% from the 2015 rate (66.7%).

## Clinical Metrics

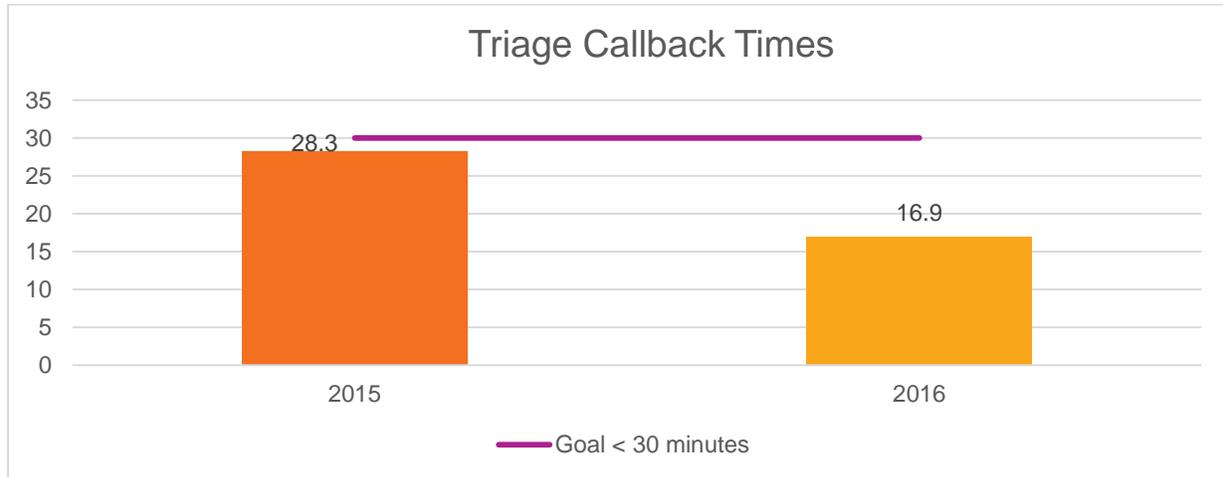
EPC NAL Time to RN



EPC NAL sets a stringent threshold for performance on Time to RN Comparisons to ensure all callers are able to speak to a nurse within a timely fashion. EPC NAL exceeded its performance target for the average time it takes for a caller to begin speaking with a nurse. The target is less than 30 minutes. In 2016, EPC NAL average time a caller waited to speak to a nurse decreased from 2015 (8 minutes 2 seconds) to (6 minutes 1 second) by a rate of 25%. The behavioral health crisis list time to RN performance remained consistent between 2015 and 2016. Both years exceeded the performance

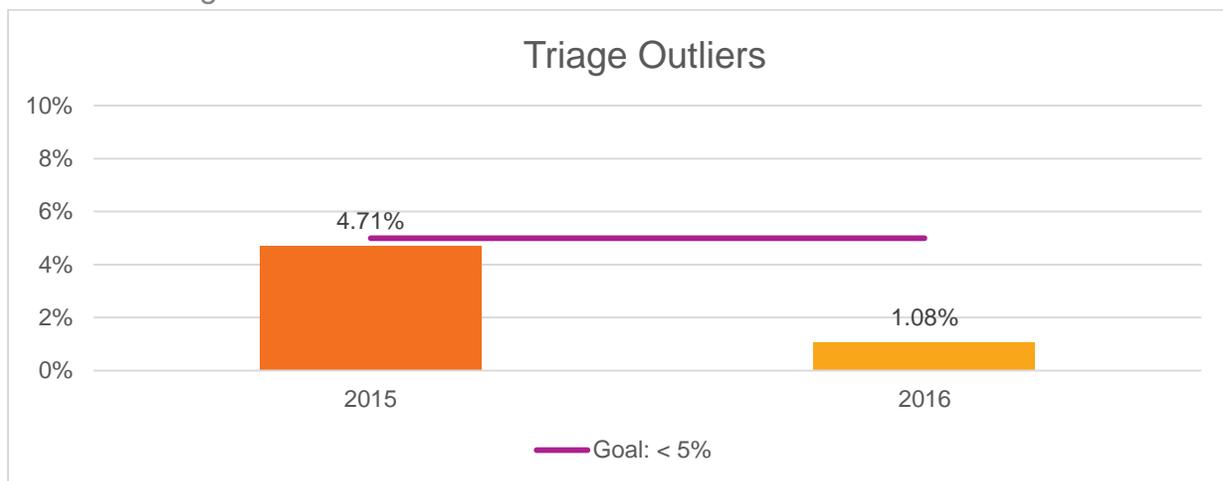
target, therefore, no barriers or opportunities for improvement were identified. No interventions were implemented.

### EPC NAL Triage Callback Time



EPC NAL sets a goal to return calls needing a call back within 30 minutes from when the original call was placed. EPC NAL exceeded its performance target for triage callback times in both 2015 and 2016. EPC NAL succeeded in reducing the call back time when comparing performance in 2015 and 2016. Performance increased by a rate of 40% in 2016 (16 minutes 9 seconds) from 2015 (28 minutes 3 seconds). Due to continuing to exceed the performance goal, no barriers or opportunities for improvement were identified.

### EPC NAL Triage Outliers



The Triage Outliers metric is designed to measure the percentage of calls that are not triaged within 30 minutes. Calls could be placed on hold or returned to a caller to be included in this statistic. EPC NAL did meet its performance target of <5% of calls triaged outside of 30 minutes in both 2015 and

2016. EPC NAL performance increased on this metric by 77% in 2016. The 2016 triage outlier rate (1.08%) decreased from the 2015 rate (4.71%).

## Conclusion

EPC continues to meet and surpass its call center performance targets across all books of business (BH, BH CA, DM/LM and NAL (NAL and BH)). Additionally, EPC’s performance on the average speed of answer, abandonment rate, and service level measures continues to demonstrate exemplary performance and indicates that members do not have to hold on calls to reach a live person and rarely abandon their call prior to reaching a customer service agent. Review of member complaints and satisfaction confirm that call centers within EPC do not present an access barrier for members seeking services or assistance. Additional opportunities for improvement include utilizing predictive staffing models based on current call volume and handle time. EPC has determined that by maintaining the current cross trained model, staff must be increased. Additionally, EPC NAL’s performance on the three identified clinical metrics continues to improve in performance and indicates that members have access to triage services and clinical personnel in a timely manner. This exemplary performance is due to several process improvement initiatives including:

- Team awareness of goal (supervisor/lead expectations and RN awareness)
- Giving staff the tools to be successful (escalation process and daily triage report)
- Accountability (daily on-call report/lead report/explanation of triage outliers-defining the root cause)
- Showing the progress (positive feedback emails to staff/sups/leads)

## Provider Complaints

EPC utilizes multiple data sets to assess provider satisfaction with EPC’s clinical programs and operational services. Trends in provider complaint data are compared to annual satisfaction survey rates to identify areas for improvement.

The EPC Quality Improvement (QI) and Credentialing Committees monitor complaint data on a quarterly and annual basis. The Credentialing Committee reviews trends in Provider complaint data by Provider as part of its ongoing quality monitoring activities. Trends in Provider complaints are reported into the Quality Improvement Committee (QIC) quarterly in evaluation of Provider satisfaction and as part of the Annual QI Program Evaluation.

The EPC Program define a complaint as any expression of dissatisfaction, other than that regarding an action. Upon receipt of a verbal or written complaint, EPC QI assigns the complaint to an established category for tracking, trending, investigation and timely resolution.

Complaints are categorized according to state-specific regulations and NCQA standards to aid in the identification of issues and trends across EPC’s service area. This document summarizes the 2016 analysis of provider satisfaction. Comparison is provided against 2015 annual rates to assess for trends and shifts in performance.

## Methodology

For EPC BH, Provider complaint Turnaround Times (TATs) for acknowledgement are five (5) business days (Except Florida, Illinois, and Ohio who require three (3) business days) and for resolution thirty (30) calendar days (Except Florida who requires fifteen (15) calendar days). Performance goals are 100% of complaints acknowledged and resolved within their designated TATs.

EPC BH staff select one Functional Area (FA) complaint category and one Functional Area subcategory when entering provider complaints to categorize by the responsible party to research and resolve the complaint. These FA categories include:

- Appeals
- Business Systems Operations/Claims
- Clinical (Utilization Management, Case Management)
- Provider Data Management/Credentialing
- Service Operations
- Network/Provider Relations

For EPC DM/LM, provider complaints are evaluated on the performance of the following metrics:

- **Complaint Documentation Timeliness:** EPC DM/LM Program measures the timeliness of complaint documentation, whereby all complaints, regardless of primary ownership, are required to be documented as a Customer Interaction Report (CIR) the same day of receipt of complaint or no later than one (1) business day. The Performance Goal is 100% documented within TAT.
- **Complaint Resolution Timeliness:** Simple or general complaints about EPC DM/LM Program's services and are resolved within 10 business days of receipt of complaint, while urgent complaints should be resolved within two (2) business days of receipt. Performance Goal: 100% resolved within TAT.
- **Client Notification Timeliness:** EPC DM/LM Program communicates all CIRs to the health plans as they are received, with complaints having a priority timeframe. All complaints, regardless of primary ownership, should be communicated to the health plans within two (2) business days of receipt of complaint. (They are also communicated via the quarterly and annual satisfaction survey reports.) Performance Goal: 100%.

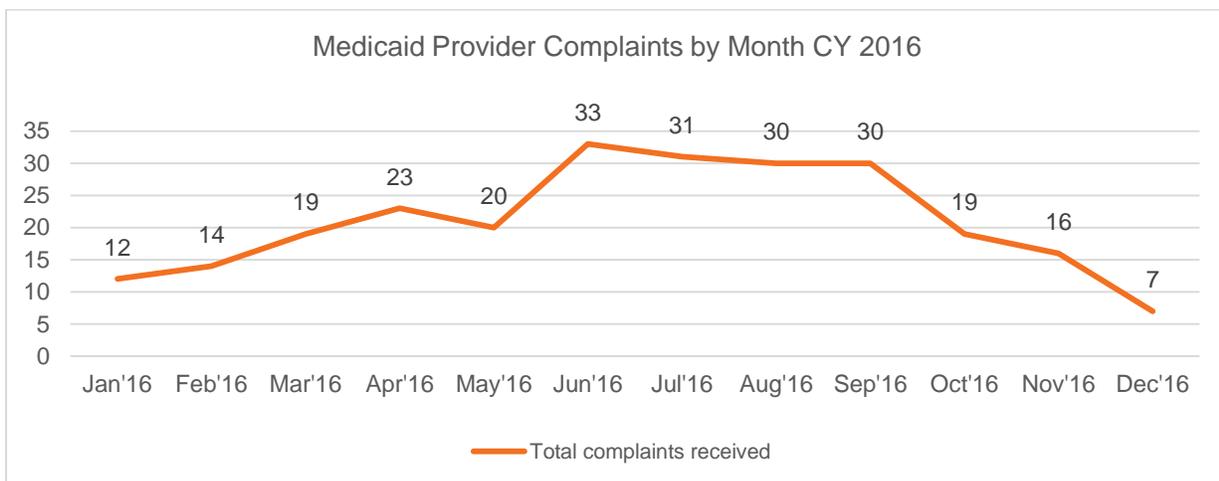
EPC DM/LM staff may select up to three Key Areas to categorize a provider complaint. The following Key Areas are used for EPC DM/LM provider complaints:

- Accessibility (primarily for telephone related issues, such as phone tree navigation, hold times)
- PCP Decline/Non-Participation
- HIPAA Privacy Incident (including but not limited to issues related to: fax routing errors, mailing errors, talking to caregiver with consent)
- Participant Program Awareness
- Participant Education
- Participant Non-Compliance

- Employee Safety
- Participant Safety
- Information Security Incident (including but not limited to issues related to: emailing distribution errors)
- Employee Professionalism (including but not limited to issues related to: attitude, phone etiquette, not returning phone calls)
- Employee Competency (including but not limited to issues related to: program specific knowledge, advising outside of scope of licensure)
- Mailing Issue
- Quality of Education Materials
- Physical Security (related to Envolve PeopleCare Health & Wellness facility)
- Discrimination (Participant/Participant’s Caregiver)
- Other (please elaborate)

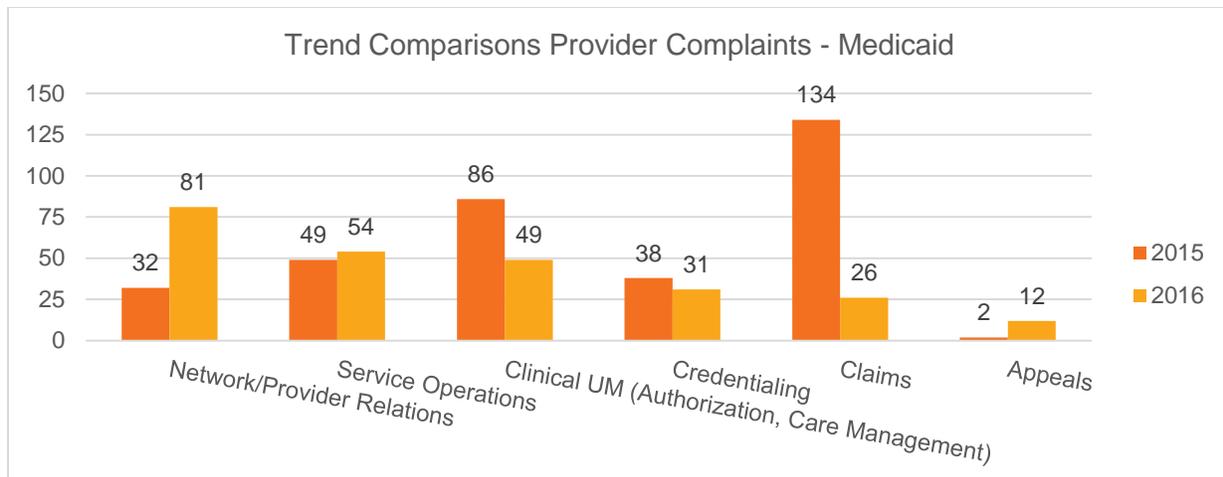
## Analysis

### EPC BH



In 2016, the Behavioral Health (BH) Program processed 254 provider complaints, a decrease of 25.5% from the 341 received in 2015. Complaints overall peaked at 33 in June, then decreased steadily the volume for each of the last six (6) months in 2016.

EPC adjusted its complaint categorization in 2016, adding subcategories to support more in-depth review of issues.



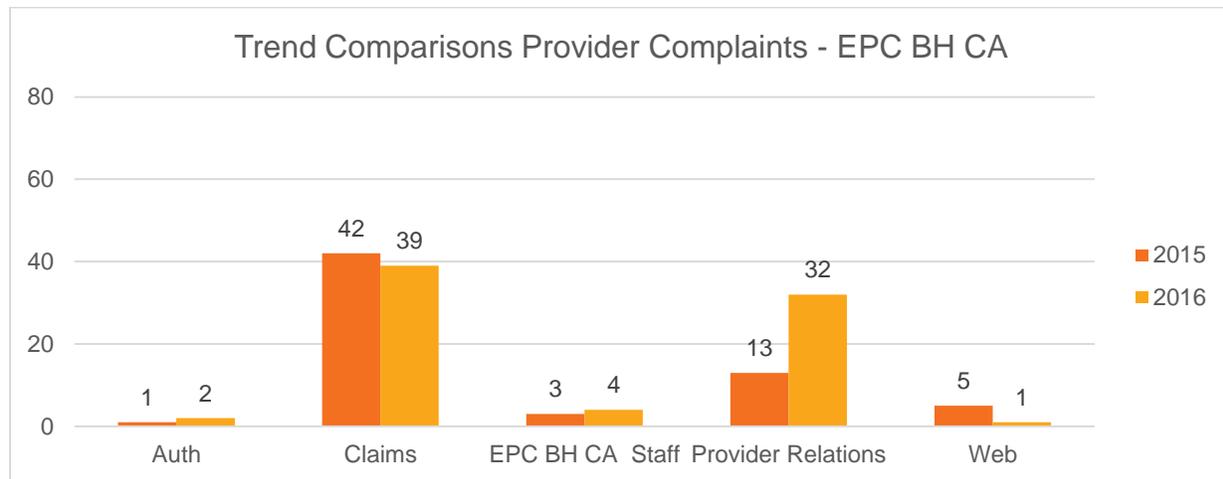
Provider Complaint Category	2015 Rate	2016 Rate	Rate of Change
Clinical UM (Authorization, Care Management)	86	49	-43.02%
Network/Provider Relations	32	81	156.25%
Service Operations	49	54	10.20%
Claims	134	26	-80.60%
Credentialing	38	31	-18.42%
Appeals	2	12	500.00%
Aggregate Rate	341	254	-25.51%

The 2016 data presented a significant decrease in EPC BH provider complaints, contradictory to the decrease in overall satisfaction that was reported in the 2016 provider experience survey. The largest functional area contributor to provider complaints was Network, with 31.9% (81/254) of overall provider complaint volume. The Network subcategory with the highest volume of provider complaints was “Provider Relations – Lack of Communication/Education”, which is defined as “the provider relations specialist/manager has been unresponsive or needs to educate the provider”. The volume of this subcategory was 49.4% (40/81) of all Network related complaints and 15.7% (40/254) of all provider complaints.

Service Operations received the second largest volume of provider complaints (54/254), accounting for 21.3% of all provider complaints received in 2016. The complaint subcategory with the largest volume in the Service Operations was related to translation issues. Based on these complaints, a process improvement project was launched to investigate this systemic issue. It was determined that a process breakdown was contributing to confusion between providers, EPC and the translation vendor used to support request for translation services. The process improvement team identified the root case and has prepared a corrective action to resolve this access barrier for EPC members.

- Clinical UM (Authorization, Care Management) decreased 43% in 2016 (49) from 2015 (86). The two leading identifiers are UM Process (TAT, Requirements) (25) and Call responsiveness/Lack of Communication/ After-hours issue (13).
- Network/Provider Relations (PR) received 32 provider complaints in 2015 and increased 156% to 82 in 2016. PR lack of communication/education (40) and Billing issues or changes (30) are the two leading sub-groups driving the increase in PR related complaints and the decrease in provider satisfaction. PR has been identified as an area of improvement.
- Customer Service slightly increased in 2016 (54) from 2015 (49), a 10.2% change. Interpreter Issue (25) and Provider Portal (13) are the leading identifiers for Customer Service. However, Identifier CS Staff – Inaccurate Information (6/54, 11.1%) correlates with Satisfaction question (64.9%) (Q16. How often does the Customer Service Representatives answer your questions to your satisfaction?) But is not the driving identifier for the low satisfaction.
- Claims Process (TAT, Accuracy, Requirements) received 13 of 25 complaints related to claims yielding 52% of the complaints received related to Claims Process.
- Credentialing related complaints decreased 18% in 2016 (31) from 2015 (38), the leading identifier being Credentialing Status (14).
- Appeals received 12 complaints in 2016 which is a 500% increase from 2015 reporting only two (2) complaints. The leading identifier for this indicator was Appeal Staff Unresponsive/rude (6) driving the increase.

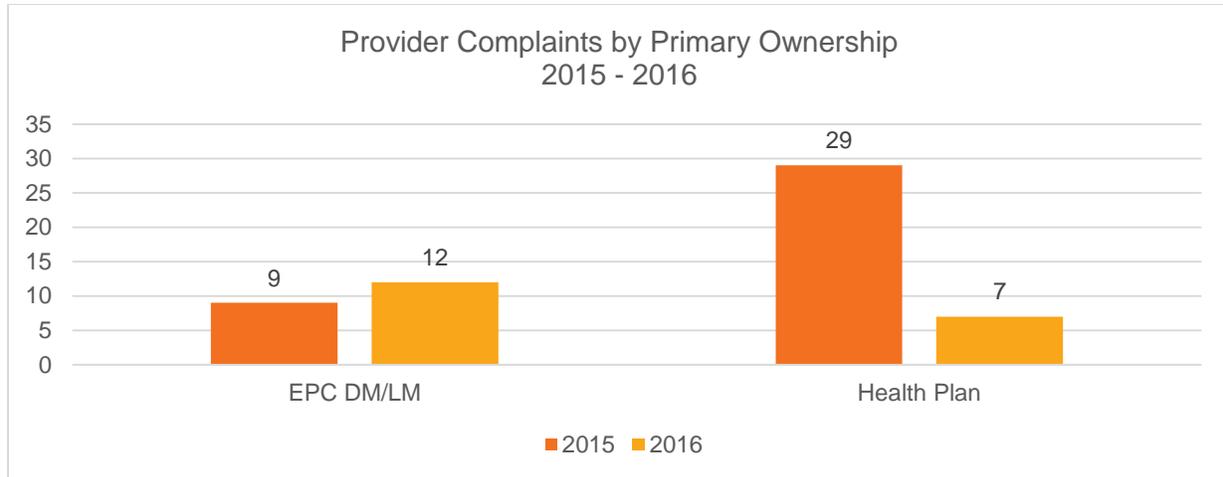
## EPC BH CA



In 2016, EPC BH CA processed 78 provider complaints, an increase of 21.9% from the 64 received in 2015. The category with the most volume remained to be Claims, with 39 complaints, a decrease of 7.1% from the 42 complaints received in 2015 related to Claims. Provider Relations was the second largest complaint category in 2016 with 32 complaints, a 146% increase from 2015 which had 13 complaints. There was a significant change in 2016 that impacted the number of provider complaints. In 2016, EPC BH CA implemented a policy to not accept handwritten claims. This resulted in more provider complaints related to the new process and specifically to Ability, the vendor used

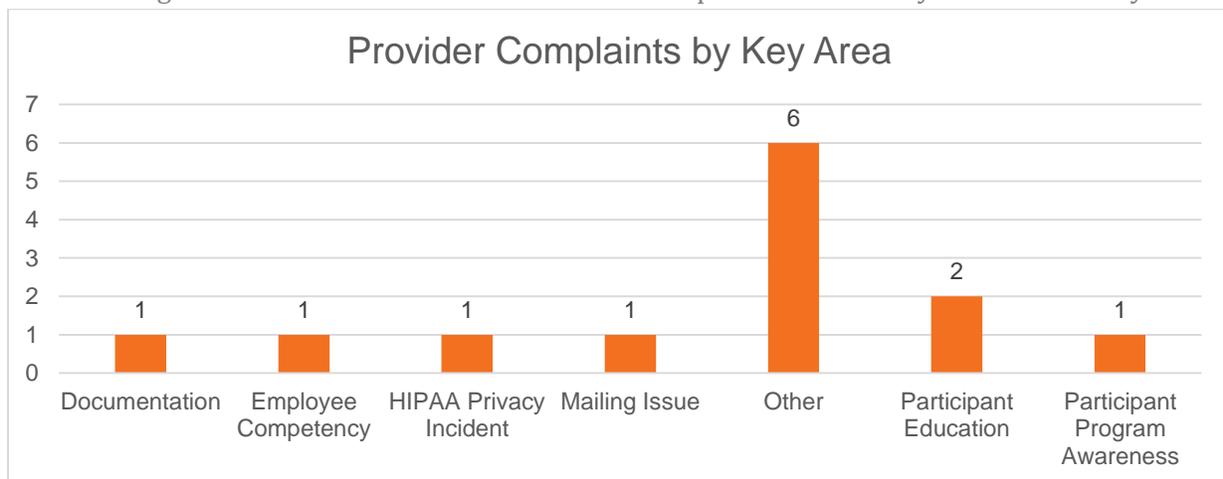
for the submission of electronic claims. Ability has since improved their processes and complaints have declined in this category in 2017.

## EPC DM/LM



All complaints related to a health plan are assigned “Sponsor Issue” as the only Key Area in order to simplify categorization for which the clients themselves were ultimately responsible. All of these complaints, upon receipt, were forwarded to the health plan by their respective Client Service Manager or the Quality Department. In 2016, EPC DM/LM processed 19 provider complaints (1 of which was urgent), a decrease of 19 complaints from the 38 received in 2015. Of the 19 complaints, 12 (63%) were related to EPC DM/LM Program services and staff, and 7 (37%) were related to a health plan. Eleven (11) originated from the Physician Satisfaction Survey, for which the health plans are the only clients whose physicians receive the survey, and eight (8) were received by other means.

The following table shows the breakdown of the 12 complaints received by one or more Key Area.



Of the 12 complaints received relating to EPC DM/LM Program’s services and staff, 6 Key Areas were identified for 6 of the complaints, while the remaining 6 were categorized as ‘Other.’

For EPC DM/LM complaints, all 19 provider complaints met the timeliness standard, yielding a compliance rate of 100%, the same as 2015, and continuing to meet the performance goal. In 2016, all 12 physician complaints related to EPC DM/LM Program’s services and staff were resolved within the appropriate timeframe, yielding a compliance rate 100%, the same as 2015, and continuing to meet the performance goal. In 2016, all 19 physician complaints were communicated to their respective health plan within the appropriate timeframe, yielding a compliance rate of 100%, the same as 2015, and continuing to meet the performance goal.

## Barriers and Interventions

Barrier	Opportunity	Selected for Improvement?
Appeals are not processed efficiently and staff is not responsive	Develop streamlined efficient process to meet all required appeals TATs and train staff on appropriate professional communication	Yes
Call Center reps give misleading or incorrect information related to appeals	Ensure TruCare is properly updated by appeals staff to call center reps have up to date information to give providers	Yes
Providers receiving inconsistent or inaccurate information from Provider Relations, Customer Service, Claims and Care Management	Conduct analysis to determine what information is being communicated incorrectly and perform training with staff. Establish regular outbound communications to providers with FAQ’s or “Hot Topics” based on call volume or high profile issues.	Yes
Translation issues or failures	Perform RCA and implement valid process to resolve issue	Yes
Lack of Network Adequacy (FL Ambetter)	Perform targeted recruitment and provider education	Yes
Providers are upset about new process eliminating paper claims submissions	Develop provider outreach and trainings related to new claims submission requirements to educate providers	Yes

## Conclusion

In late 2016 and into 2017, EPC began a consolidation project related to complaints processing. The goal of the project is to determine an efficient, effective, scalable process that will support all of the

EPC books of business. Once completed, all EPC books of business that are delegated complaints processing, both member and provider, will be processed, tracked and reported by the EPC dedicated complaints team. This team will ensure all contractual obligations are met and appropriate notifications are completed, but will also review complaint trends and perform analysis to support functional area leaders with operational improvements. This streamlined complaints process and associated analysis will positively impact both member and providers experience with EPC, and thus lead to improved satisfaction rates.

## Provider Satisfaction Surveys

### *EPC BH*

The EPC provider satisfaction survey was developed internally and with consult from SPH Analytics. EPC formally surveys its providers annually. Survey results are analyzed across administration periods and analyzed with complaints and network management reports to identify areas for improved provider satisfaction.

SPH Analytics, a National Committee for Quality Assurance (NCQA) Certified Survey Vendor, was selected by EPC to conduct the 2016 Behavioral Health Provider Satisfaction Survey. Information obtained from these surveys allows plans to measure how well they are meeting their behavioral health providers' expectations and needs. The surveys measure provider's perceptions of behavioral health services in relation to the following domains:

- Authorization/Precertification
- Provider Relations and Complaint Process
- Care management
- Customer Service
- Claims Process
- Quality Management
- Overall Satisfaction and Loyalty

### Methodology

Using a 2-wave mail with phone survey methodology, SPH collected 1131 responses from the sample of providers who participated in EPC's Behavioral Health services in the last six months. The internal goal for satisfaction rates is 80%.

#### *Test for Statistical Significance*

Statistical significance is determined using the difference of proportions test, which compares the yearly rates for each measure and the sample size. A Chi-square test and Independent Z-Test for Percentages (un-pooled proportions) were also used to test for statistically significant differences between response rate and summary rate scores.

### Score Calculation

Survey results are presented in the form of Summary Rate Scores (SRS) for most of the survey. SRS are derived from the sum of the rates of the two most favorable response options for a question. For example, if the response options to a question about customer service were Very good, Good, Average, Poor, and Very poor, then the response rates for the most favorable options, Very good and Good, would be added. The SRS is calculated as a proportion of this sum of favorable responses to the total number of responses:

$$\frac{\text{Very good} + \text{Good}}{\text{Very good} + \text{Good} + \text{Average} + \text{Poor} + \text{Very poor}}$$

## Analysis

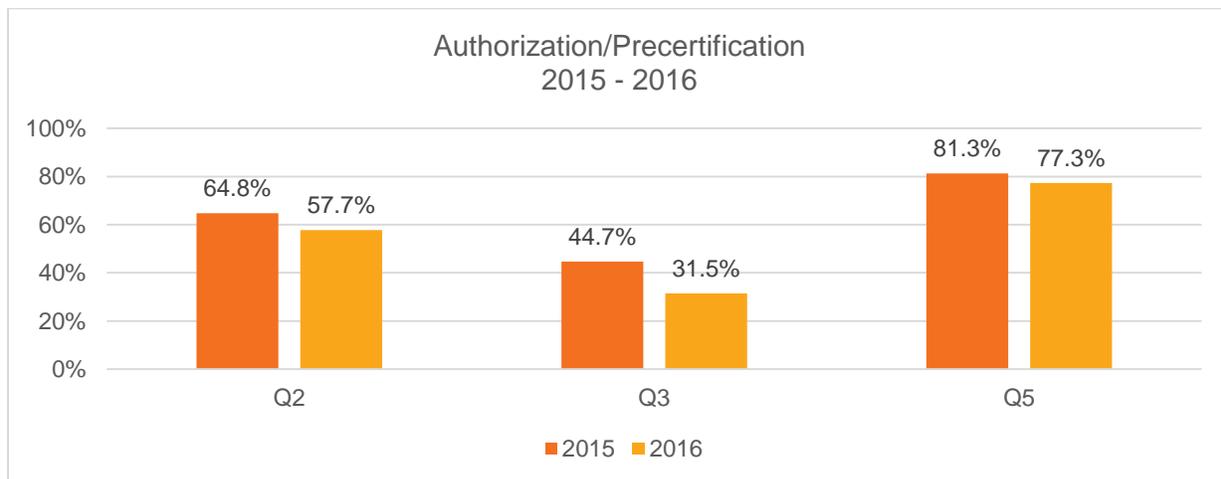
### Response Rate

The table below displays provider survey response rates from 2015-2016. The data indicate the response rate slightly increased from 2015 (20.3%) to 2016 (22.2%), a 9% decrease. This was a statistically significant change ( $p < 0.0241$ ).

Year	Responses/Sample	Rate
2015	1082/5317	20.30%
2016	1131/5090	22.20%

The 2016 sample size was 5090. The total number of responses received in 2016 was 1131, compared to 1082 responses in 2015.

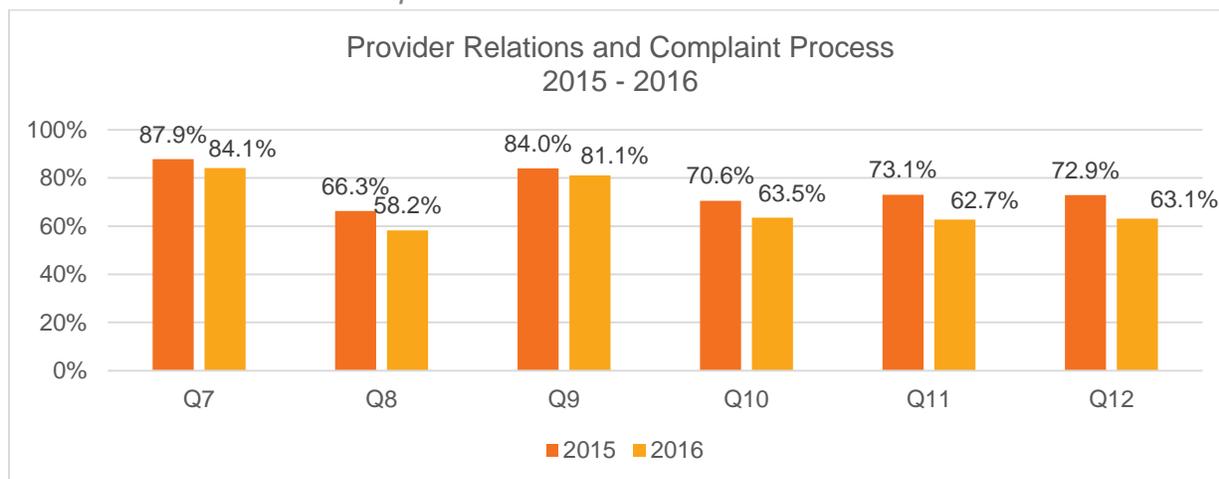
### Authorization/Precertification



Provider - Domain/ Line Items	2015 Rate	2016 Rate	Statistical Significance	Rate of Change
Q2. How would you rate the authorization process (sending in a form) for your EPC BH clients?	64.8%	57.7%	Stat. Significantly difference (p<. 0.0086)	-10.96%
Q3. How would you compare the current authorization process with last year's process?	44.7%	31.5%	Stat. Significantly difference (p<. 0.0000)	-29.53%
Q5. How satisfied are you with the EPC BH credentialing process?	81.3%	77.3%	Stat. Significantly difference (p<. 0.0342)	-4.92%

The survey asked respondents three questions identifying Authorization/Precertification Satisfaction. Review of Provider satisfaction composite scores indicates that, overall, all composites show a decrease in satisfaction and falls below the 80% internal goal. Statistical significance is calculated at 95% confidence level for data changes from 2015 through 2016.

### Provider Relations and Complaint Process



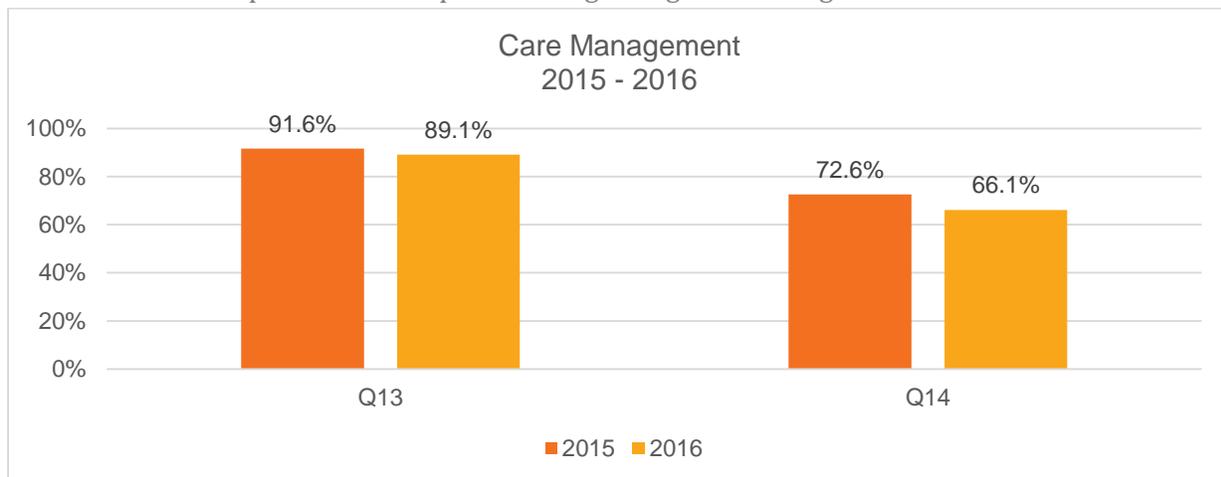
Provider - Domain/ Line Items	2015 Rate	2016 Rate	Statistical Significance	Rate of Change
Q7. How satisfied are you with the courtesy extended to you by the Provider Relations staff?	87.9%	84.1%	Stat. Significantly difference (p<. 0.0250)	-4.32%
Q8. How often does the Provider Relations staff provide you with consistent and accurate information?	66.3%	58.2%	Stat. Significantly difference (p<. 0.0010)	-12.22%

Provider - Domain/ Line Items	2015 Rate	2016 Rate	Statistical Significance	Rate of Change
Q9. How satisfied were you with the most recent meeting/interaction with the Provider Relations staff?	84.0%	81.1%	No statistically significant difference	-3.45%
Q10. How often does the provider relations staff answer your satisfaction?	70.6%	63.5%	Stat. Significantly difference (p<. 0.0038)	-10.06%
Q11. How satisfied are you with the EPC complaint process?	73.1%	62.7%	Stat. Significantly difference (p<. 0.0048)	-14.23%
Q12. How satisfied were you with the outcome of the complaint process?	72.9%	63.1%	Stat. Significantly difference (p<. 0.0109)	-13.44%

Respondents were asked six questions regarding Provider Relations and Complaint Process. All but one indicator represents a statistically significant change as presented in the table below. For 2016, the two leading indicators for this composite are Q7 (84.1%) and Q9 (81.1%). PR lack of communication/education (40) and Billing issues or changes (30) are the two leading sub-groups driving the increase in PR related complaints and the decrease in provider satisfaction.

### Care Management

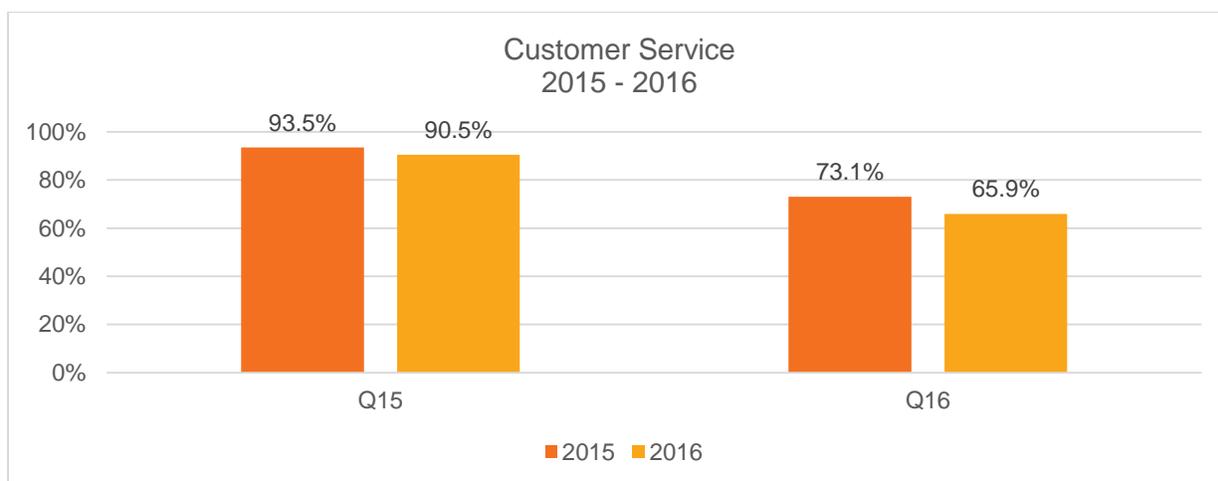
This domain asked providers two questions regarding Care Management satisfaction.



Provider - Domain/ Line Items	2015 Rate	2016 Rate	Statistical Significance	Rate of Change
Q13. How satisfied are you with the courtesy extended to you by the Care Management staff?	91.6%	89.1%	No statistically significant difference	-2.73%
Q14. How often does the Care Management staff answer your questions to your satisfaction?	72.6%	66.1%	Stat. Significantly difference (p<. 0.0307)	-8.95%

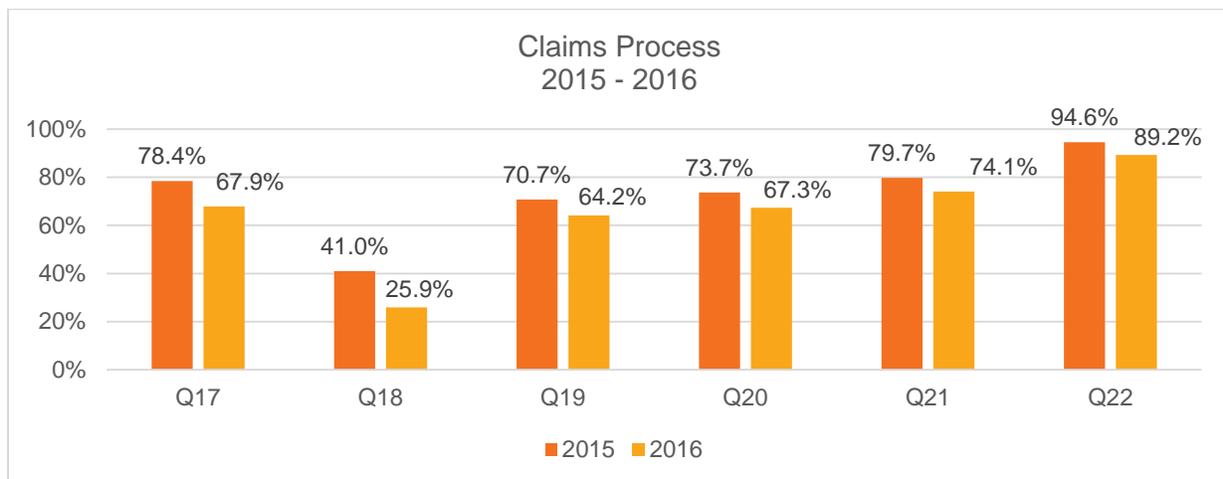
### Customer Service

Providers were asked two questions regarding Customer Service satisfaction as presented in the chart below.



Provider - Domain/ Line Items	2015 Rate	2016 Rate	Statistical Significance	Rate of Change
Q15. How satisfied are you with the courtesy extended to you by the Customer Service Representatives?	93.5%	90.5%	Stat. Significantly difference (p<. 0.0337)	-3.21%
Q16. How often does the Customer Service Representatives answer your questions to your satisfaction?	73.1%	65.9%	Stat. Significantly difference (p<. 0.0028)	-9.85%

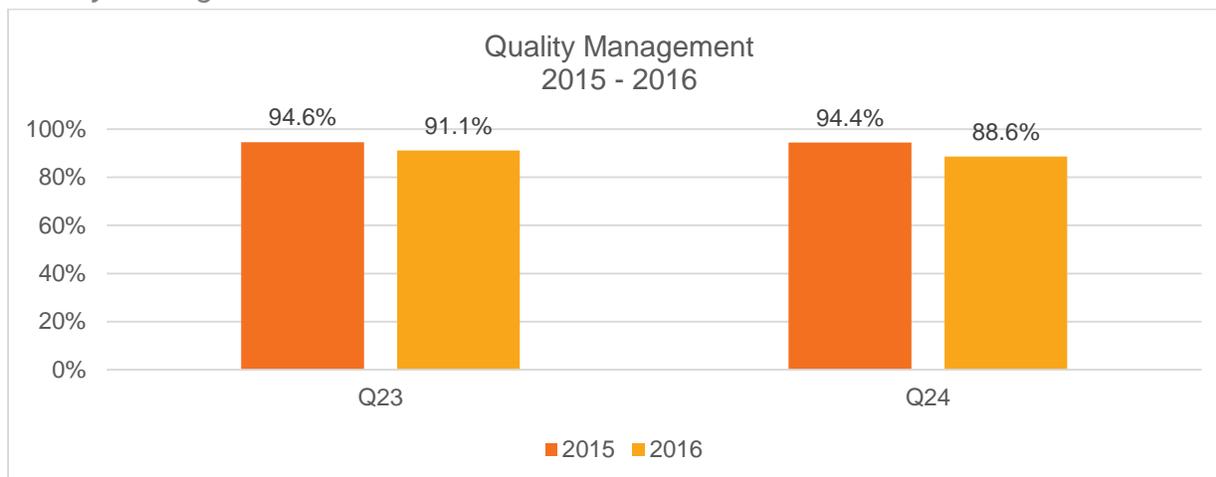
## Claims Process



Provider - Domain/ Line Items	2015 Rate	2016 Rate	Statistical Significance	Rate of Change
Q17. How would you rate the accuracy of claims payments made to you/your practice?	78.4%	67.9%	Stat. Significantly difference (p<. 0.0000)	-13.39%
Q18. How would you compare the current claims process with last year's process?	41.0%	25.9%	Stat. Significantly difference (p<. 0.0000)	-36.83%
Q19. How would you rate the timeliness of claims payments made to you/your practice?	70.7%	64.2%	Stat. Significantly difference (p<. 0.0031)	-9.19%
Q20. How often do the Claims Representatives provide you with consistent and accurate information?	73.7%	67.3%	Stat. Significantly difference (p<. 0.0083)	-8.68%
Q21. How satisfied are you with the length of time required to resolve your claims concern(s)?	79.7%	74.1%	Stat. Significantly difference (p<. 0.0144)	-7.03%
Q22. How satisfied are you with the Claims Remittance advice?	94.6%	89.2%	Stat. Significantly difference (p<. 0.0001)	-5.71%

The table presents the line items under the Claims process domain. This domain contains statistically significant change in all indicators. Thirteen (13) complaints were received out of 25 that were related to Claims Process (TAT, Accuracy, Requirements) at 52%. This is the leading indicator for the statistically significant decrease is satisfaction related to claims process.

## Quality Management

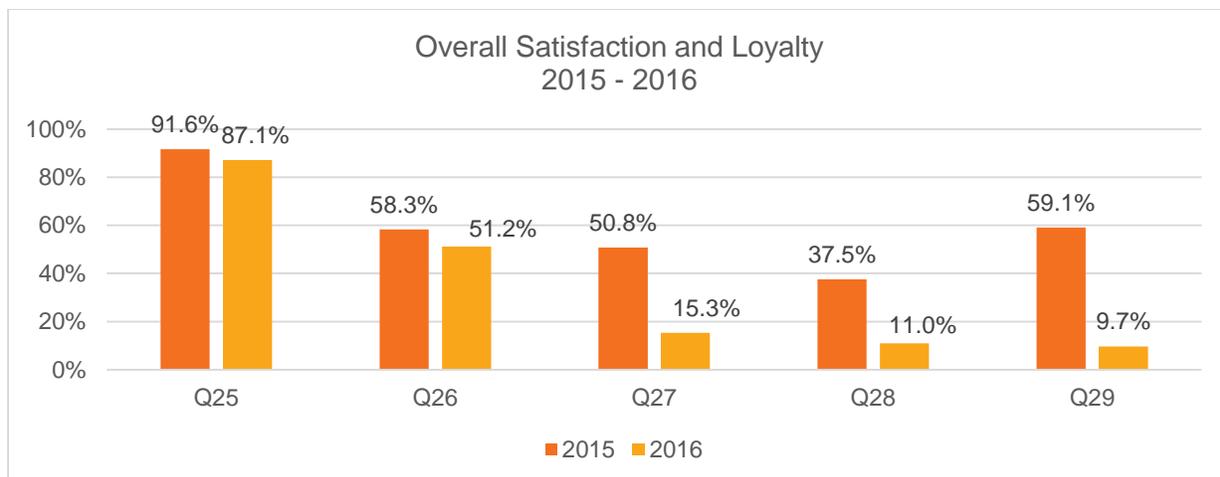


Provider - Domain/ Line Items	2015 Rate	2016 Rate	Statistical Significance	Rate of Change
Q23. How satisfied are you with EPC provider benchmarking practices, such as providing you with information about your site's quality and utilization activity compared to others in the network?	94.6%	91.1%	Stat. Significantly difference (p<. 0.0496)	-3.70%
Q24. How satisfied are you with the EPC Quality Management processes?	94.4%	88.6%	Stat. Significantly difference (p<. 0.0031)	-6.14%

Both indicators for this domain met 80% internal goal for satisfaction.

### Overall Satisfaction and Loyalty

This domain presents overall satisfaction and loyalty for EPC lines of business.



Provider - Domain/ Line Items	2015 Rate	2016 Rate	Statistical Significance	Rate of Change
Q25. Overall, how satisfied are you with being a provider for EPC?	91.6%	87.1%	Stat. Significantly difference (p<. 0.0016)	-4.91%
Q26. Compared to other insurance companies you work with, how would you rate EPC overall?	58.3%	51.2%	Stat. Significantly difference (p<. 0.0019)	-12.18%
Q27. Please rate your satisfaction with obtaining precertification and/or authorization for EPC members.	50.8%	41.0 %	Stat. Significantly difference (p<. 0.0000)	-19.29%
Q28. Please rate your satisfaction with the availability of specialists.	37.5%	31.8%	Stat. Significantly difference (p<. 0.0111)	-15.20%
Q29. Please rate your satisfaction with EPC's demonstration of their commitment to high quality care for their members.	59.1%	52.6%	Stat. Significantly difference (p<. 0.0048)	-11.00%

## Barriers and Interventions

Overall Satisfaction with being a provider for EPC BH continues to exceed the target satisfaction rate of 80%, at 87.1% in 2016. However, this represents a statistically significant decrease from the 2015 score of 91.6%. Moreover, 2016 survey demonstrates a consistent decrease in satisfaction throughout all domains and all questions within the survey. Additionally, of the twenty-nine (29) total questions, all but two questions (Q9 and Q13) represent a statistically significant decrease in satisfaction. Zero (0) questions experienced an increase in satisfaction when comparing 2016 to 2015 performance. In comparing domains, Quality Management continues to demonstrate the highest satisfaction levels, while all other domains demonstrated a relatively similar distribution of scores in 2016. Question 18 in the Claims Process domain was the lowest scoring question with

including question 29 with a satisfaction score of 25.9% compared to a 2015 score of 41.0%, a 36.8% decrease.

Based on the survey feedback, satisfaction with the authorization and claims processes have been identified as primary areas for improvement. There is also a trend related to providers' receipt of information. Four questions within the survey solicit feedback from providers related to their receipt of information (Q8, Q14, Q16, and Q20). In each instance, providers indicate decreased satisfaction with answers to questions or consistent and accurate information when compared to other questions within the same domain.

Barrier	Opportunity	Selected for Improvement?
Providers are strongly dissatisfied with the authorization process	Identify specific barriers for providers related to authorization process (lack of training, incorrect authorization guidelines etc.). Implement correct actions or notifications.	Yes
Providers are strongly dissatisfied with the authorization process	Research industry standards to identify opportunities for efficiency and effectiveness	Yes
Providers are strongly dissatisfied with the claims process	Research industry standards and best practices to identify opportunities for efficiency and effectiveness	Yes
Providers are strongly dissatisfied with the claims process	Develop "claims resolution team" with focus on resolving claims issues timely and proactively identifying potential global problems	Yes
Providers receiving inconsistent or inaccurate information from Provider Relations, Customer Service, Claims and Care Management	Conduct analysis to determine what information is being communicated incorrectly and perform training with staff. Establish regular outbound communications to providers with FAQ's or "Hot Topics" based on call volume or high profile issues.	Yes
Translation issues or failures	Perform RCA and implement valid process to resolve issue	Yes
Lack of Network Adequacy (FL Ambetter)	Perform targeted recruitment and provider education	Yes

## *EPC DM/LM*

EPC DM/LM is committed to understanding and meeting or exceeding physician expectations. EPC's goals are to obtain information regarding EPC customers' perceptions; to ensure that all physicians who treat EPC's participants are consistently satisfied with EPC DM/LM's services; and to respond to evidence of dissatisfaction in a timely and efficient manner.

In 2015, there were still several health plans that had not yet approved the use of the new physician satisfaction survey revised in April 2014. Therefore, there were two separate sets of data: one from the original survey and one from the revised survey. In 2016, all but one health plan had approved of the revised survey; therefore, these data represent only those obtained via the revised survey.

However, due to substantial revisions to the Managed Health Services-Indiana Physician Satisfaction Survey based on the recommendations of their Medical Director, those data will be reported separately. The revised survey was piloted for all Indiana health plans (MHS-Indiana, Healthy Indiana Plan 2.0, Hoosier Care Connect, and Indiana Ambetter) and was implemented at the time of the first semi-annual mailing of 2016 in April.

## **Methodology**

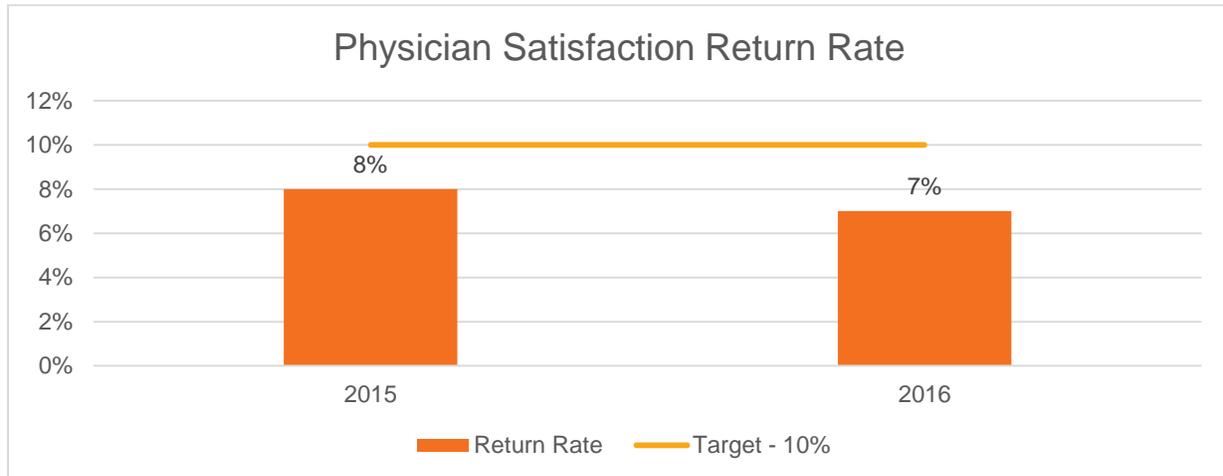
Survey questions are based on a two-, three-, four-, or five-point Likert Scales, scoring from more to less and allowing physicians to indicate their degree of satisfaction or level of agreement with a list of statements or based on Yes or No answers.

Survey ratings include:

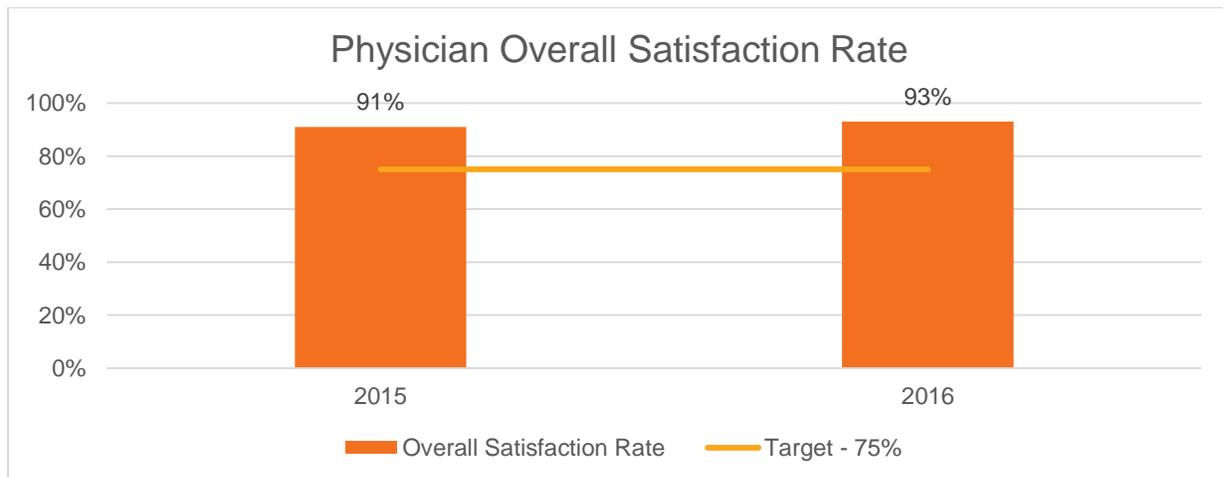
1. Two-point scale (may be used for IVR): agree or disagree; satisfied or not satisfied/dissatisfied.
2. Three-point scale (may be used for IVR): agree, neutral, or disagree; satisfied, neutral, or not satisfied/dissatisfied.
3. Four-point scale: Very Satisfied, Satisfied, Somewhat Dissatisfied or Very Dissatisfied.
4. Five-point scale: Very Satisfied, Satisfied, Neither Satisfied nor Dissatisfied, Somewhat Dissatisfied or Very Dissatisfied.

## Analysis

### Non-Indiana Physician Satisfaction Surveys

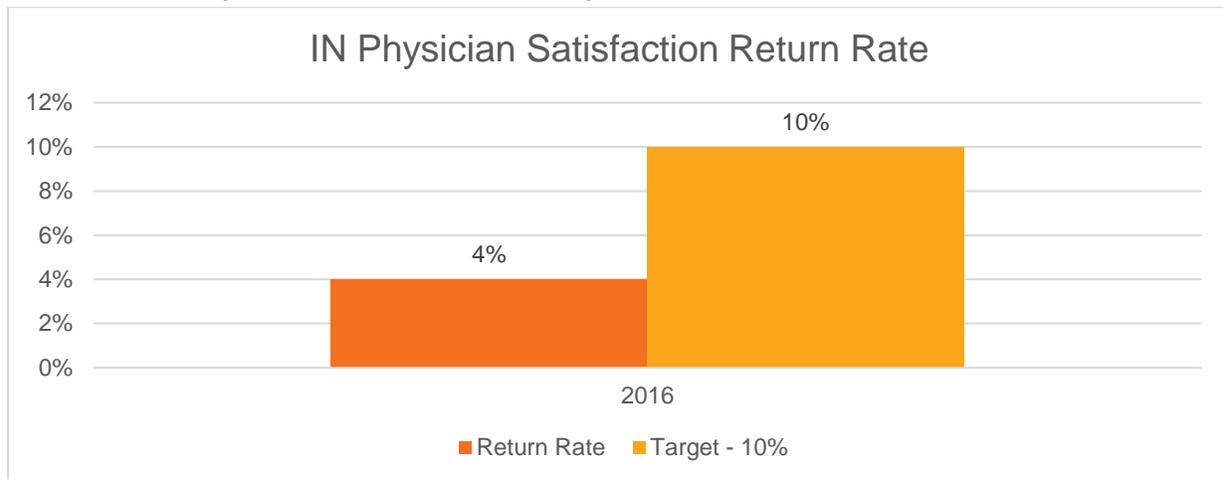


There were 19,844 physician satisfaction surveys sent to physicians during 2016. Of the 19,844 surveys sent, 1,356 were returned, yielding a return rate of 7%, decreasing by 1% point from 2015, and 3% points below the 10% return rate performance target. The response rate in 2017 will be adjusted to 20% to be consistent with other EPC survey response rates and industry standards.

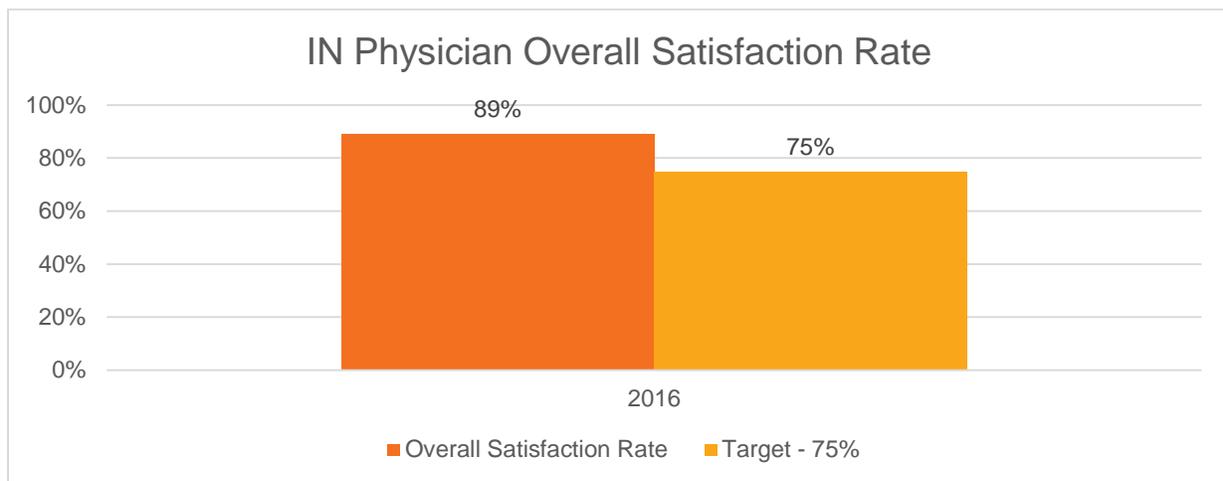


Respondents rated their overall satisfaction with EPC DM/LM's programs during 2016 at 93%, increasing by 2% points from 2015, and continuing to exceed the overall satisfaction performance target of 75%.

Indiana Pilot Physician Satisfaction Surveys



There were 1,237 physician satisfaction surveys sent to Indiana health plan physicians during 2016. Of the 1,237 surveys sent, 52 were returned, yielding a return rate of 4%, six percentage points below the 10% return rate performance target. The response rate in 2017 will be adjusted to 20% to be consistent with other EPC survey response rates and industry standards.



Respondents rated their overall satisfaction with EPC DM/LM's programs during 2016 at 89%, exceeding the overall satisfaction performance target of 75%. The same Barriers, Interventions, and Opportunities for Improvement for the main survey apply to the Indiana Pilot survey as well. Note that Q2 2016 is Baseline. Therefore there are no comparisons to 2015 data.

## Barriers and Interventions

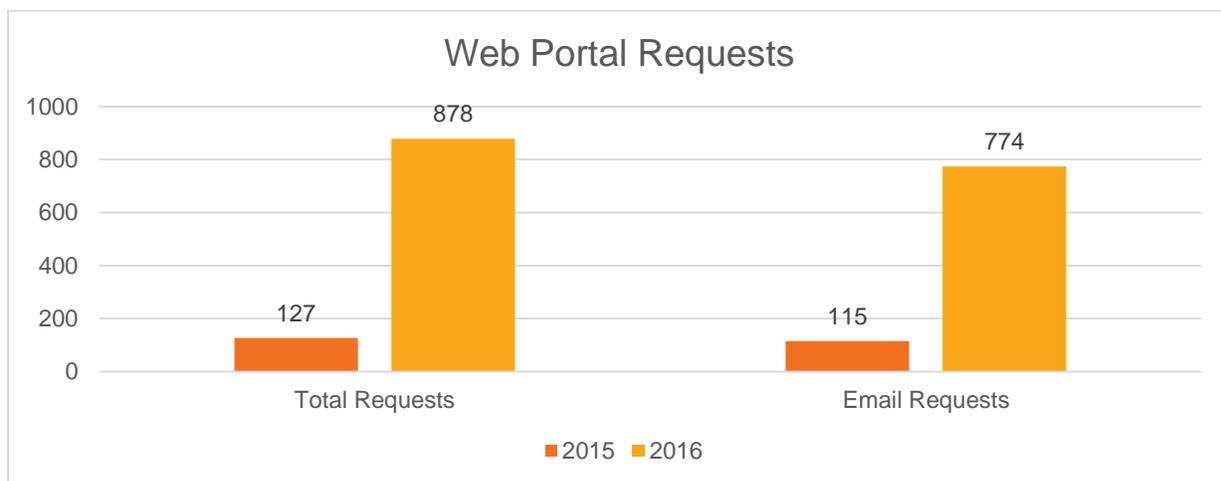
Barrier	Opportunity	Selected for Improvement?
Physicians “unaware of the program” and/or unaware of their patients’ involvement in the program	Explore options for publishing educational materials about EPC DM/LM’s programs on the health plans’ websites...	Yes
EPC DM/LM not allowed to brand physician satisfaction surveys, which lead to most survey answers related to the health plans	Account Management can work with Provider Relations of their respective health plans to provide education to physicians about EPC DM/LM’s programs when they visit their offices.	Yes

## Access to Health Information (NAL)

### Health Education

In addition to the Nurse Triage and Behavioral Health crisis intervention services, the Nurse Advice line business includes an extensive suite of health education and information services. In 2016, NAL received 878 requests for health education or information unrelated to active symptoms. This is an increase of 591% when compared to 2015. All education and information requests, regardless of how they are received are resolved within twenty-four (24) hours.

### Web Portal



In addition to the Nurse Advice Line clinical and non-clinical call professionals, the Nurse Advice Line business also administers a web portal by which members can ask questions via email. Emails received through the web portal are routed to a queue in the clinical system. The queue is managed by the clinical supervisors and responses are sent within twenty-four (24) hours. In 2016, 774 email

requests were received via the member web portal, up from 115 in 2015, a 573% increase in volume. All requests were responded to within 24 hours.

# Care Coordination

## Continuity and Coordination of Behavioral Healthcare

EPC prioritizes continuity and coordination of member care across its service system as a primary driver of positive member outcomes. Two of the EPC systemic activities targeting continuity and coordination of care: communication of member discharge plans to outpatient behavioral health providers and timely follow up to outpatient services coordination are explored below. Each activity is described along with the activity’s methodology, analysis of progress toward activity goals, barriers to improved performance and actions implemented to improve barriers.

EPC uses member inpatient discharge information to coordinate transitions in behavioral healthcare across the behavioral health service delivery system. The following section details the methodology and data analysis for this coordination activity.

### *Timely follow up to Outpatient Services after Hospitalization for EPC BH*

EPC BH is fully responsible for the management of its members’ behavioral health services, including assisting members in receiving timely outpatient behavioral health services following a discharge from an inpatient facility for a mental illness. EPC BH uses the HEDIS Follow up after Hospitalization for a Mental Illness (FUH) to track the timely transition to outpatient services following a discharge from an inpatient psychiatric hospitalization. EPC BH extracts follow up data using claims, mirroring the HEDIS specification and includes all eligible members discharging from an inpatient hospitalization. The following section details the methodology, data analysis and actions for improvement for this activity.

### **Methodology**

**Population:** All members ages 6 and up who are discharged from an inpatient facility for treatment of a mental health diagnosis.

**Inclusion criteria:** All members ages 6 and up. Members must be discharged to the community and with a mental health diagnosis.

**Exclusion criteria:** Any member below the age of 6. Any member as defined in the inclusion criteria who was discharged to a skilled nursing facility or other acute inpatient placement, including psychiatric residential treatment. Any member who readmits to the hospital for treatment of a physical health need. Any member who readmits to an acute facility for a mental health diagnosis within 30 days of discharge will not be included in that month’s calculation. The discharge following

the readmission, if not meeting the exclusion criteria above, will be included in the following measurement period.

Denominator description: The eligible population as identified above.

Numerator description: Members in the denominator who had an outpatient, intensive outpatient or partial hospitalization service within 7 days of discharge.

Data source: EPC BH administrative claims data

Measurement period: Annually, January 1 – December 1.

Reporting frequency: EPC BH monitors progress on the follow up measure monthly and provides longitudinal analysis of rates quarterly.

## Goal

Increase the rate of member follow up with an outpatient mental health provider within 7 days of discharge from an inpatient facility to meet or surpass the HEDIS national Medicaid 75<sup>th</sup> percentile.

Minimum performance standard:

- 7 Day FUH 44.05% (HEDIS 50<sup>th</sup> percentile)
- 30 Day FUH 63.94% (HEDIS 50<sup>th</sup> percentile)

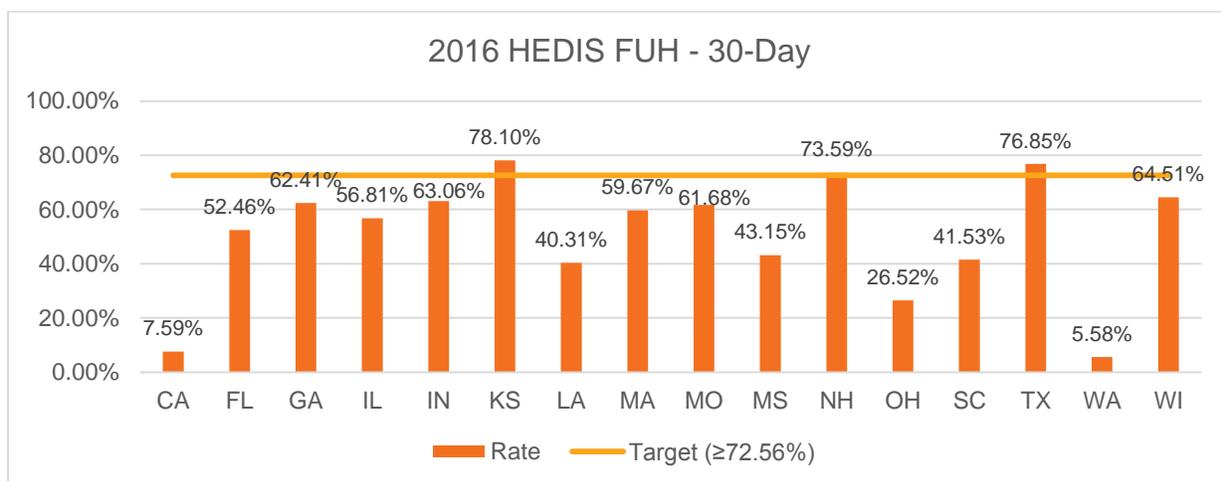
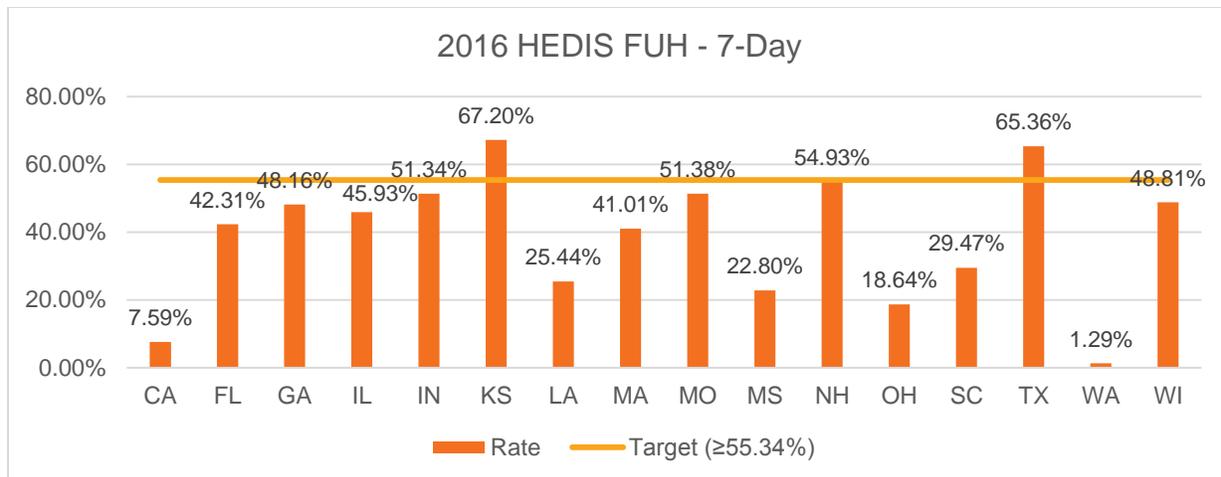
Benchmark:

- 7 Day FUH 55.34% (HEDIS 75<sup>th</sup> percentile)
- 30 Day FUH 72.56% (HEDIS 75<sup>th</sup> percentile)

## Analysis

EPC BH HEDIS Rates: Follow up after Hospitalization for a Mental Illness  
 Goal: NCQA 75th Percentile: FUH 7 Day – 55.34% FUH 30 Day – 72.56%

FUH Indicator	2015			2016		
	Num	Denom	Rate	Num	Denom	Rate
7-Day	11102	22519	49.30%	9411	23715	39.68%
30-Day	14422	22519	64.04%	12804	23715	53.99%



EPC BH’s 7-day FUH rate significantly decreased from 49.30% in 2015 to 39.7% in 2016 ( $p < 0.000$ ) and remained below the 75<sup>th</sup> percentile goal of 55.34%. The 30-day FUH rate significantly decreased from 64.04% in 2015 to 53.99% in 2016 ( $p < 0.000$ ) and remained below the 75<sup>th</sup> percentile goal of 72.56%. These results must be interpreted with caution as data for this report was extracted in January 2017 and may not be fully reflective of 2016 performance due to claims lag. Kansas (KS) reported the highest rate in 2016 at 67.20% for 7-Day and 78.10% for 30-Day.

There are multiple factors affecting the overall EPC BH performance on this measure. In three markets (OH, WA, & SC) the majority of outpatient services are carved out to fee for service providers who contract directly with the state. This limits EPC BH’s reach and influence, as EPC BH only managed the inpatient portion of the behavioral health benefit.

EPC BH faced barriers to performance in Illinois (IL), as the IL health plan uses an in house integrated care team that manages all care coordination and clinical planning for behavioral health members, with EPC BH acting in an administrative capacity for utilization management.

During 2016, TX and IL implemented workgroups to focus on FUH outreach. These workgroups promoted discussion of barriers and produced outcomes that contributed to the upward trend in FUH rates in these markets. The TX team, due to the increased focus on the HEDIS measure, saw the workgroups as impactful with the achievement of higher rates. The IL team continued to struggle, as the provider network is often saturated and few rapid appointments available, combined with a population that struggles to make and keep follow-up appointments. The IL team enlisted the help of a community provider group to do face-to-face visits with the members while still inpatient and then immediately post-discharge, which appeared to help the IL market perform better in the 30-day FUH metric.

EPC BH trains all new and existing staff on the importance of members having discharge appointments before they leave the hospital, and all members are called after discharge from inpatient hospitals in all markets. During 2016, EPC BH had several reviewing entities give feedback on discharge follow-up post hospitalization as well. As a result, Clinical frontline staff completed retraining in the Q3 2016 to address the review findings. EPC BH currently practices calling members within seven days of discharge to ensure that members have access to an appointment and to encourage them to attend. While there is no data on the percentage of members reached in those attempts, anecdotally, care managers indicate that it is challenging to connect with members post-discharge due to incorrect phone numbers in EPC BH record management systems. An independent review of inpatient member cases in November 2016 checked for whether the members attended appointments post-discharge, and found that despite care managers not being able to connect with members at the frequency desired post-discharge, the record reviews indicated that nearly 70% of all cases reviewed in said review had appointments set by the inpatient hospital prior to discharge date. This is encouraging that the hospitals are engaging in the process, but also continues to show that despite having an appointment set up at discharge, members are still not always attending.

In Q4 2016, the Clinical team created and implemented a plan to re-organize the clinical department to enable focus on key areas, such as utilization management (discharge planning) and case management (follow-up with members post-discharge) EPC also moved the reviewing process for case management and utilization management to the Quality department, to give more well-rounded, enterprise-wide feedback to staff and to ensure that EPC is looking at how the discharge process is impacting EPC's HEDIS measures and opportunities for improvement. The Quality team took on the case management reviewing in January 2017, and in March 2017, Utilization Management reviewing will move to Quality.

## Barriers and Interventions

Number	Root Cause/ Barrier	Category
1	Lack of hospital discharge planning	Clinical
2	Members are not attending follow up appointments	Member Compliance

Number	Root Cause/ Barrier	Category
3	Lack of step down/outpatient clinic appointments available	Provider/Network Development
4	Providers are submitting claims for allowable FUH services but are receiving denials	Network/Operations
5	Members are difficult to reach once discharged from the inpatient facility	Clinical/QI

Number	Solution Description	Selected	Date
1	Reward members with gift cards for gasoline after attending post-discharge follow-up appointments	Yes	Ongoing; started in March 2015
2	FUH Workgroups implemented in FL, IL, and TX	Yes	Ongoing; started in March 2015

## Conclusion

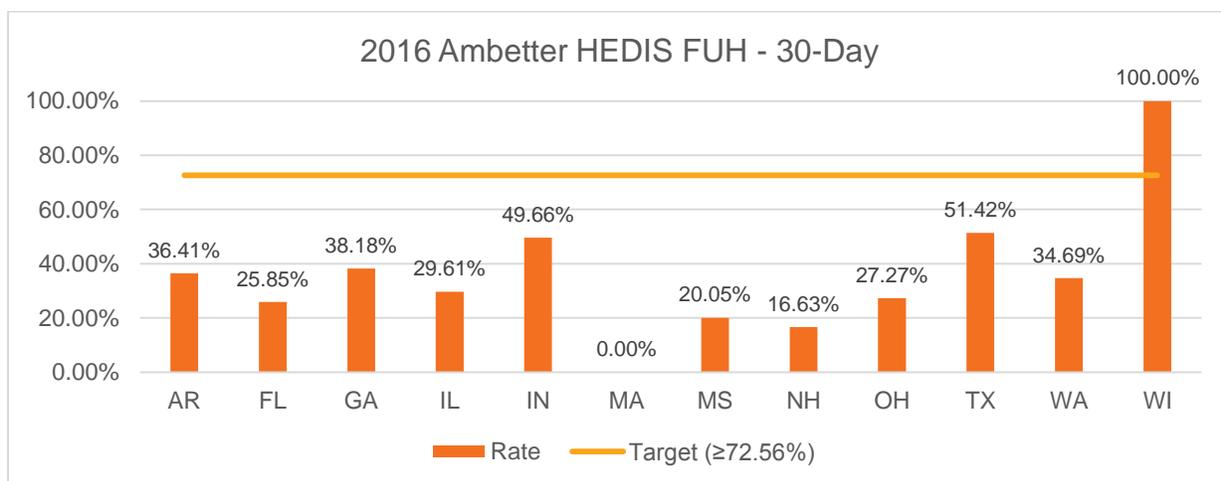
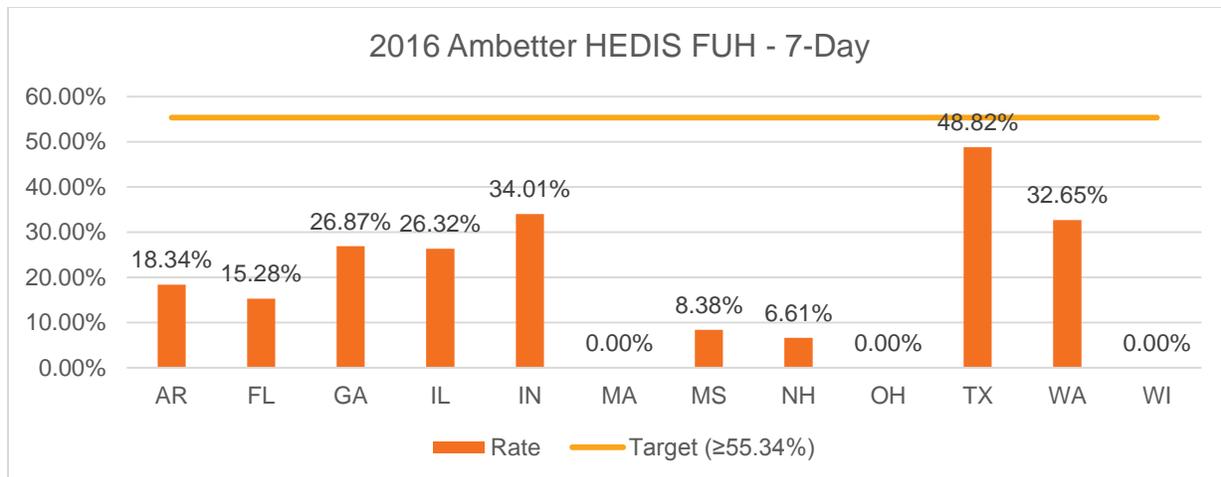
EPC BH did not improve in performance as reported in the 2016 measurement period for the FUH 7 day indicator. EPC BH embedded the HEDIS FUH measure as a core business performance measure for the organization. EPC BH continues to actively monitor performance on this measure, utilizing NCQA-recognized best practices to drive improvements. Those practices include ongoing facility education and data sharing, monitoring of claims distribution and mental health practitioner types to ensure accurate mapping across EPC BH and Centene data systems, and standard monitoring of clinical staff outreach activities to ensure valid supplemental data for consideration in final reviewing of this measure for submission to NCQA.

## *Timely follow up to Outpatient Services after Hospitalization for EPC BH Ambetter*

### Analysis

EPC BH Ambetter HEDIS Rates: Follow up after Hospitalization for a Mental Illness  
 Goal: NCQA 75th Percentile: FUH 7 Day – 55.34% FUH 30 Day – 72.56%

FUH Indicator	2015			2016		
	Num	Denom	Rate	Num	Denom	Rate
7-Day	112	579	19.34%	269	1315	20.46%
30-Day	222	579	38.34%	460	1315	34.98%



The Ambetter 7-day FUH rate insignificantly increased from 19.34% in 2015 to 20.46% in 2016 ( $p < 0.63$ ) and remained below the 75<sup>th</sup> percentile goal of 55.34%. The 30-day FUH rate insignificantly decreased from 38.34% in 2015 to 34.98% in 2016 ( $p < 0.29$ ) and remained below the 75<sup>th</sup> percentile goal of 72.56%. These results must be interpreted with caution as data for this report was extracted in January 2017 and may not be fully reflective of 2016 performance due to claims lag.

There are several issues unique to the Ambetter products. The rate of growth for Ambetter membership and increasing market size has posed a challenge in that the demand for staffing and training exceed the supply. During 2016, the EPC BH Network team worked to increase the Ambetter provider access in each market, including providers for the additional counties at the beginning of the calendar year.

The FUH measure is targeted for Case Management services, and both Medicaid physical health and behavioral health case management utilize member incentives to ensure compliance with the 7- and 30-day; however, these incentives are not available for Ambetter behavioral health case management. For markets MA ( $n=10$ ) and WI ( $n=2$ ), the denominators were so low that members

who were eligible but did not comply with the measure contributed to the extreme rates shown in the chart.

The Arkansas market is currently the largest Ambetter market (640 of the 1315 members in the aggregate for the FUH measures came from Arkansas) and is also where the most focus has been placed to increase access to providers and increase clinical staffing. The Ambetter team went through the same auditing process as non-Ambetter membership and also had re-training in Q4 2016, as it pertains to the importance of discharge planning and outreach post discharge. The Quality team will also be taking over the auditing of the Ambetter team in 2017.

## Barriers and Interventions

Number	Root Cause/ Barrier	Category
1	Lack of hospital discharge planning	Clinical
2	Members are not attending follow up appointments	Member Compliance
3	Lack of step down/outpatient clinic appointments available	Provider/Network Development
4	Providers are submitting claims for allowable FUH services but are receiving denials	Network/Operations
5	Members are difficult to reach once discharged from the inpatient facility	Clinical/QI

Number	Solution Description	Selected	Date
1	Clinical Staff trained/retrained on the FUH measure and outreach	Yes	Ongoing; started in April 2015
2	Began working with the Member Services team in AR in order to obtain accurate contact information for members	Yes	Ongoing; started in February 2015
3	Began collaboration with healthplan leadership for FUH measure in multiple markets	Yes	Ongoing; started in Q3 2016

## Conclusion

EPC BH's performance for 7- and 30-Day FUH day rates continue to fall below the 75<sup>th</sup> percentile goal. In 2016, three (3) markets (TX, IL, and OH) created FUH workgroups that have included Ambetter BH Clinical leadership to work on improving FUH rates. EPC will continue to complete barrier analyses to identify unique issues impacting this population and to identify interventions to drive improvements.

## *Communication of Discharge Plans with Outpatient Behavioral Health Providers*

NCQA requires that EPC BH conduct medical record reviews of a sample of high volume outpatient provider sites to evaluate behavioral health practitioner compliance with ongoing communications with members' Primary Care Providers (PCP). The requirement is met if documentation (reports, conference notes) included in the members' medical records indicates that the primary behavioral health clinician shared pertinent behavioral health treatment information with PCPs to coordinate care.

The review tool used in the medical record review also assesses compliance with timely aftercare coordination for members discharged from an inpatient setting. The standard is met if the medical record includes documentation of the members' discharge plans; identification of the outpatient provider; a follow up appointment date within seven (7) days of discharge; and a progress note or case summary clearly outlining the services provided for the follow up appointment.

### **Methodology**

Eligible Population: All behavioral health members hospitalized in an inpatient setting.

Inclusion criteria: Discharge from an inpatient setting for a mental health disorder.

Exclusion criteria: Discharge summaries that contain documentation related to:

- HIV/AIDS or substance abuse/chemical dependency
- No signed consent from the member to release information

Denominator description: The eligible population as identified above

Numerator description: All discharge summaries in the denominator meeting the inclusion criteria as listed above that were faxed to the member's identified behavioral health clinician scheduled to provide aftercare services.

Data source: All denominator and numerator data is collected from completed discharge assessments in TruCare, the EPC BH Clinical Management Software. EPC BH uses a standardized report extraction methodology utilizing data entered into discharge summary assessments in TruCare.

Measurement period: Annually, January 2016 – December 2016

Reporting frequency: EPC BH monitors progress on the coordination measure monthly and provides longitudinal analysis of rates annually.

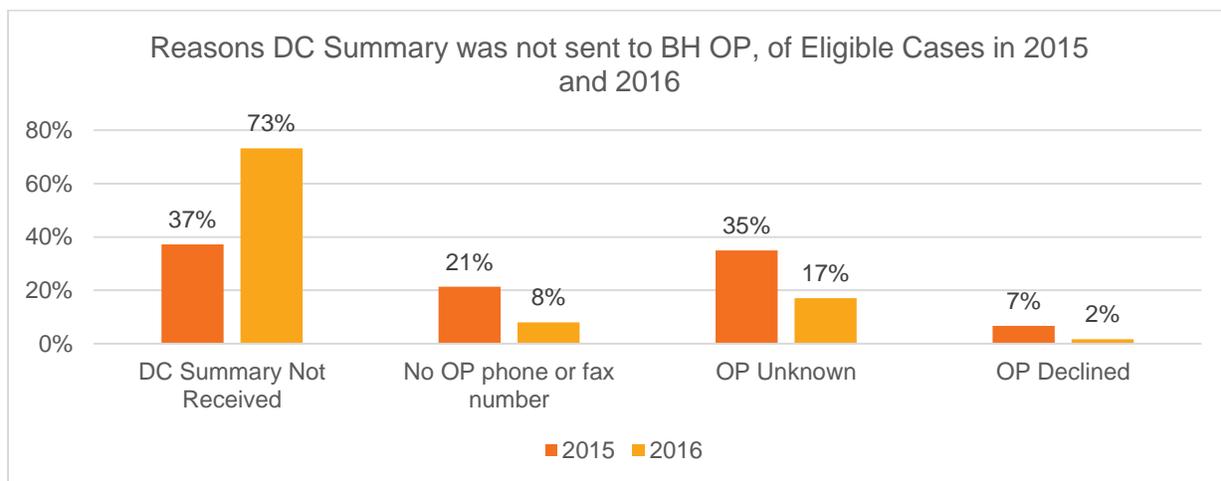
### **Goal**

Increase the rate of member discharge summaries faxed to the member's behavioral health practitioners to 65%.

## Analysis

EPC BH demonstrated a decrease in the number of eligible discharge assessments faxed to the members' behavioral health practitioners scheduled to provide aftercare for members discharged from a behavioral health inpatient setting. Performance for this indicator remains below the 65% goal and declined from the 2015 performance of 42% (9367/22512) to 24% (10334/42375) in 2016. EPC BH Ambetter also demonstrated a significant decline in the number of eligible discharge assessments faxed. Performance decreased from 18% (88/484) in 2015 to 8% (93/1232) in 2016 demonstrating a statistically significant decrease by 59% in 2016. Total discharge assessments increased in the Ambetter market from 2015 (699) to 2016 (1809).

The chart below reflects the reasons that clinicians indicated why the discharge summary was not sent to the outpatient provider. Cases in which the discharge summary contained private health information or substance abuse information were excluded.



A review of 2016 data indicates that 76% (32041/42375) of the eligible assessments were not faxed. Of these cases in which the discharge summary was not faxed to the outpatient provider (minus those cases which included Protected Health Information or Substance Abuse Information), 73% of the responses indicated that the discharge summary was not received from the inpatient facility, 8% found no phone or fax number for the outpatient provider, 17% listed the outpatient provider as "Unknown", and 2% indicated the outpatient provider declined the member as being under their care.

Results of the review for the three identified questions are provided below.

Review Tool Categories	Performance	Rate
<b>Treatment Plan Components:</b> Completeness of treatment plans, including member education and support systems, evidence of communication among behavioral health clinicians, plans for discharge from outpatient care	916/1065	86%

Review Tool Categories	Performance	Rate
<b>Identification of and communication with the PCP:</b> Documentation of behavioral health practitioner communication and coordination of treatment with the member’s primary care physician.	129/183	70%
<b>Follow-up Appointments:</b> Documentation of follow up appointments after discharge from an inpatient facility; clearly identified discharge criteria on discharge plans.	68/72	94%

In 2016, providers met the EPC BH goal of at least 85% compliance in two of the three key medical record standards listed above. Review of documentation for coordination and communication of behavioral healthcare treatment with completeness of treatment plans indicated 86% (916/1065) compliance. Performance on this indicator demonstrated a decrease from 92% in 2015 to 86% in 2016 (6.5%), but still met the target rate of 85%.

In the category of Identification of and Communication with the PCP, the review result yielded a compliance rate of 70% (129/183), which is 5% lower than the 2015 compliance rate of 74%. Of the standards measured during provider chart reviews, this is the category which did not meet the compliance goal of 85%.

Additionally, 94% (68/72) of the review questions demonstrated compliance with documenting engagement and follow up after discharge from an inpatient facility. Results in 2016 were above the target rate of 85%, a 19% increase from 79% in 2015.

## Barriers and Interventions

Results of the medical record review provide a leading insight into network performance related to continuity and coordination of care. EPC BH’s clinical team conducts the following care coordination activity to address this identified gap in coordination of member services. EPC BH uses member inpatient discharge information to coordinate transitions in behavioral and medical healthcare across the service delivery system.

In 2015, a training intervention was proposed, targeting the opportunity to decrease the number of faxes not sent due to unknown outpatient provider or inability to obtain fax or phone number. There was an observed successful decrease in these response types in 2016, from 56% to 20%, demonstrating a decline of 64%. In 2016, a new barrier trend was observed, with 73% of eligible discharge summaries not faxed to outpatient provider due to not receiving the discharge summary from the inpatient facility. The clinical team will continue to assist the member in receiving an outpatient appointment during discharge planning and fax the member’s information to the outpatient provider.

Review Tool Categories	Proposed Intervention	Selected	Date
<p><b>For All Products:</b>  <b>Discharge Summary is not being received from the inpatient facility, which acts as a barrier to the communication of discharge plans with Outpatient Providers</b></p>	<p>Re-train EPC BH clinicians about the importance of following up with inpatient providers to obtain the discharge summary so it can be communicated to BH outpatient providers.</p> <p>Additionally, re-training staff on the accurate response types to use on the Discharge Assessments in TruCare can ensure QI is identifying the accurate barriers to discharge planning communication</p>	<p>Yes</p>	<p>Q3 2016</p>

## Conclusion

EPC BH continues to work with discharging facilities and outpatient practitioners to facilitate the exchange of information across the continuum of care utilized by individual members. Ensuring that EPC BH clinicians are included in the first steps of discharge planning from an inpatient event will allow EPC BH’s clinicians to engage early on with members and assist members in identifying their primary behavioral health clinicians. Additionally, the process improvement of using EPC BH customer service representatives (CSRs) to facilitate the immediate, real time transfer of facility utilization management (UM) staff to their appropriate EPC BH clinician will ensure timely receipt of member inpatient stay and discharge planning to ensure continuity and coordination of care. These interventions are focused on improving the overall rate of member health information shared between inpatient and outpatient providers to improve the coordination and continuity of care for members receiving behavioral health services in the EPC BH network.

## Continuity and Coordination between Behavioral Health Care and Medical Care

Coordination and continuity of care are critical to ensuring positive treatment outcomes for health care recipients. EPC BH collaborates with relevant medical delivery systems and uses information at its disposal to coordinate between behavioral healthcare and medical care. EPC BH monitors the following areas to ensure collaboration between the behavioral health and medical systems:

- Exchange of information between behavioral health care and primary care practitioners and other relevant medical delivery system practitioners or providers;
- Appropriate diagnosis, treatment and referral of behavioral health disorders commonly seen in primary care;
- Appropriate use of psychopharmacological medications;
- Management of treatments access and follow up for members with coexisting medical and behavioral disorders; and
- Implementation of a primary or secondary behavioral health program.

## *Exchange of Information*

The purpose of this activity is to gather comprehensive provider information for each member and to assist members in identifying and reporting their primary care physician (PCP) information to EPC BH for care coordination purposes. EPC BH reported these findings to its health plan partners to engage the health plans in collaborative activities with PCPs. EPC BH aims to improve PCP's knowledge of EPC BH behavioral health resources and to encourage PCPs to engage in motivational interviewing activities with behavioral health members to reduce the number of members who are resistant to release information due to co-occurring substance abuse disorder issues.

The EPC BH medical record review evaluates behavioral health practitioner compliance with ongoing communications with members' Primary Care Providers (PCP). The requirement is met if documentation (reports, conference notes) included in the members' medical records indicates that the primary behavioral health clinician shared pertinent behavioral health treatment information with PCPs to coordinate care.

The review tool used assesses compliance with timely aftercare coordination for members discharged from an inpatient setting. The standard is met if the medical record includes documentation of the members' discharge plans; identification of the outpatient provider; a follow up appointment date within seven (7) days of discharge; and a progress note or case summary clearly outlining the services provided for the follow up appointment.

## **Methodology**

Eligible Population: All behavioral health members hospitalized in an inpatient setting

Inclusion criteria: Discharge from an inpatient setting for a mental health disorder.

Exclusion criteria: Discharge summaries that contain documentation related to:

- HIV/AIDS or substance abuse/chemical dependency
- No signed consent from the member to release information

Denominator description: The eligible population as identified above

Numerator description: All discharge summaries in the denominator meeting the inclusion criteria as listed above that were faxed to the member's Primary Care Physician (PCP).

Data source: All denominator and numerator data is collected from completed discharge assessments in the EPC BH Clinical Management Software TruCare. EPC BH uses a standardized report extraction methodology utilizing data entered in a discharge summary assessment in TruCare.

Measurement period: Annually, January 1, 2016 - December 31, 2016

Reporting frequency: EPC BH monitors progress on the coordination measure monthly and provides longitudinal analysis of rates annually.

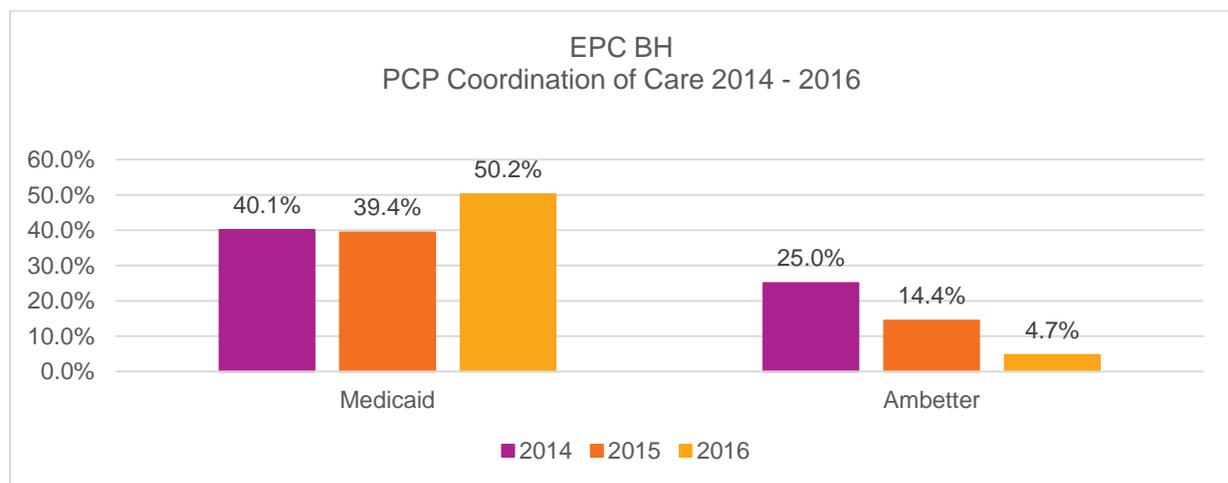
## Goal

Increase the rate of member discharge summaries faxed to the member's primary care physician to 65%.

## Analysis

EPC BH conducted a medical record review of a sample of high volume outpatient provider sites in 2016. The sample was comprised of 150 enrollee medical record files; 75 fewer than in 2015. This year's reduction in chart reviews is due to a compliance requirement change in one of the three health plans reviewed in 2015. Continuity and Coordination of behavioral healthcare was assessed via review of medical record documentation. The review tool contains one group of indicators targeting comprehensive treatment planning, including communication and coordination of members' treatment between behavioral health providers and practitioners.

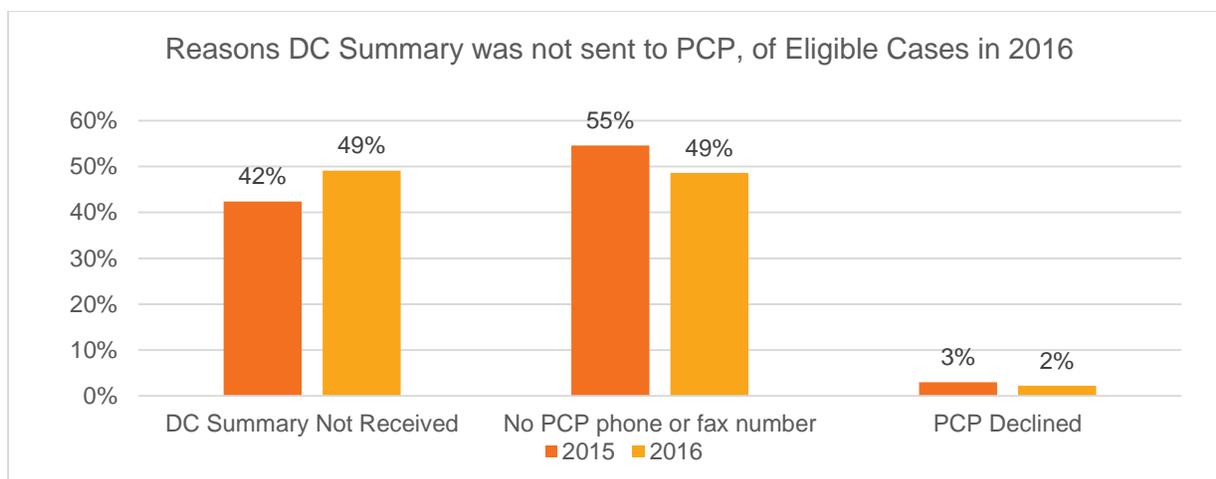
The chart below illustrates the rate by which discharge summaries were faxed to the member's primary care physician upon discharge from an acute inpatient hospitalization.



EPC BH faxed 50% (12509/24904) of eligible discharge assessments to members' PCPs in 2016. This is a statistically significant increase in performance during this reporting period, with a 27% increase from 39% (8543/21678) in 2015. However, performance in this reporting period still remains below the goal of 65%.

EPC BH Ambetter faxed 5% (39/830) of eligible discharge assessments in 2016, showing a decrease of 67% from 14% in 2015 (40/278). This market has continued to fall below the performance goal of 65%. Total discharge assessments completed increased in the Ambetter market from 2015 (478) to 2016 (1427).

The chart below reflects the reasons that clinicians indicated why the discharge summary was not sent to the primary care physician. Cases in which the discharge summary contained private health information or substance abuse information were excluded.



A review of 2016 data indicates that 49.8% (12395/24904) of the eligible assessments were not faxed. Of these cases in which the discharge summary was not faxed to the outpatient provider (minus those cases which included Protected Health Information or Substance Abuse Information), 49% (6088/12395) of the responses indicated that the discharge summary was not received from the inpatient facility, 49% (6030/12395) found no phone or fax number for the outpatient provider, and 2% (277/12395) indicated the outpatient provider declined the member as being under their care.

Results of the review for the three identified questions are provided below.

Review Tool Categories	Performance	Rate
<b>Treatment Plan Components:</b> Completeness of treatment plans including member education and support systems, evidence of communication among behavioral health clinicians, plans for discharge from outpatient care	916/1065	86%
<b>Identification of and communication with the PCP:</b> Documentation of behavioral health practitioner communication and coordination of treatment with the member's primary care physician.	129/183	70%
<b>Follow-up Appointments:</b> Documentation of follow up appointments after discharge from an inpatient facility; clearly identified discharge criteria on discharge plans.	68/72	94%

Providers met the EPC BH goal of at least 85% compliance with two of the three key medical record standards listed above in 2016.

Review of documentation for coordination and communication of behavioral healthcare treatment with completeness of treatment plans indicated 86% (916/1065) compliance. Performance on this indicator demonstrated a decrease from 92% in 2015 to 86% in 2016 (6.5 %), but still met the target rate of 85%.

In the category of Identification of and Communication with the PCP, the review result yielded a compliance rate of 70% (129/183), which is 5% lower than the 2015 compliance rate of 74%. Of the standards measured during provider chart reviews, this is the category which did not meet the compliance goal of 85%.

Additionally, 94% (68/72) of the review questions demonstrated compliance with documenting engagement and follow up after discharge from an inpatient facility, results yielded in 2016 rose above the target rate of 85%. This was a 19% increase from 79% in 2015.

## Barriers and Interventions

Results of the medical record review provide a leading insight into network performance related to continuity and coordination of care. 2016 results indicate there are opportunities for improvement related to identification of members' PCPs and ensuring treatment coordination with providers and practitioners.

EPC BH's clinical team conducts the following care coordination activities to address this identified gap in coordination of member services. EPC BH uses member inpatient discharge information to coordinate transitions in behavioral and medical healthcare across the service delivery system.

The clinical team will continue to assist the member in receiving an outpatient appointment during discharge planning and fax the member's information to the outpatient provider. EPC BH has opportunities for improvement to increase eligible fax rate performance.

Root Cause/ Barrier	Proposed Intervention	Selected	Date
Inconsistent tracking of reasons why discharge summaries were not sent to the PCP.	Provide monthly reviews of all markets to ensure consistent tracking of reasons why discharge summaries were not sent to the PCP.	Yes	July 2015- December 2016 The EPC BH Quality Review Team commenced monthly reviews of the PCP communication documentation to ensure consistent and reliable application of the discharge assessment/care coordination designations based on the outcome of contact with the PCP protocol.
PCP fax number unknown.	Re-train EPC BH clinicians of the importance of investigating PCP information as it helps to coordinate care for EPC's members.	Yes	Q3'2016 EPC BH clinical staff responsible for obtaining and faxing discharge assessments were re-trained on the expectation to investigate, if unknown, the name and contact information for the member's PCP; where to find the PCP's contact information in TruCare and appropriate TruCare designations based on the outcome of contact with the PCP

## Conclusion

EPC BH presented analysis, barriers and actions pertaining to this activity with its health plan partners during the health plans' quality improvement committees (QIC) in 2016. EPC BH continues to work with discharging facilities and outpatient practitioners to facilitate the exchange of information across the continuum of care utilized by individual members. The proposed interventions to provide refresher training to review the process for documenting the reasons why a discharge summary is not faxed will provide additional information regarding barriers to meeting the established goal. Expansion of clinical assessments to include comprehensive collection of member demographic and medical history data will improve the rate by which care coordination activities are conducted to support member transition to outpatient treatment. Utilizing EPC BH QI reviewers for assessment of compliance with core case management functions and documentation provided objective feedback to clinical supervisors and staff and ensures consistent application of standardized data collection processes. These interventions are focused on improving the overall rate of member health information shared between inpatient and outpatient providers to improve the coordination and continuity of care for members receiving behavioral health services in the EPC BH network.

## *Screening and Management of Coexisting Disorders and Preventive Behavioral Program*

EPC BH, in partnership with the health plans and states for which it is a behavioral health vendor, implements a preventive behavioral health program targeting perinatal depression screening. This partnership allows for the opportunity to manage coexisting conditions where a member may be experiencing depression along with their pregnancy within an established preventive health program. The purpose of this program is to educate pregnant and postpartum members on the following:

- Educate members in the perinatal period about the risks of depression;
- Educate members regarding the signs and symptoms of depression;
- Educate the member about accessing services for treatment of depression; and
- Educate the member's provider if the member demonstrates depression using the Edinburgh Scale.

## Methodology

Population: Health plan identified pregnant and newly delivered members.

Inclusion Criteria:

- Current eligibility for Medical and Behavioral Health benefits
- Moderate Risk – Depression survey score is equal to or greater than 13, less than 20 (13-19)
- High Risk – Depression survey score is equal to or greater than 20 (20 – 30)

Exclusion Criteria: Members who are not currently enrolled in a health plan

Denominator description: The total number of pregnant and postpartum women who score moderate or high on the Edinburgh Depression Screening tool.

Numerator description: The total number of pregnant or post-partum women scoring moderate or high on the Edinburg Depression Screening tool with successful outreach by EPC BH's clinical team.

Data Source: Scored member surveys and contact documentation in Centene's clinical documentations system, TruCare, Claims Data

Measurement Period: Annually, January 1, 2016 – December 31, 2016

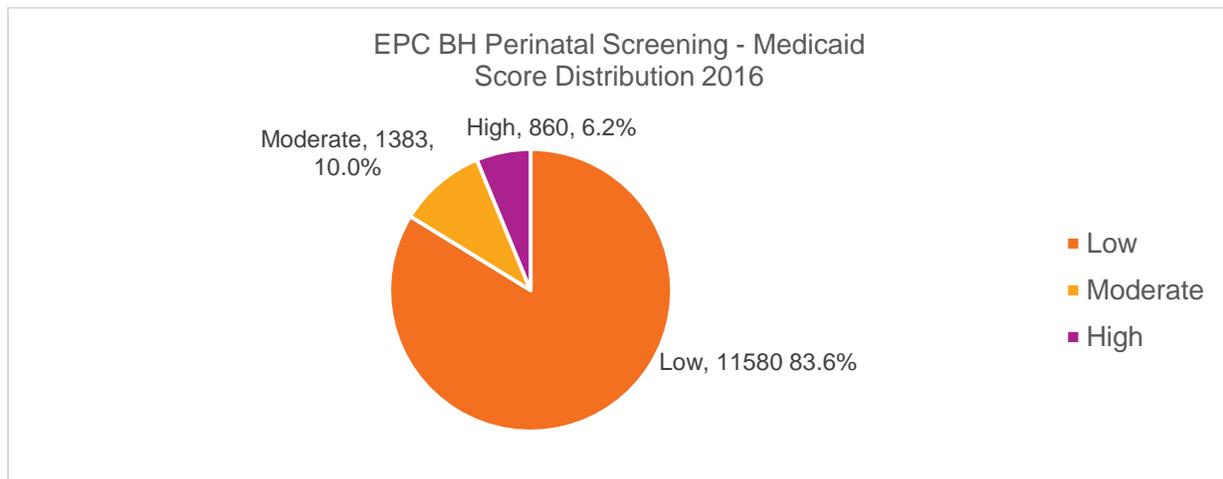
## Goal

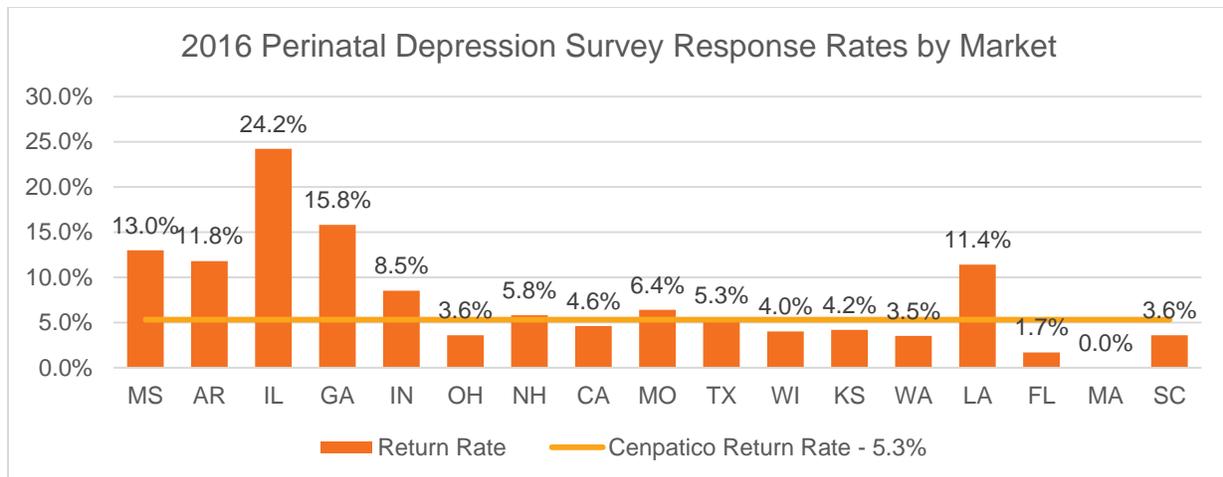
Increase the number of members accessing behavioral health services by 10%.

## Analysis

EPC BH

2016	# Sent	# Rec'd	Response Rate	Low	Rate Low	Moderate	Mod. Rate	High	High Rate
Pregnant	74067	6434	8.7%	4889	76.0%	926	14.4%	593	9.2%
Delivered	92563	7415	8.0%	6691	90.2%	457	6.2%	267	3.6%
Total	166630	13849	8.3%	11580	83.6%	1383	10.0%	860	6.2%





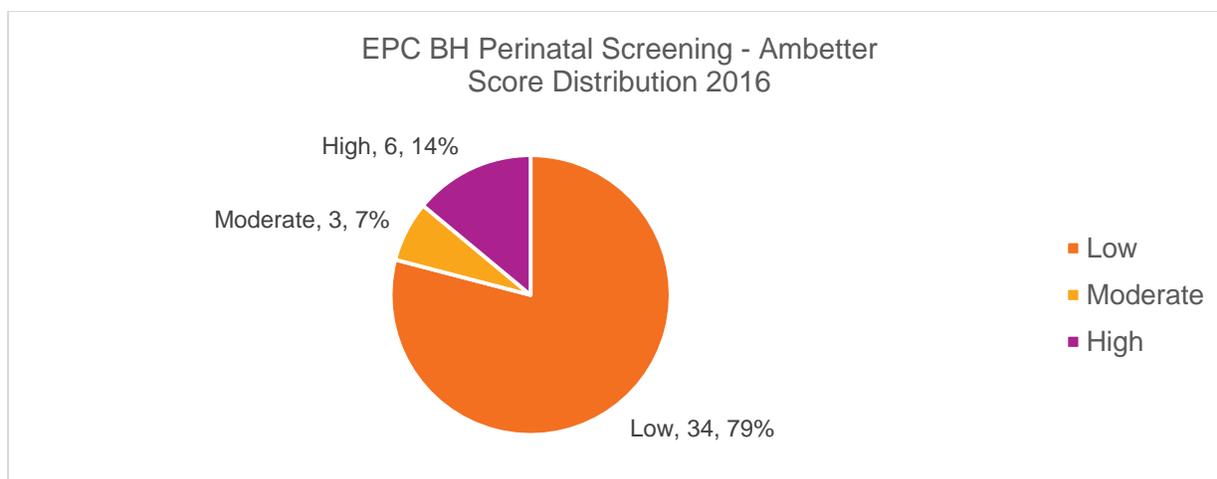
EPC BH Medicaid members returned 8.3% (13849) of mailed surveys (166630) in 2016. Of the total number of returned surveys in 2016, 83.6% (11580) scored low, an increase of 30% as compared to this distribution category in 2015 (84.3%), demonstrating a statistically significant increase ( $p > 0.0000$ ,  $\alpha = 0.05$ ). Of the 11580 responses received in 2016, 16.2% (2243) were scored moderate or high, as compared to 16% (1656) identified in 2015.

Successfully Outreached	Total Mod/High	# Successful Outreach	% With Successful Outreach	#/% Outreach with BH Claim
Pregnant	1519	654	43%	72/11%
Delivered	724	295	41%	55/19%
Total	2243	949	42%	127/13%

Clinical outreach for the Medicaid population demonstrated a decrease of 15% in 2016, with 42% (949) of the moderate and high risk members reached by clinicians this reporting period as compared to 57% in 2015 (1110). This performance decrease is statistically significant ( $p > 0.0000$ ,  $\alpha = 0.05$ ). Of the 949 successful contacts, 13% (127) accepted EPC BH's clinical outreach for behavioral health services.

#### EPC BH Ambetter

2016	# Sent	# Rec'd	Response Rate	Low	Rate Low	Moderate	Mod. Rate	High	High Rate
Pregnant	26	19	73.1%	2	7.7%	5	19.2%	26	19
Delivered	17	15	88.2%	1	5.9%	1	5.9%	17	15
Total	43	34	79.1%	3	7.0%	6	14.0%	43	34



EPC BH Ambetter members returned 43 of the mailed surveys in 2016. Of the 43 returned surveys, 79.1% (34) scored low, while 21% (9) were scored moderate and high. Identifying total Ambetter surveys sent is an area for improvement and is not currently captured.

Successfully Outreached	Total Mod/High	# Successful Outreach	% With Successful Outreach	#/% Outreach with BH Claim
Pregnant	7	4	57%	0/0%
Delivered	2	1	50%	0/0%
<b>Total</b>	<b>9</b>	<b>5</b>	<b>56%</b>	<b>0/0%</b>

56% (5/9) Ambetter members identified as at moderate or high risk for depression engaged in outreach attempts with a behavioral health clinician in 2016. Of the 5 successful contacts, 0% (0) accepted EPC BH’s clinical outreach for behavioral health services. Of the (0) members accepted EPC BH’s clinical outreach and engagement services, 0% accessed behavioral health services within 45 days of completion of their depression screen.

EPC BH’s clinical teams will evaluate performance and continue with the goal to increase performance by at least 10% until the goal of 100% successful contact is reached. EPC BH will continue to work with its health plan partners on increased member and practitioner awareness of the depression screening program.

## Conclusion

EPC BH has targeted expanded and ongoing screening for depression through its case management and disease management programs to support the early identification and management of depression for its members. Establishing and monitoring turnaround times for processing and identifying moderate and high risk members as well as the standardized approach to engagement attempts by clinical staff within five days of receipt of priority members in 2016.

EPC BH is actively working with its health plan partners to drive up the response rates and outreach rates for screened members. EPC BH provided analysis of performance on this activity in health plan quality improvement committees throughout 2016 and continues to prioritize this activity as a quality improvement activity in 2017.

## Member Experience

EPC monitors Member satisfaction with services and identifies areas for potential improvement. Member satisfaction is assessed through the administration of an annual Member satisfaction survey and through the evaluation of Member complaints and appeals. EPC conducts analysis of these data sets to identify opportunities for focused improvement. EPC also supports the assessment of access to behavioral health practitioners and providers with analysis of member complaints.

The EPC Behavioral Health Program (BH), recognized by the National Committee for Quality Assurance (NCQA) as an accredited Managed Behavioral Health Organization (MBHO), monitors Member satisfaction with services and identifies areas for potential improvement. Member satisfaction is assessed through the administration of an annual Member satisfaction survey and the evaluation of Member complaints and appeals. The EPC BH Program conducts analysis of these data sets to identify opportunities for focused improvement.

The EPC Disease Management/Lifestyle Management (DM/LM) Program, accredited by NCQA and the Utilization Review Accreditation Commission (URAC), is dedicated to supporting, encouraging and motivating people to transform their lives. The DM/LM Program focuses on both clinical and service improvement by ensuring access to the delivery of program services for all its participants through the implementation of a comprehensive, integrated, systematic process that is based on quality improvement principles. Participant satisfaction is assessed through the administration of quarterly Participant satisfaction surveys and the evaluation of Member complaints.

The EPC Nurse Advice Line Program (NAL) is a national leader of nurse triage, medication adherence, health education and outreach services that delivers positive, measurable results and improved health outcomes through quality care, award-winning services and customized solutions. Participant satisfaction is assessed through voicemail surveys after each successful interaction and the evaluation of member complaints received through EPC's call center or voicemail comments that are an option after the survey.

## Member Complaints

EPC utilizes multiple data sets to assess member satisfaction with EPC's clinical programs and operational services. Trends in member complaint data are compared to annual satisfaction survey rates to identify areas for improvement. Trends in Member complaints are reported into the Quality Improvement Committee (QIC) quarterly in evaluation of member satisfaction and as part of the Annual QI Program Evaluation.

The EPC Program define a complaint as any expression of dissatisfaction, other than that regarding an action. Upon receipt of a verbal or written complaint, EPC QI assigns the complaint to an established category for tracking, trending, investigation and timely resolution.

Complaints are categorized according to state-specific regulations and NCQA standards to aid in the identification of issues and trends across EPC’s service area. This document summarizes the 2016 analysis of provider satisfaction. Comparison is provided against 2015 annual rates to assess for trends and shifts in performance.

## Methodology

For EPC BH, Member complaint Turnaround Times (TATs) for acknowledgement are five (5) business days (Except Indiana and Washington require three (3) business days and two (2) business days respectively) and for resolution thirty (30) calendar days (Except Indiana who requires twenty (20) calendar days). Performance goals are 100% of complaints acknowledged and resolved within their designated TATs.

EPC BH staff select one Functional Area (FA) complaint category and one Functional Area subcategory when entering provider complaints to categorize by the responsible party to research and resolve the complaint. These FA categories include:

- Access
- Attitude and Service
- Billing and Financial Issues
- Quality of Care
- Benefit Denial or Limitation
- Service Operations
- Quality of Service
- Quality of Practitioner Office Site
- Claims
- Plan Administration
- Utilization Management (UM)

For EPC DM/LM, member complaints are evaluated on the performance of the following metrics:

- Complaint Documentation Timeliness: EPC DM/LM Program measures the timeliness of complaint documentation, whereby all complaints, regardless of primary ownership, are required to be documented as a Customer Interaction Report (CIR) the same day of receipt of complaint or no later than one (1) business day. The Performance Goal is 100% documented within TAT.
- Complaint Resolution Timeliness: Simple or general complaints about EPC DM/LM Program’s services and are resolved within 10 business days of receipt of complaint, while urgent complaints should be resolved within two (2) business days of receipt. Performance Goal: 100% resolved within TAT.
- Client Notification Timeliness: EPC DM/LM Program communicates all CIRs to the health plans as they are received, with complaints having a priority timeframe. All complaints, regardless of primary ownership, should be communicated to the health plans within two (2) business days of receipt of complaint. (They are also communicated via the quarterly and annual satisfaction survey reports.) Performance Goal: 100%.

EPC DM/LM staff may select up to three Key Areas to categorize a provider complaint. The following Key Areas are used for EPC DM/LM member complaints:

- Accessibility (primarily for telephone related issues, such as phone tree navigation, hold times)
- PCP Decline/Non-Participation
- HIPAA Privacy Incident (including but not limited to issues related to: fax routing errors, mailing errors, talking to caregiver with consent)
- Participant Program Awareness
- Participant Education
- Participant Non-Compliance
- Employee Safety
- Participant Safety
- Information Security Incident (including but not limited to issues related to: emailing distribution errors)
- Employee Professionalism (including but not limited to issues related to: attitude, phone etiquette, not returning phone calls)
- Employee Competency (including but not limited to issues related to: program specific knowledge, advising outside of scope of licensure)
- Mailing Issue
- Documentation
- Scheduling
- Quality of Education Materials
- Physical Security (related to Envolve PeopleCare Health & Wellness facility)
- Sponsor Issue (for all issues related to the sponsor)
- Language line (for all issues related to Envolve PeopleCare Health & Wellness' interpreter service)
- Discrimination (Participant/Participant's Caregiver)
- Other (please elaborate)

For EPC NAL member complaints, each member complaint is assigned a primary category and then, after investigation by a QI reviewer and a Call Center Supervisor, is deemed Substantiated, Unsubstantiated, or a non-NAL issue.

Many of the complaints under Customer Service are regarding the number of staff with whom the caller spoke and/or the number of questions asked by staff before triage. The NAL Program uses non-clinical Customer Care Professionals to determine the reasons for the calls, ensure HIPAA compliance, and evaluate call acuity in order to ensure the caller is routed to the correct professional staff call queue. To comply with HIPAA requirements, each staff that talks to the caller must verify certain pieces of personal information. Complaints of that type are classified as unsubstantiated.

When a complaint is substantiated, the agent's supervisor reviews the call, documentation, and discusses the call with the employee. They supervisor will provide coaching and can assign additional training to the staff, or to the entire group, if found to be a widespread issue. The

Telephone Doctor Customer Service training modules are a resource available through Centene Cornerstone training that are assigned to each new agent at the time of hiring, and then as needed.

EPC NAL complaint categories are based off the following:

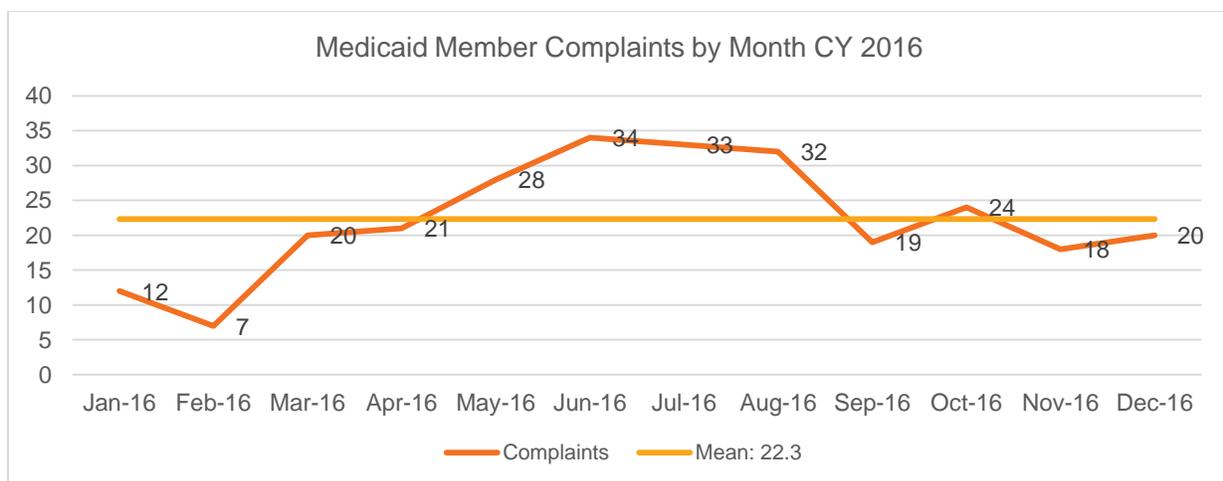
- Customer Service
- Clinical Triage – Disposition or Care Advice
- Call Back or Hold Time
- Benefit Information
- Eligibility
- Paging
- Telephonic Issues
- Other
- Procedure Error
- Missing Documentation
- Physician Facility / Client Services
- Quality of Care
- Fax Process
- Guideline Selection
- Incorrect Documentation
- Satisfaction Survey Feedback

## Analysis

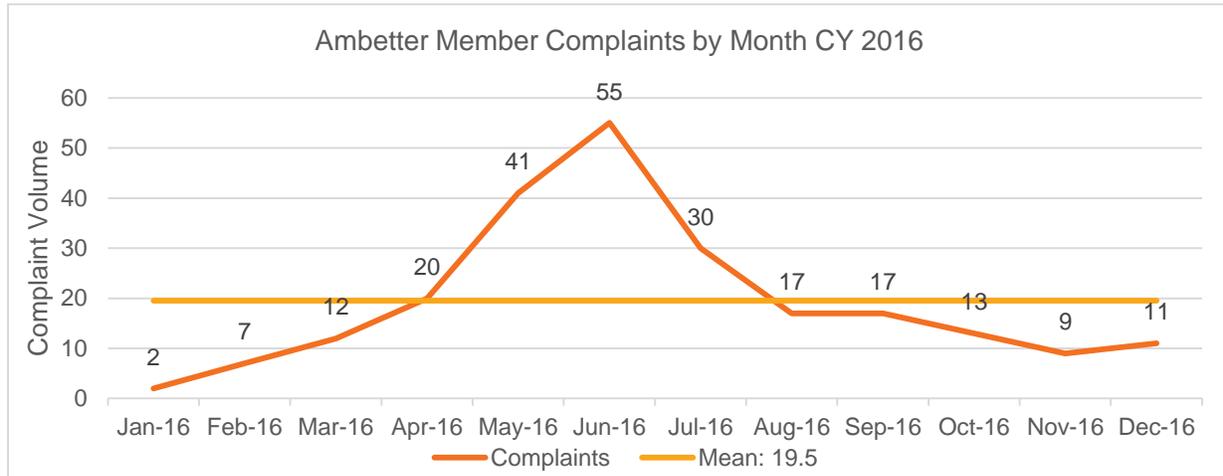
### EPC BH

#### Complaints Volume

In 2016, the Behavioral Health (BH) Program processed 502 complaints, an increase of 121% from the 227 received in 2015. As was the case in 2015, BH experienced a “Complaint Season” increase in Medicaid Member complaints; complaint volume from May through August 2016 was above the 2016 mean of 22.3 complaints per month, but November and December Medicaid complaint volume was below the 2016 average.



The total BH increase is largely attributed to increasing Ambetter membership (from just under 145,000 members in 2015 to just under 379,000 members in 2016, a 161% increase) and, most prominently, Access to Care issues for those Ambetter members. There were 16 Ambetter Access to Care complaints in 2015 and 173 during 2016, a greater than ten-fold increase. Ambetter complaints overall peaked at 55 in June, then decreased steadily and the volume for each of the last five (5) months in 2016 stayed below the 2016 average.

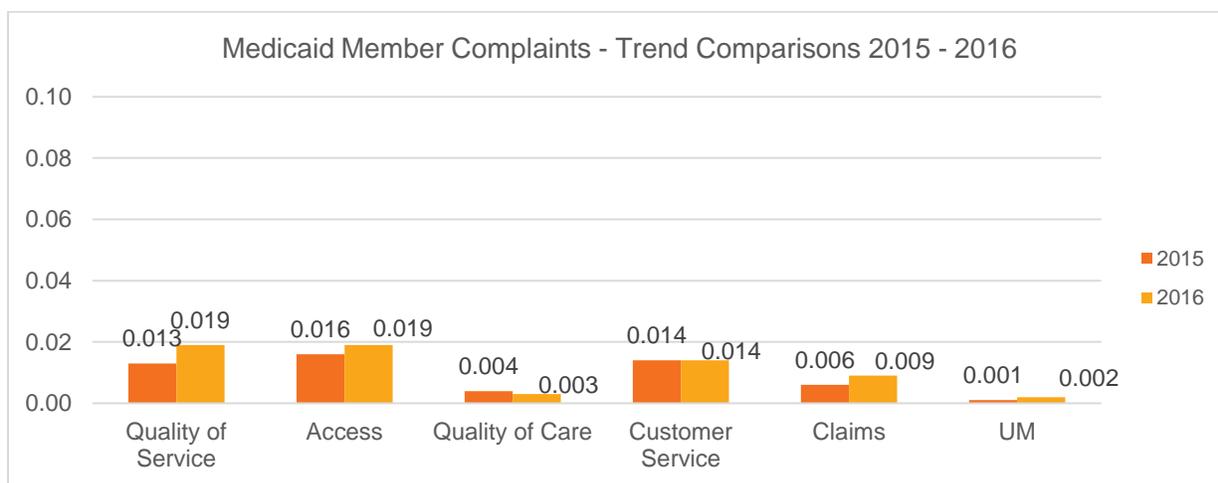


In 2016, the Access to Care category was again the most prevalent among Medicaid complaints (29% of total); it was followed closely by the Customer Service category (28% of total). Overall, BH saw an 18% increase in Medicaid complaint volume. Medicaid enrollment (at-risk products) increased from 2015 to 2016 (from just over 3.4 million in 2015 to just over 3.9 million in 2016, an increase of 15%), so the increase in complaint volume was slightly greater than the membership increase. The 2016 increase represented a 20% increase in the Medicaid complaints per-1000 rate.

The table below shows the distribution and per-1000 rates of BH Medicaid Member complaints, by category, for 2015 and 2016.

Complaint Category	2015 Total/Per 1000	2016 Total/Per 1000
Access	66/.016	79/.019
Attitude and Service	0	0
Billing and Financial Issues	0	0
Quality of Care	15/.004	11/.003
Benefit Denial or Limitation	6/.001	0
Customer Service	56/.014	58/.014

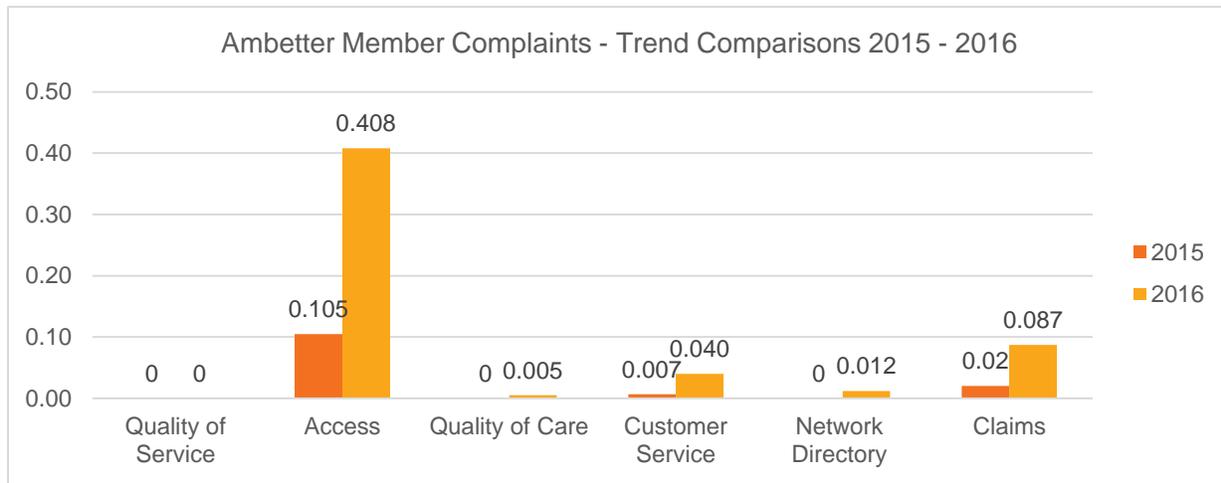
Complaint Category	2015 Total/Per 1000	2016 Total/Per 1000
Quality of Service	53/.013	76/.019
Quality of Practitioner Office Site	0	0
Claims	24/.006	37/.009
Plan Administration	5/.001	0
UM	3/.001	7/.002
<b>Aggregate Rate per 1000</b>	<b>228/.055</b>	<b>268/.066</b>



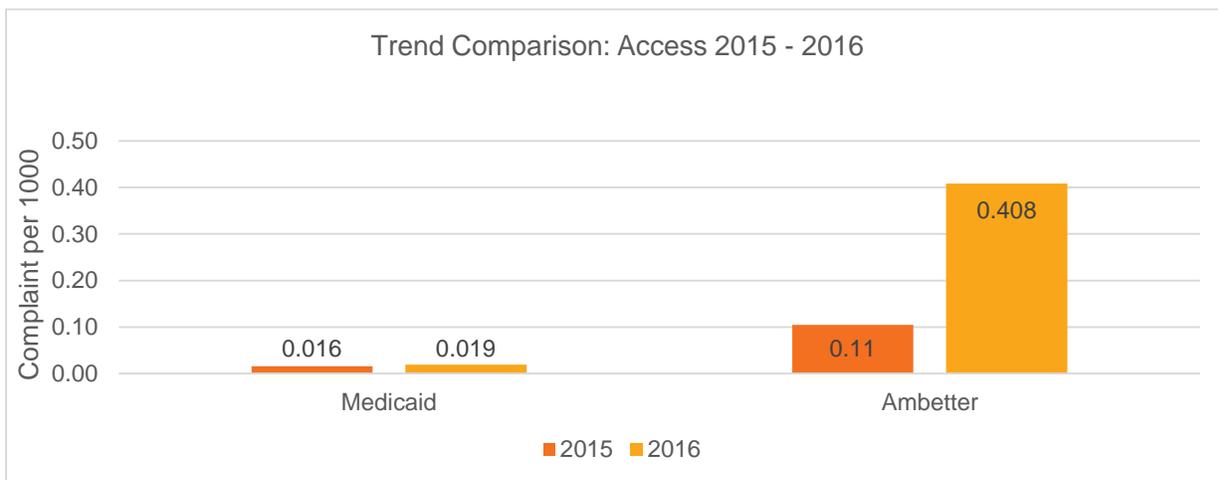
The table below shows the distribution and per-1000 rates of Ambetter Member complaints, by category, for 2015 and 2016.

Ambetter Complaint Category	2015 Total/Per 1000	2016 Total/Per 1000
Access	16/.105	173/.408
Attitude and Service	0	0
Billing and Financial Issues	0	0
Quality of Care	0	2/.005
Benefit Denial or Limitation	2/.013	0
Service Operations	1/.007	17/.040
Quality of Service	0	0
Quality of Practitioner Office Site	0	0

Ambetter Complaint Category	2015 Total/Per 1000	2016 Total/Per 1000
Claims	3/0.020	37/0.087
Plan Administration	1/0.007	0
UM	0	0
<b>Aggregate Rate per 1000</b>	<b>0</b>	<b>0.012</b>



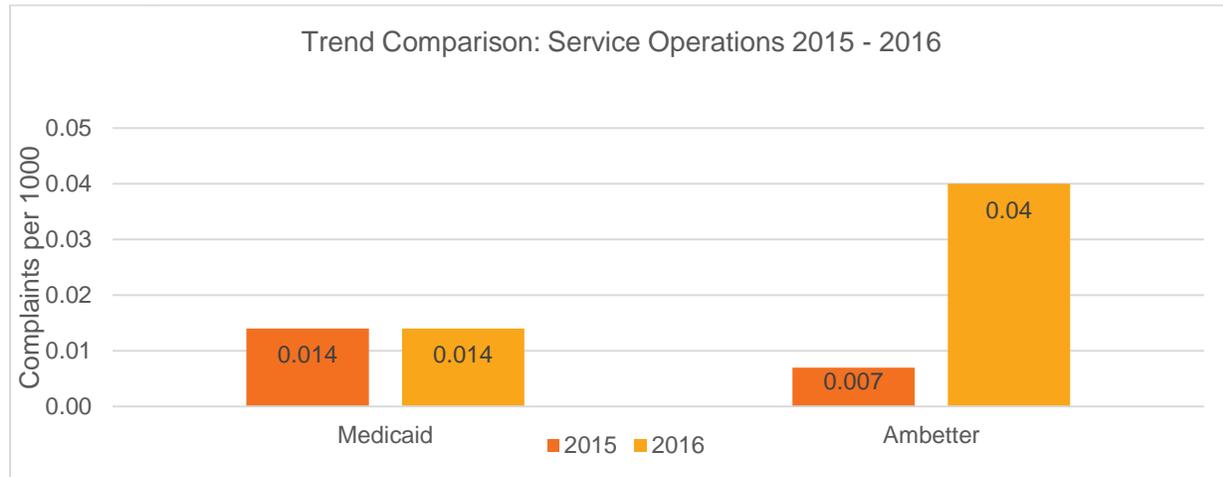
### Access to Care



This category captures complaints pertaining to Members' perception of their ability to arrange services in a manner consistent with the Members' needs. The chart above shows an increase in the Medicaid Access per-1000 rate from 2015 to 2016 of .003 percentage points. For Ambetter, 2016 shows a per-1000 rate that is nearly four (4) times greater than that recorded in 2015. The majority of the Ambetter Access complaints were from the Florida market, followed by Texas and Georgia. The EPC Contract and Network Development team undertook numerous initiatives in 2016 designed

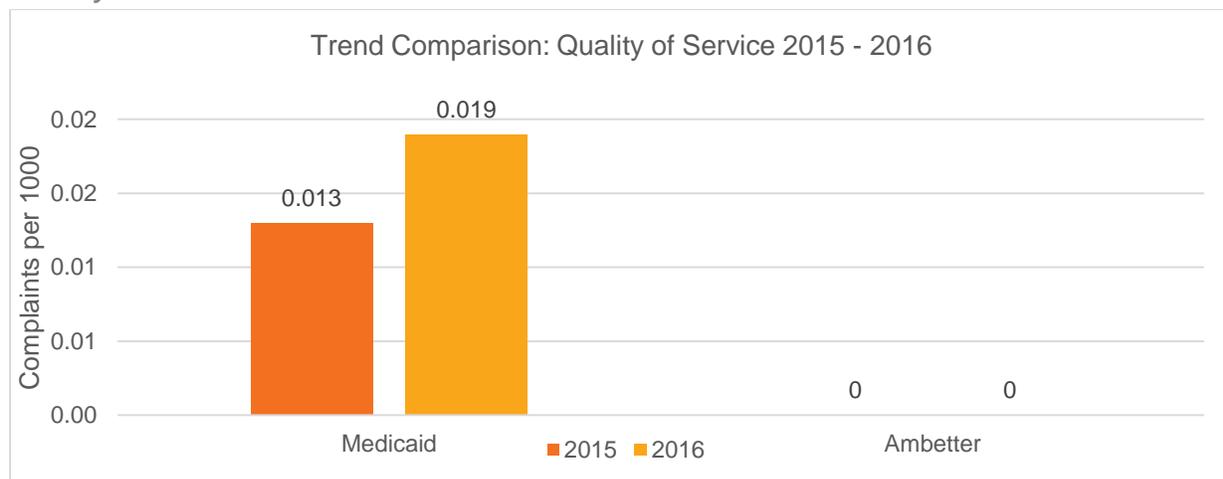
to expand the Ambetter provider network in Florida, including: provider communication ‘blasts’; a targeted recruitment, retention and education effort intended to increase Ambetter enrollment (with special focus on CMHC partners); a web-based training program; and, significant provider outreach (including Town Hall events by County and Region).

### Service Operations



The category captures complaints pertaining to members’ overall perception of the communications they received from an EPC BH network Provider or Practitioner. The chart above shows no change in the Medicaid Service Operations per-1000 rate from 2015 to 2016. For Ambetter members, the 2016 per-1000 rate was nearly six (6) times greater than that recorded in 2015.

### Quality of Service

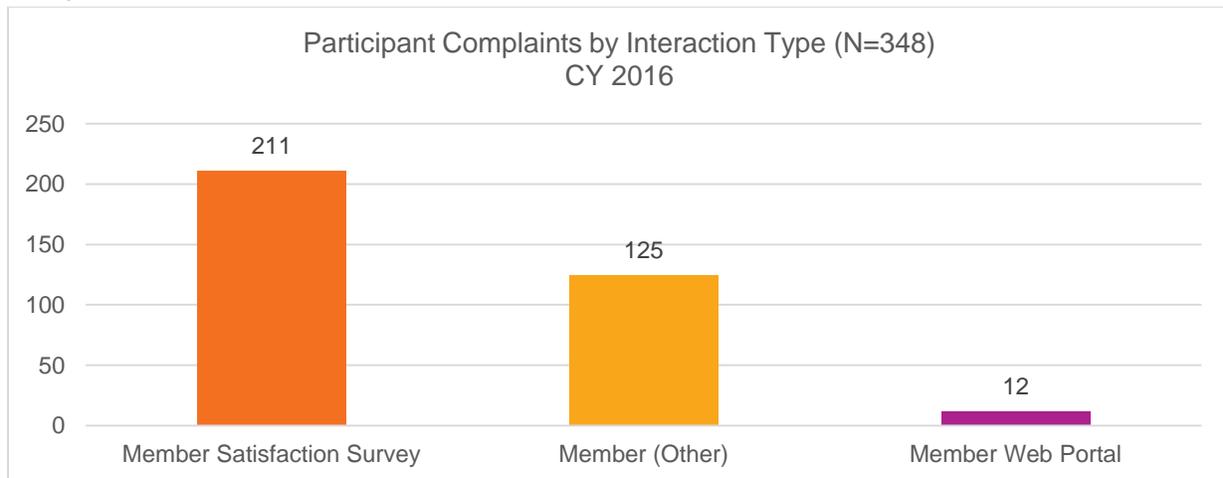


This category captures Members’ perception of the overall service they received by an EPC Provider or Practitioner. The chart below shows a slight decrease in the Medicaid ‘Quality of Service’ rate from 2015 to 2016 of 13.3%. The decrease was not statistically significant. There was no change in Ambetter ‘Quality of Service’ rates from 2015 to 2016.

## EPC DM/LM

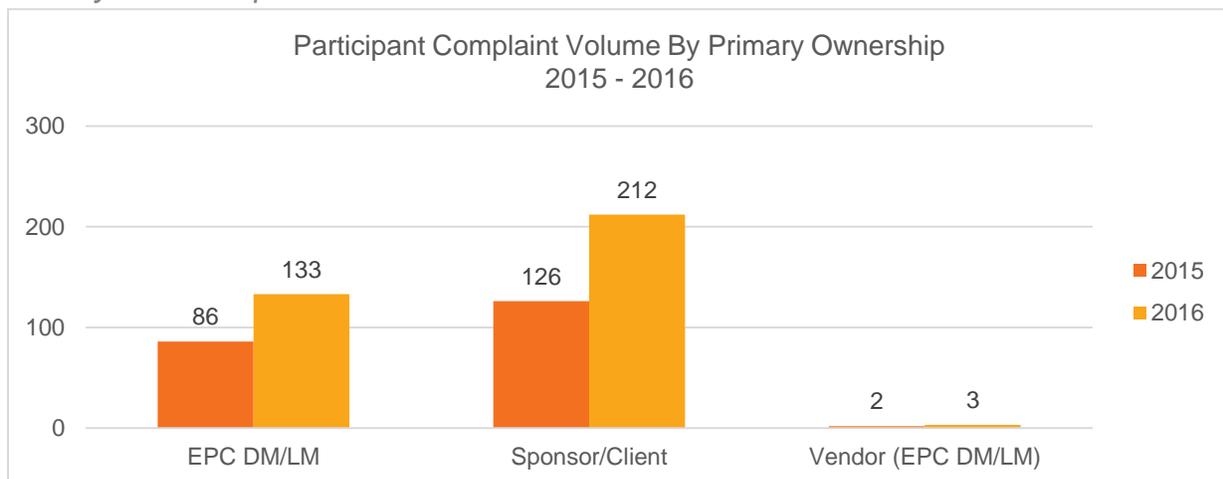
In 2016, the EPC DM/LM Program processed 348 participant complaints (0 of which were urgent), an increase of 62.6% from the 214 received in 2015. This increase is attributed to the Quality Department (QI) ensuring that all expressions of dissatisfaction received on participant satisfaction surveys were documented, regardless of whether they are related to the EPC DM/LM Program or the health plans. The chart below shows the breakdown of Interaction Type (i.e., origin) of all 348 complaints. Other participant complaints are received via alternate means of communication, such as telephone and email.

### Complaints Volume



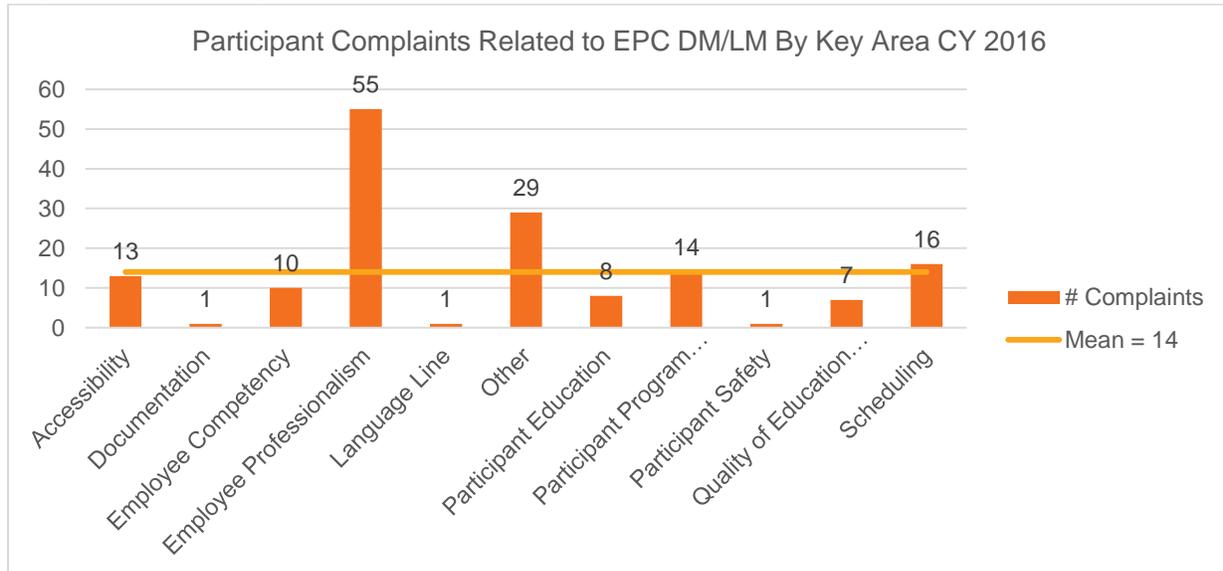
In 2016, the total enrollment of participants across all EPC DM/LM lines of business was 62,995. (Note: Each quarter is averaged across its three months; therefore, the annual figure is the average of all four quarters.) The total of 348 participant complaints in 2016 represents 0.55% of total enrollment, an increase of 0.25% point from 2015.

### Primary Ownership



Of the 348 participant complaints, 133 (38%) were related to EPC DM/LM, 212 (61%) were related to the Sponsor/Client and 3 (1%) were related to an EPC DM/LM vendor. The following table shows the breakdown of the number of complaints by Primary Ownership (i.e., to whom they are related).

### Key Areas of Complaints



As indicated above, there were 133 participant complaints received in 2016 related to EPC DM/LM programs, services and staff. For each complaint, up to three Key Areas can be selected to categorize the nature of the complaint. The following table shows the breakdown of the 133 complaints by Key Area.

The majority (55, 41% of total) of participant complaints about EPC DM/LM were in the Key Area of Employee Professionalism. Complaints assigned to this Key Area are generally related to not returning phone calls, being late for a scheduled phone call, poor phone etiquette, and participants' perceptions of the Health Coach's demeanor, empathy, attitude, politeness and their overall compatibility with the participant.

### Employee Professionalism/Competency

In 2016, as in 2015, the most prevalent Key Area of participant complaints was the aggregate of Employee Professionalism and Employee Competency. There were a total of 65 complaints with the focus identified as being in one or both of those two Key Areas. Further analysis is conducted each quarter to determine if complaints about EPC DM/LM staff categorized under Employee Competency and/or Employee Professionalism are warranted or not. Direct consultation with, and a review of follow-up documentation by Health Operations Managers (who investigate each of the complaints) revealed that of those 55 complaints, 14 were found to be warranted, 41 unwarranted, eight (8) too subjective to make a determination and two (2) undetermined due to either the call recording not being available for review or the employee no longer working for the company.

### *Access to Services*

EPC DM/LM assigns a substantial amount of weight to participant complaints regarding barriers to accessing services, as this is an essential part of successfully participating in and completing a health coaching program. In 2016, there were 13 complaints (7.6% of total), decreasing by 19 from 2015 (23.4% of total), where Access to EPC DM/LM's Services was identified as the focus of the complaint.

Those complaints were primarily related to the following barriers:

- Not being able to contact Health Coach directly
- Numerous and repetitive calls to schedule/cancel/re-schedule phone appointments
- Overall dissatisfaction with phone system, e.g., difficult to navigate, caller ID doesn't provide adequate identifying information.

### *Complaint Timeliness*

In 2016, 344 of the 348 participant complaints met the timeliness standard, yielding a compliance rate of 98.9% (an increase of 3.6% points from 2015 and just 1.1% points below the performance goal). In 2016, 262 of the 267 applicable participant complaints were communicated to the health plans within the appropriate timeframe, yielding a compliance rate of 98.1% (increasing by 5% points from 2015 and just 1.9% points below the performance goal). In 2016, 131 of the 133 participant complaints related to EPC DM/LM's programs, services and staff were resolved within the appropriate timeframe, yielding a compliance rate 98.5% (increasing by 0.6% point from 2015, and just 1.5% points below the performance goal).

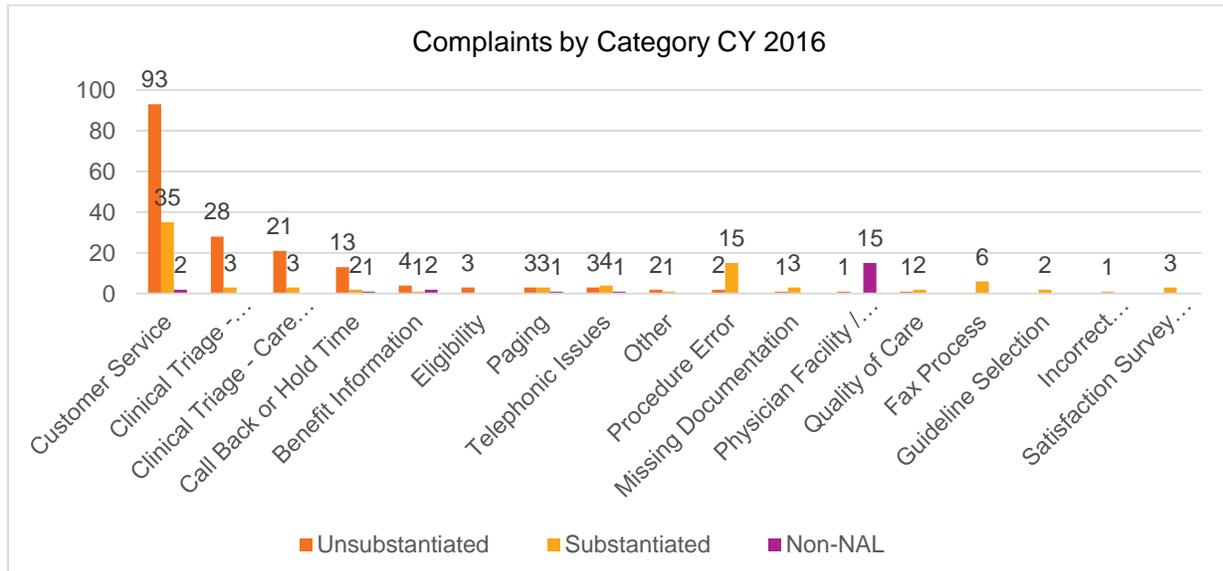
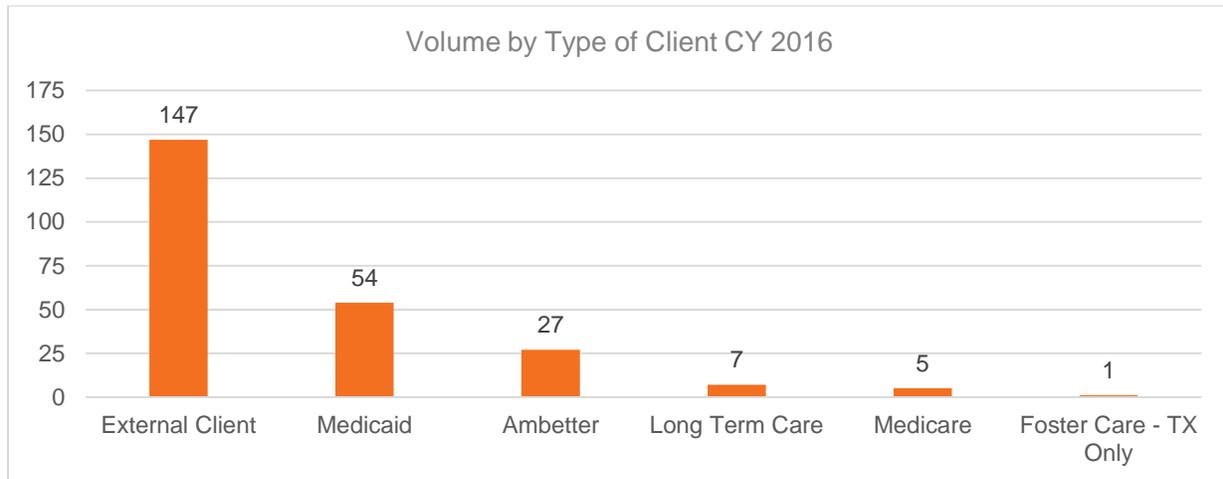
## **EPC NAL**

### *Complaints Volume*

The NAL Programs serve both internal and external clients. Internal clients are the Centene Health Plans and Ambetter, and External clients are all others. External clients include:

- External Health Plans
- Colleges and Universities
- Hospital Systems
- Physician Groups
- Employer Groups

The chart below shows the breakdown of volume by product line.



Many of the complaints under Customer Service are regarding the number of staff with whom the caller spoke and/or the number of questions asked by staff before triage. The NAL Program uses non-clinical Customer Care Professionals to determine the reasons for the calls, ensure HIPAA compliance, and evaluate call acuity in order to ensure the caller is routed to the correct professional staff call queue. To comply with HIPAA requirements, each staff that talks to the caller must verify certain pieces of personal information. Complaints of that type are classified as unsubstantiated.

## Barriers and Interventions

Barrier	Opportunity	Selected for Improvement?
EPC BH members experiencing difficulties in finding a provider or practitioner in EPC's online directory	Established work process with Provider Data Management (PDM) to ensure accurate and timely updates to online directory.	Yes
EPC DM/LM complaints largely based on employee professionalism and accessibility	Complaints/concerns reviewed by the appropriate Director of Client Services, Health Operations Manager; and/or Team Lead. Health Coach retraining on transferring participant to a different health coach are two methods that are applied when the situation warrants.	Yes
EPC NAL lack of complaints tracking process, no comparable data	implemented a new process for submitting and tracking complaints	Yes

## Conclusion

In late 2016 and into 2017, EPC began a consolidation project related to complaints processing. The goal of the project is to determine an efficient, effective, scalable process that will support all of the EPC books of business. Once completed, all EPC books of business that are delegated complaints processing, both member and provider, will be processed, tracked and reported by the EPC dedicated complaints team. This team will ensure all contractual obligations are met and appropriate notifications are completed, but will also review complaint trends and perform analysis to support functional area leaders with operational improvements. This streamlined complaints process and associated analysis will positively impact both member and providers experience with EPC, and thus lead to improved satisfaction rates.

## Member Appeals

EPC BH defines an Appeal as a request for reconsideration of an action. Appeals are received directly from members, or on their behalf by a designee, and do not include any provider/practitioner requested appeals related to denial of claims payment. An action is defined as any reduction, termination or denial of requested services. The EPC BH Utilization Management (UM) Committee monitors appeals data on at least an annual basis, and more often as indicated by trends in member satisfaction and complaints. This report summarizes the results and analysis of member appeals for

2016, and provides comparison against 2015 annual rates to assess for trends and shifts in performance.

## Methodology

EPC BH applies a variety of medical necessity criteria to all service authorization requests for new and continued services depending on market and level of care; in which InterQual Behavioral Health Criteria is the most commonly used. EPC BH relies on clinical information, including treatment plan progress, to determine medical necessity for service authorization requests.

## Goal

- Resolve all standard member appeals within 30 calendar days, unless otherwise specified by contract.
- Resolve all expedited member appeals within 72 hours unless otherwise specified by contract.

## Analysis

### EPC BH

Reviewing Medicaid member appeals received based on benefit of services, administrative, and medical necessity, a total of, 3,109 (1,585 standard + 1,524 expedited) appeals were received in 2015, and 4,297 (3,050 standard +1,247 expedited) in 2016. Of these appeals, 81% (2,513/3,109) were upheld in 2015 and 50% (2,135/4,297) were upheld in 2016, based on reconsideration review. Comparative data also shows that 15% (460/3,109) of appeals were overturned after reconsideration in 2015 as well as 17% (713/4,297) in 2016. Of the appeals related to lack of medical necessity, information shows that expedited appeals accounted for 49% (1,524/3,109) of overall appeal volume during 2015; compared to 66% (2,857/4,297) for 2016. Expedited appeals are typically initiated while the member is inpatient by the treating practitioner, necessitating an expedited review. The partial overturn rate for Medicaid appeals was 2.4% (74/3,109) in 2015 and 5% (198/4,297) in 2016 which demonstrates a statistically significant increase ( $p < 0.000$ ). A partial overturn is defined as an appeal in which the disposition is to partially approve the original request for service, based on reconsideration, while part of the request remains denied.

The highest volume appeal category pertained to service request denials related to lack of demonstrated medical necessity. In 2015, MNC appeals accounted for 97% of all EPC BH member appeals, compared to 95% (4094/4297) for 2016. It should be noted that the total appeals under the MNC category increased from 2015 to 2016 by 21.7% for Medicaid services.

The second highest volume appeal category within the Medicaid product was appeals of administrative denials (NCQA category: Access). Data shows a 31.8% percent increase from 2015 to 2016 for Medicaid for appeals based on service requests denied for Administrative reasons. The most common administrative denial reason of a service authorization request is failure to obtain

prior authorization. There were eight (8) appeals in the Benefit category (NCQA category Billing and Financial) in 2016 for Medicaid services, compared to 11 in 2015.

*Note: Medicaid population increased from 49,580,553 (2015) to 57,616,666 (2016)*

Appeal Category	2015		2016	
	Total	Appeals Per 1000 Members	Total	Appeals Per 1000 Members
Billing & Financial (EPC BH Category: Benefit)	11	0.002	8	0.002
Access (EPC BH Category: Administrative)	107	0.019	141	0.029
Quality of Care (EPC BH Category: Not medically necessary )	3365	0.730	4094	0.853
<b>Total (includes retro reviews)</b>	<b>3483</b>	<b>0.751</b>	<b>4243</b>	<b>0.884</b>

A drill down analysis was conducted of the 2015 and 2016 appeals to evaluate the level of care appealed. For Medicaid, the inpatient level of care recorded the highest volume in both 2015 and 2016 at 78% (2,425/3109) and 59% (1536/4297) respectively, demonstrating a statistically significant increase (p<0.000).

EPC BH saw a continuous increase in its membership from 2015 to 2016 as due to multiple current market expansions into new service areas and the onset of services in new, unmanaged markets. The majority of EPC BH appeals were attributed to the Texas market since the Texas market has the highest covered lives of any EPC BH customer.

The EPC BH clinical leadership team reviews these trends in denial and appeals data and compares these trends to ongoing clinical management activities, including the evaluation of consistent application of EPC BH’s medical necessity criteria, to ensure consistent application of necessity criteria and to ensure access to medically necessary, covered services for all members.

Medicaid Level of Care	2015 Appeals	2015 Rate	2016 Appeals	2016 Rate
Inpatient	2,425	78%	2530	59%
CBS (Community Services)	250	8%	664	15%

Medicaid Level of Care	2015 Appeals	2015 Rate	2016 Appeals	2016 Rate
PHP, RTC or IOP	348	11%	297	7%
Psychological Testing	59	1.8%	93	2%
Injectable	13	0.42%	4	0.09%
Outpatient	12	0.38%	697	16%
ECT	2	0.06%	8	0.18%
OBS	0	0%	4	0.09%
<b>Total (includes retro reviews)</b>	<b>3109</b>	<b>100%</b>	<b>4297</b>	<b>100%</b>

### EPC BH Ambetter

Reviewing member appeals received based on benefit of services, administrative, and medical necessity, a total of, 45 (29 standard + 16 expedited) appeals were reported in 2015, and 152 (69 standard + 83 expedited) in 2016. Of these appeals, 56% (25/45) were upheld in 2015, compared to 84.2% (128/152) in 2016 based on reconsideration review, demonstrating a statistically significant decrease ( $p < 0.000$ ) in 2016. Comparative data also shows that 31.1% (14/45) were overturned after reconsideration in 2015, compared to 14.5% (22/152) for 2016 demonstrating a statistically significant increase ( $p < 0.012$ ).

The partial overturned total for Ambetter member appeals was 2.2% (1/45) in 2015 and 1.3% (2/152) in 2016. A partial overturn is defined as an appeal in which the disposition is to partially approve the original request for service, based on reconsideration, while part of the request remains denied. Also, it is noted that the 2015 per 1000 rate is high due to low Ambetter population, and high percentage of appeals.

The highest volume appeal category pertained to service request denials related to lack of medical necessity. Not Medically Necessary accounted for 88.0% (40/45) of appeals in 2015 and 93.4% (142/152) in 2016 for all Ambetter member appeals. It should be noted that the total appeals in the not medically necessary category increased from 2015 to 2016 by 238% for Ambetter services. The second highest volume appeal category for Ambetter for 2016 was appeals of administrative denials (NCQA category: Access) accounting for 2.0% (3/152) of total Ambetter appeals in 2016, compared to 6.6% for 2015 (4/45).

The most common administrative denial reason of a service authorization request is failure to obtain prior authorization. The number of appeals received based on administrative denials was significantly lower than those related to Quality of Care/MNC in each year. There were zero (0) appeals in the Benefit category (NCQA category Billing and Financial) for 2016, which remained the

same as 2015. EPC BH saw a drastic increase of Ambetter appeals, 45 (2015) to 152 (2016) due to many markets obtaining education and understanding the business processing of Ambetter appeals from the previous year as well as the general establishment of Ambetter as a program for EPC BH.

*Note: Ambetter population increased from 1,829,600 (2015) to 5,097,789 (2016)*

Ambetter Appeal Category	2015		2016	
	Total	Appeals Per 1000 Members	Total	Appeals Per 1000 Members
Billing & Financial (EPC BH Category: Benefit)	0	0.0	0	0.0
Access (EPC BH Category: Administrative)	3	0.019	3	0.007
Quality of Care (EPC BH Category: Not medically necessary)	42	0.275	142	0.334
<b>Total (includes retro reviews)</b>	<b>45</b>	<b>0.294</b>	<b>152</b>	<b>0.357</b>

An analysis was conducted of the 2015 and 2016 Ambetter appeals to evaluate the level of care appealed. Despite the increase in appeals volume, the level of care breakdown remained relatively consistent, with the inpatient level of care continuing to be the largest appeal level of care category. Inpatient level of care recorded the highest volume for both 2015 (80%) and 2016 (81%). PHP, RTC, or IOP was the second largest appeal category in 2016 (14%), with only twenty-one appeals received for this service level.

Ambetter Level of Care	2015 Appeals	2015 Rate	2016 Appeals	2016 Rate
Inpatient	36	80%	123	81%
CBS (Community Services)	0	0%	0	0%
PHP, RTC or IOP	6	13%	21	14%
Psychological Testing	3	6.6%	7	5%
Injectable	0	0%	1	0.66%
Outpatient	0	0%	0	0%

Ambetter Level of Care	2015 Appeals	2015 Rate	2016 Appeals	2016 Rate
ECT	0	0%	0	0%
OBS	0	0%	0	0%
<b>Total (includes retro reviews)</b>	<b>45</b>	<b>100%</b>	<b>152</b>	<b>100%</b>

## Member Satisfaction Surveys

### *EPC BH*

Between 2009 and 2013, the EPC Behavioral Health Member Experience Survey was conducted by SPH Analytics (SPH), an external survey vendor. SPH utilized the Experience of Care and Health Outcomes Survey (ECHO™). In 2014, EPC introduced new survey tools for adult and child members. The two distinct surveys were administered based on the Substance Abuse and Mental Health Services Administration’s (SAMSHA) Mental Health Statistics Improvement Program (MHSIP) consumer survey for adults; and The Youth Services Survey for Families (YSS-F). The surveys solicit independent feedback from EPC enrollees, both adult members and families of youth. The surveys measure consumers’ perceptions of behavioral health services in relation to the following domains:

- General Satisfaction
- Access to Services
- Service Quality/Appropriateness
- Participation in Treatment Planning
- Outcomes
- Cultural Sensitivity
- Social Connectedness
- Improved Functioning

### Methodology

The survey was developed with the unique needs of the population of behavioral healthcare consumers in mind. EPC measures Member satisfaction annually to identify those processes that the Member feels are of concern, and to target areas of opportunity to improve satisfaction. The internal goal for satisfaction rates is 80%.

The survey utilized a two-wave mailing process followed by telephone outreach conducted in September through November of 2016. Surveys were distributed in both English and Spanish. The survey utilized for the member experience was composed of seven domain areas. Each domain is designed to elicit responses pertaining to the member’s satisfaction that contains between two to nine questions per domain. The survey consisted of 36 questions in the Adult survey, and 25 questions for the Child survey. Prior to distribution, the survey and cover letter were approved by the states in which EPC’s health plan partners are located.

Using a 2-wave mail with phone survey methodology, SPH collected 1285 responses from the sample of members who participated in EPC’s Behavioral Health services in the last 6 months.

### Test for Statistical Significance

Statistical significance is determined using the difference of proportions test, which compares the yearly rates for each measure and the sample size. A Chi-square test and Independent Z-Test for Percentages (un-pooled proportions) were also used to test for statistically significant differences between response rate and summary rate scores.

### Score Calculation

Survey results are presented in the form of Summary Rate Scores (SRS) for most of the survey. SRS are derived from the sum of the rates of the two most favorable response options for a question. For example, if the response options to a question about customer service were Very good, Good, Average, Poor, and Very poor, then the response rates for the most favorable options, Very good and Good, would be added. The SRS is calculated as a proportion of this sum of favorable responses to the total number of responses:

$$\frac{\text{Very good} + \text{Good}^*}{\text{Very good} + \text{Good} + \text{Average} + \text{Poor} + \text{Very poor}}$$

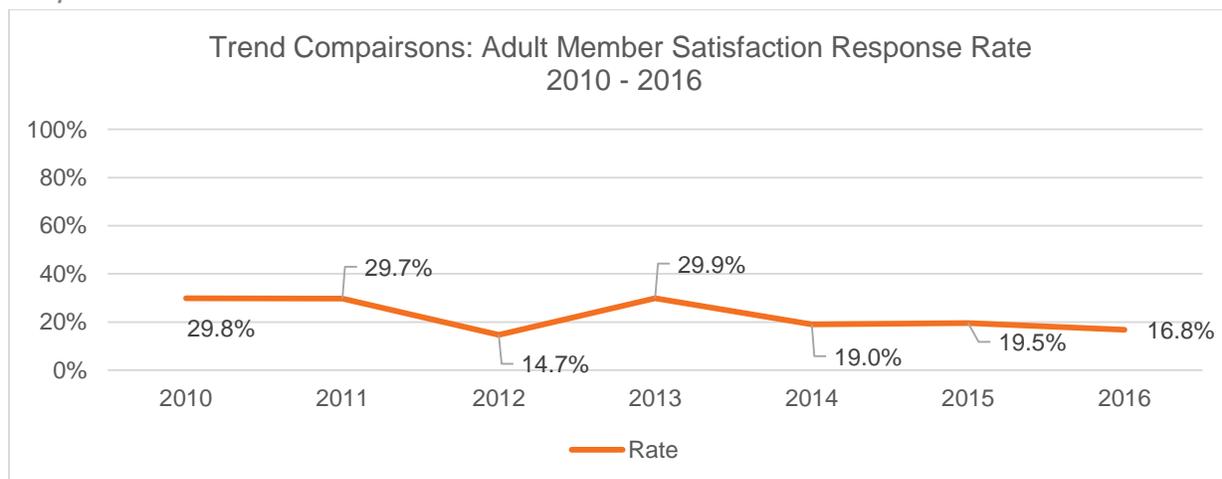
\*Note: EPC BH CA includes “Good + Very Good” or “Excellent” into score calculation numerator.

### Goal

- To receive 20% or higher for response rate.
- To receive 85% or higher for overall satisfaction.

## Analysis – EPC BH MHSIP Adult Survey

### Response Rate

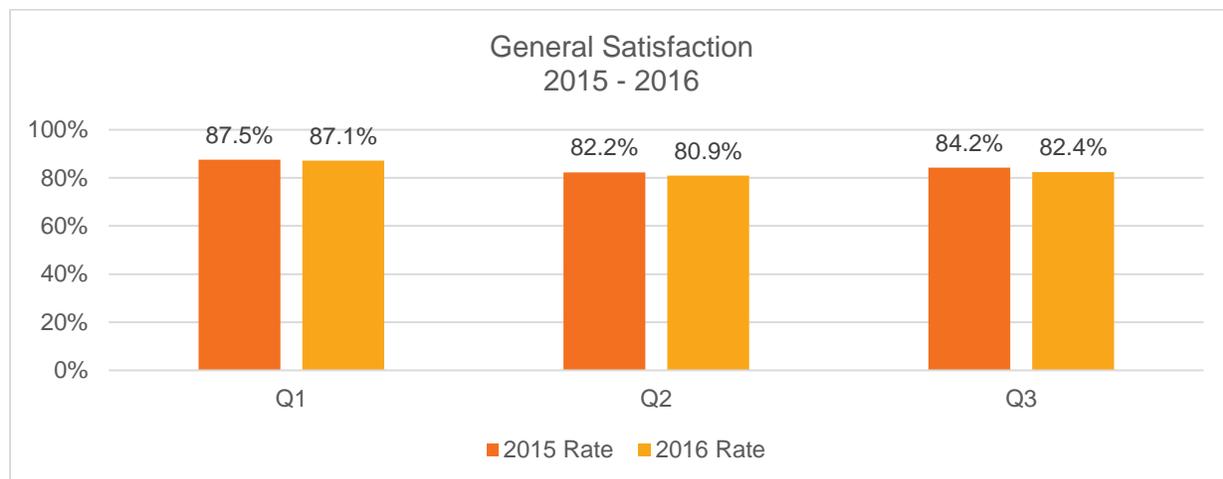


The run chart above displays adult member survey response rates from 2010-2016. The data indicate the response rate slightly decreased from 2015 (19.5%) to 2016 (16.8%), a 13.8% decrease. This was not a statistically significant change.

2015 Responses / Sample	2015 Rate	2016 Responses / Sample	2016 Rate
809/4150	19.5%	697/4150	16.8%

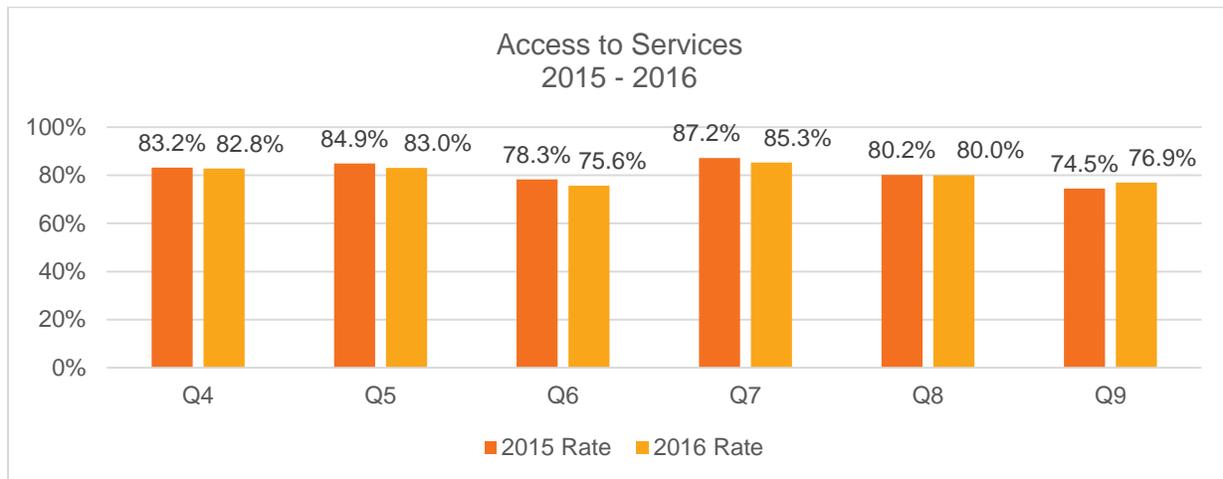
The 2016 sample size was consistent with 2015, at 4,150. The total number of responses received in 2016 was 697, compared to 809 responses in 2015 (illustrated in the table above).

### General Satisfaction



The survey asked respondents (Q1) whether they liked the services they received with EPC, (Q2) whether they would still get services from EPC if they had other choices, and (Q3) whether they would recommend EPC to a friend or family member. Review of Adult Member satisfaction composite scores indicates that, overall, all composites continue to show positive satisfaction. EPC saw a slight decrease in all of the composite areas as described below. Statistical significance is calculated at 95% confidence level for data changes from 2015 through 2016. Question 2 decreased from 2015 (82.2%) to (80.9%) in 2016. However, no statistically significant change was identified for this indicator.

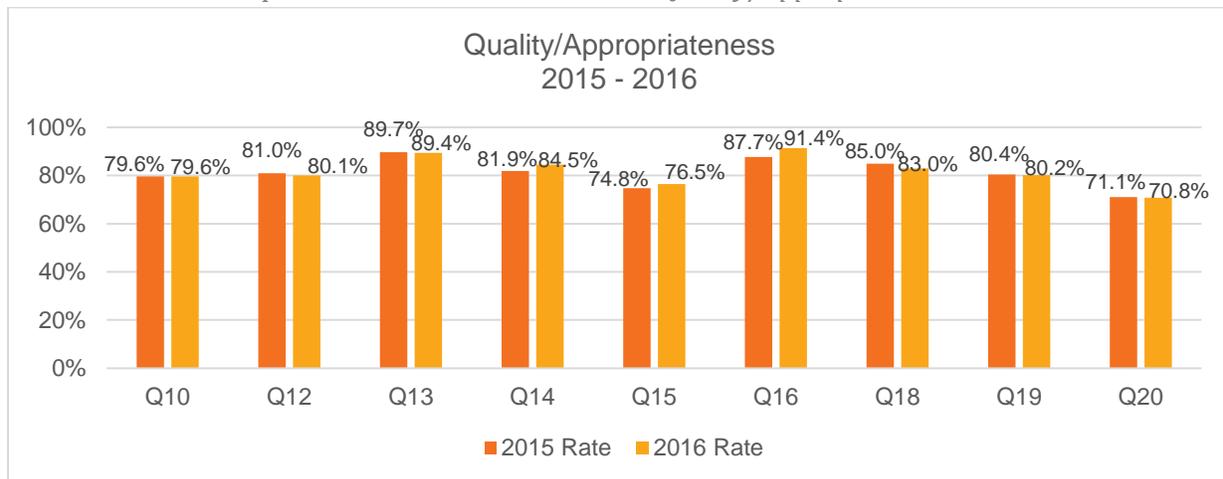
### Access to Services



Respondents were asked six questions regarding Access to Services. For 2016, the two leading indicators for this composite are Q5 (Staff were willing to see me as often as I felt was necessary, 83.0%) and Q7 (Service were available at times that were good for me, 85.3%). The summary score rate Q6 (Staff returned my call in 24 hours) has steadily decreased since 2015 (78.3%) to 2016 (75.6%), a 3.2% change. The decrease was statistically significant ( $p < .0010$ ). The decrease in member satisfaction related to Access correlates to the increase in member complaints related to access reported in 2016 (see Member Complaints section of this report). The largest sub-group of complaints associated with Access to Services was dissatisfaction around not being able to find a provider on the provider directory that is accepting EPC insurance.

### Quality/Appropriateness

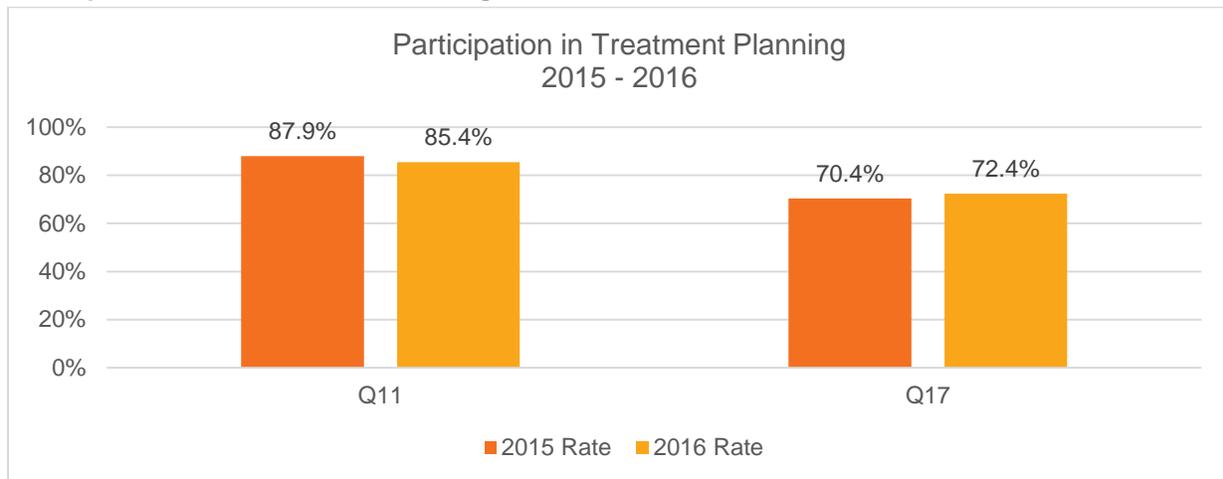
The chart below compares the nine line items under 'Quality/Appropriateness' from 2015 to 2016.



Adult - Domain/ Line Items	2015 Rate	2016 Rate	Statistical Significance	Rate of Change
Q10. Staff here believes that I can grow, change and recover.	79.6%	79.6%	No statistically significant difference	0.00%
Q12. I felt free to complain.	81.0%	80.1%	No statistically significant difference	-1.11%
Q13. I was given information about my rights.	89.7%	89.4%	No statistically significant difference	-0.33%
Q14. Staff encouraged me to take responsibility for how I live my life.	81.9%	84.5%	No statistically significant difference	3.17%
Q15. Staff told me what side effects to watch out for.	74.8%	76.5%	No statistically significant difference	2.27%
Q16. Staff respected my wishes about who is and who is not to be given information about my treatment.	87.7%	91.4%	Stat. Significantly difference (p<. 0.0355)	4.22%
Q18. Staff was sensitive to my cultural background (race, religion, language, etc.).	85.0%	83.0%	No statistically significant difference	-2.35%
Q19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	80.4%	80.2%	No statistically significant difference	-0.25%
Q20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	71.1%	70.8%	No statistically significant difference	-0.42%

Of the nine line items listed, the top score that drove this domain was Q16 (Staff respected my wishes about who is and who is not to be given information about my treatment (91.4% in 2015 and 87.7% in 2016). A statistically significant change (p<. 0.0355) was identified with this particular indicator. Three of the composites listed increases in satisfaction. With results yielded in both 2015 and 2016 below a 75% satisfaction rate (71.1% and 70.8%, respectively), Q20 (I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.) received the lowest composite score in this domain. Analysis of this data indicates areas for improvement related to providing members information related to treatment options, side effects of medication treatment plans, and identification of natural community resources to support recovery.

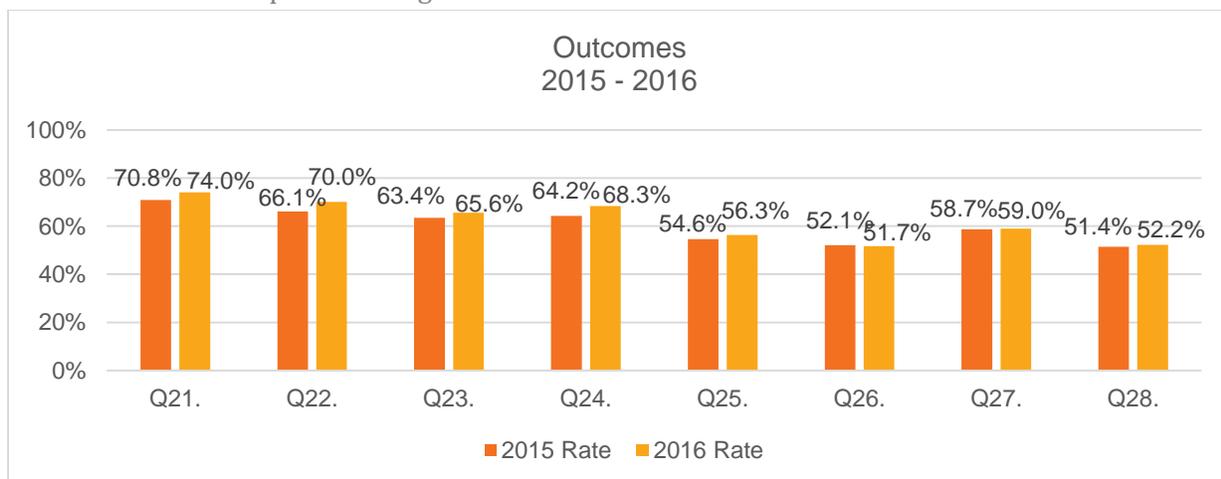
### Participation in Treatment Planning



The respondents were asked if they felt comfortable asking questions about their treatment and medication and if they (not staff) decided their treatment goals (Q11, I felt comfortable asking questions about my treatment and medication). The satisfaction rates are slightly lower for this line item in 2016 (85.4%) when compared to a rate of 87.9% in 2015. This attribute has consistently met EPC’s internal performance goal of 80%. The summary rate score (Q17, I, not staff, decided my treatment goals) increased from 70.4% in 2015 to 72.4% in 2016 (a 2.8% change). However, no statistically significant change was identified for that indicator. As Q17 (I, not staff, decided my treatment goals) is seen as a leading indicator related to the quality and effectiveness of clinical treatment planning, EPC identified this area (member engagement in treatment planning) as an area for improvement in 2017.

### Outcomes

The chart below compared the eight ‘Outcomes’

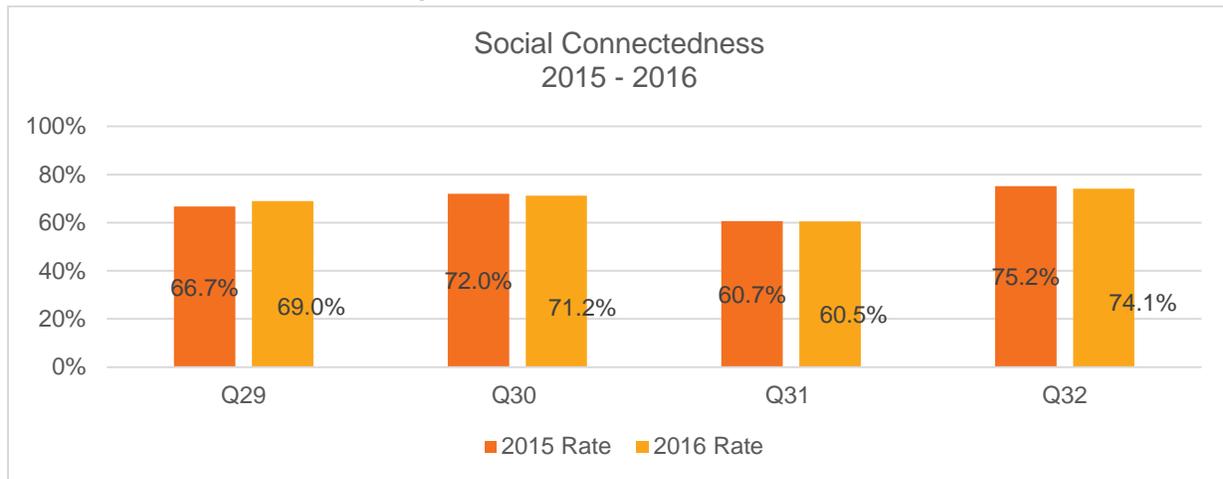


Adult - Domain/ Line Items	2015 Rate	2016 Rate	Statistical Significance	Rate of Change
Q21. As a direct result of services I received: I deal more effectively with daily problems.	70.8%	74.0%	No statistically significant difference	4.52%
Q22. As a direct result of services I received: I am better able to control my life.	66.1%	70.0%	No statistically significant difference	5.90%
Q23. As a direct result of services I received: I am better able to deal with crisis.	63.4%	65.6%	No statistically significant difference	3.47%
Q24. As a direct result of services I received: I am getting along better with my family.	64.2%	68.3%	No statistically significant difference	6.39%
Q25. As a direct result of services I received: I do better in a social situation.	54.6%	56.3%	No statistically significant difference	3.11%
Q26. As a direct result of services I received: I do better in school and/or work.	52.1%	51.7%	No statistically significant difference	-0.77%
Q27. As a direct result of services I received: My housing situation has improved.	58.7%	59.0%	No statistically significant difference	0.51%
Q28. As a direct result of services I received: My symptoms are not bothering me as much.	51.4%	52.2%	No statistically significant difference	1.56%

The table presents the line items under the Outcomes domain. This domain has one line item that yields higher satisfaction rates than the others included in this domain. Question Q21 (As a direct result of services I received: I deal more effectively with daily problems) indicates that 74% of respondents feel that services assisted them in better management of daily problems. When results from 2015 are compared to 2016 (70.80% and 74.0%, respectively), an increase in satisfaction this survey administration period is evident. Line item Q24 (As a direct result of services I received: I am getting along better with my family) demonstrated a 6.39% increase in 2016 (68.3%) from 2015 (64.2%), with little change in member perception of treatment outcomes from 2015 to 2016. Review of outcomes responses assessed with lower satisfaction rates related to member involvement in treatment planning indicate that there may be a relationship between member engagement in management of their care and their perception of treatment outcomes.

### Social Connectedness

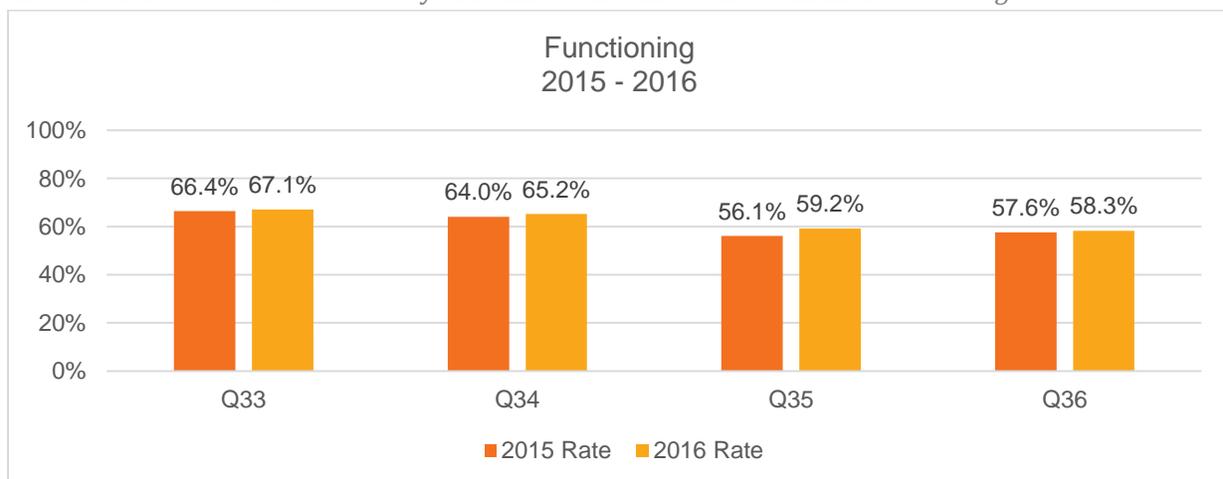
The bar chart below shows side-by-side line items under the domain 'Social Connectedness.'



Survey question Q32 (As a direct result of services I received: In a crisis, I would have the support I need from family and friends) drove this section's reporting at 75.2% in 2015 and 74.1% in 2016. Q31 (As a direct result of services I received: I feel I belong in my community) reported the lowest response rate at 60.7% in 2015 and 60.5% in 2016 (only a 0.33% rate of change). Question Q30 (As a direct result of services I received: I have people with whom I can do enjoyable things) showed a small decrease with a rate of 72.0% in 2015 and a rate of 71.2% in 2016 (a rate of change decrease of 1.1%). Overall, EPC saw some improvement in satisfaction in Q29 (As a direct result of services I received: I am happy with the friends I have) from 2015 (66.7%) to 2016 (69.0%). There was not a statistically significant change.

### Functioning

The bar chart below shows side-by-side line items under the domain 'Functioning.'



Survey question Q34 (As a direct result of services I received, I am better able to take care of my needs) reported a satisfaction increase of 1.9% from 2015 (64.0%) to 2016 (65.2%). Question Q35

(As a direct result of service I received: I am better able to handle things when they go wrong) yielded the lowest score (56.1%) in 2015 and (59.2%) in 2016. The summary score showed a rate of change of 5.5%. There was not a statistically significant change identified for this indicator.

### Adult Special Needs and Cultural Competency

ADULT - Domain/ Line Items	2014 Rate	2015 Rate	2016 Rate
Q18. Staff was sensitive to my cultural background (race, religion, language, etc.).	83.4%	85.0%	83.0%

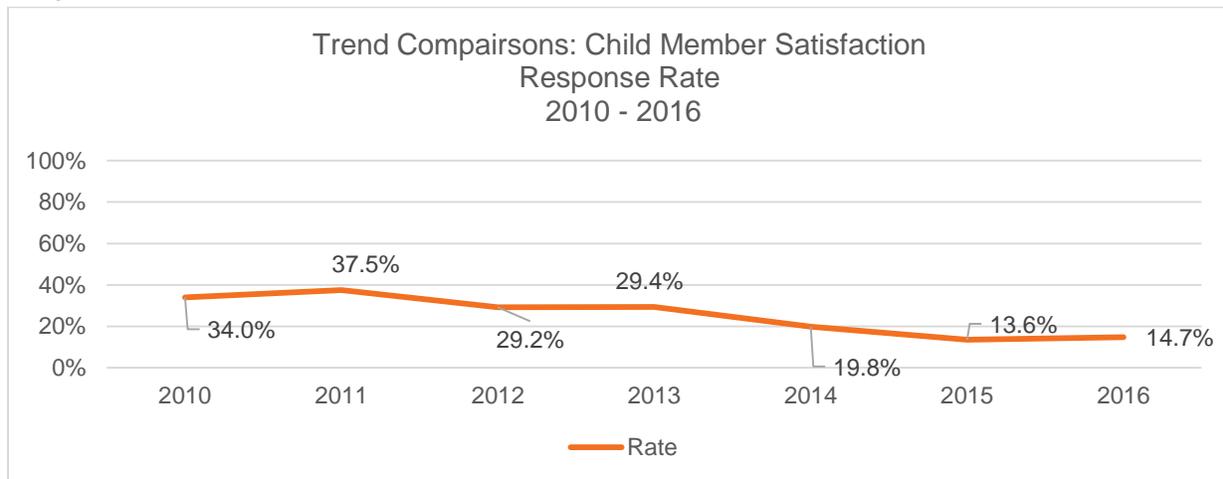
Members’ perception of Provider acknowledgement of, and respect for, cultural differences and special/physical needs is vital to ensuring satisfaction with EPC services. In the domain ‘Quality/Appropriateness’ (Q18: Staff was sensitive to my cultural background), Members are asked about the providers’ sensitivity to and consideration of cultural competency needs. The summary score rate decreased from 2015 (85.0%) to 2016 (83.0%), a 2.4% change; the decrease was not statistically significant.

### Analysis – EPC BH Child Survey

EPC used the Youth Services Survey for Families (YSS-F) in 2016. The YSS-F survey measures child member satisfaction using seven domains:

- General Satisfaction
- Participation in Treatment Planning
- Access to Services
- Cultural Sensitivity
- Outcomes
- Functioning
- Social Connectedness

### Response Rate

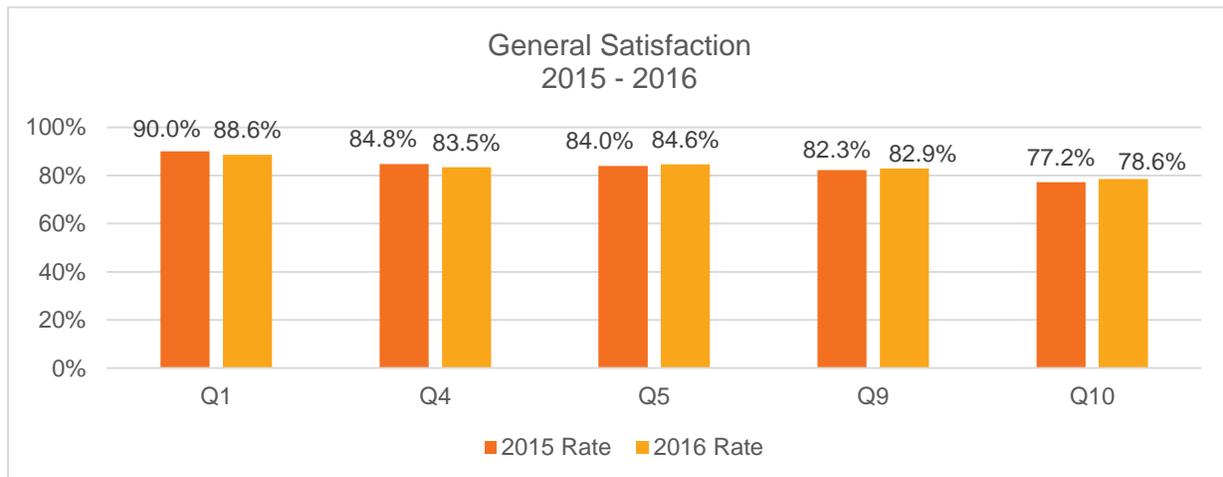


The run chart above displays child member survey response rates from 2010-2016. The response rate increased 24.6%, from 13.6% in 2015 to 14.7% in 2016. The data indicate the response rate decreased from 2014 (19.8%) to 2016 (14.7%), a 22.6% change which is statistically significant ( $p < 0.000$ ).

2015 Sample / Responses	2015 Rate	2016 Sample / Responses	2016 Rate
4000/544	13.60%	4000/588	14.7%

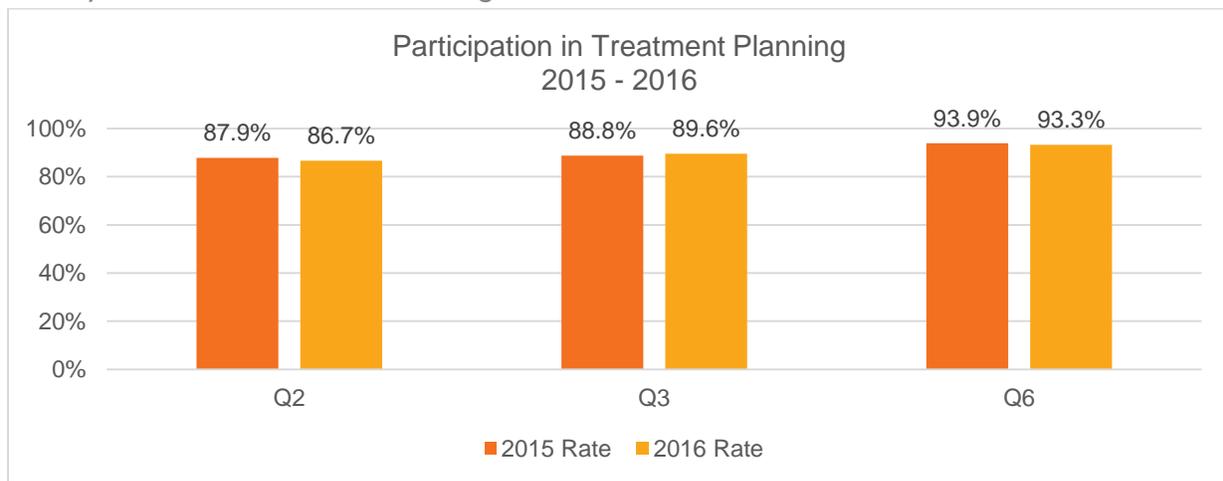
For 2016, the sample size remained constant at 4,000 as compared to 2015. As shown on the table below, the number of 2016 responses (588) was a decrease of 8% from 2015 (544).

### General Satisfaction



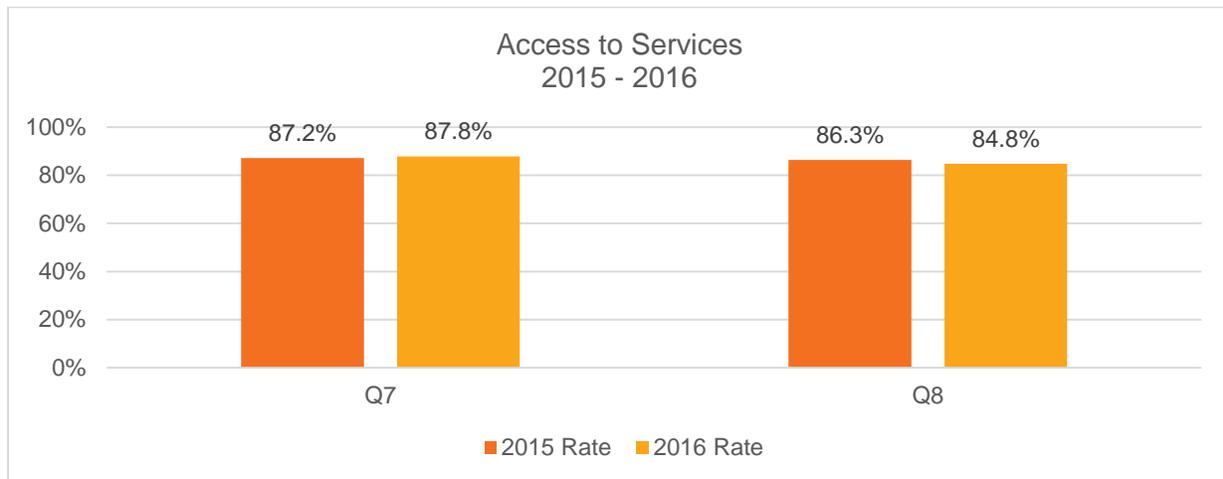
Five questions fall under this domain. Three of those five increased in performance from 2015 to 2016. The main driver (Q1: Overall, I am satisfied with the services my child received) decreased 1.6%, from 90.0% in 2015 to 88.6% in 2016. Question Q10 (My family got as much help as we needed for my child) continues to be the lowest performer in this domain (77.2% in 2015 and 78.6% in 2016), though an increase of 1.8% from 2015 to 2016 was noted. No statistically significant change identified for this domain. Comparison of responses over the two survey periods indicate that while parents/families of children receiving behavioral health service are generally satisfied with services, there are opportunities for improvement related to parent/family perception of provider/practitioner ongoing support of the child’s treatment and ensuring families/parents receive all the help they need to support their child’s recovery.

### Participation in Treatment Planning



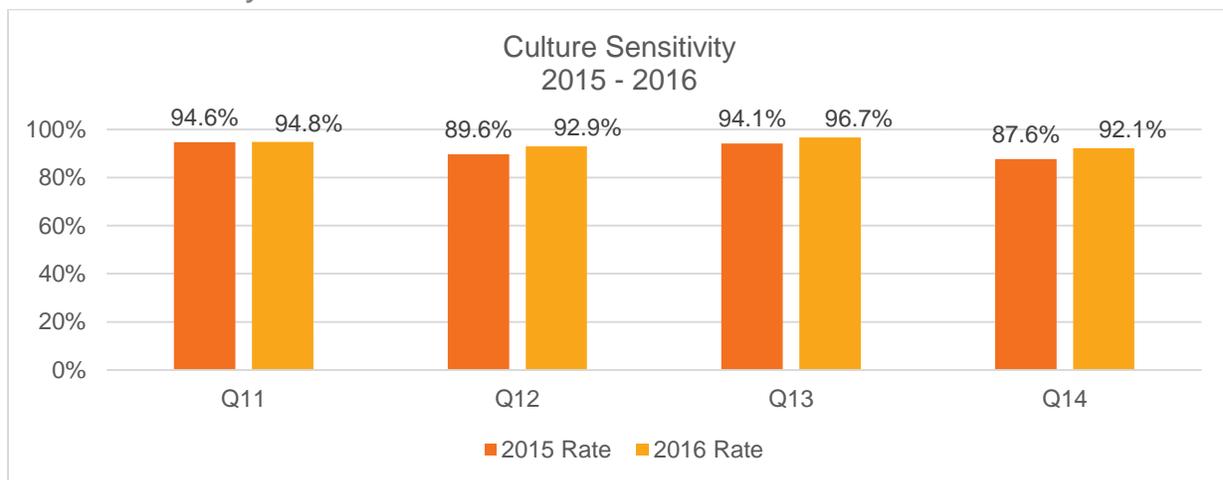
Three questions are included in this domain, which addresses parental participation in their child’s treatment planning. Question Q6 (I participated in my child’s treatment) was the highest performer in 2016 (93.3%), as it was in 2015 (93.9%); the decrease in performance was only 0.6%. The lowest performer was Q2 (I helped to choose my child’s service), which decreased by 1.4% from 2015 (87.9%) to (86.7%) in 2016; the change was not statistically significant. Member satisfaction with treatment planning (93.3%), as compared to adult treatment planning (72.4%), indicates that family/caregivers of child members rank this area of satisfaction higher than adults (as children have family support in management of treatment).

### Access to Services



Respondents were asked if location of services was convenient and if services were available at times that were convenient for them. Both line items yielded high satisfaction rates and support continued satisfaction from 2015 and 2016. Q7 (The location of service was convenient for us) increased in satisfaction by 0.7% from 2015 (87.2%) to 2016 (87.8%). Q8 saw a decrease in satisfaction of 1.8% from 2015 (86.3%) to 2015 (84.8%). However, no statistically significant increase was identified.

### Cultural Sensitivity

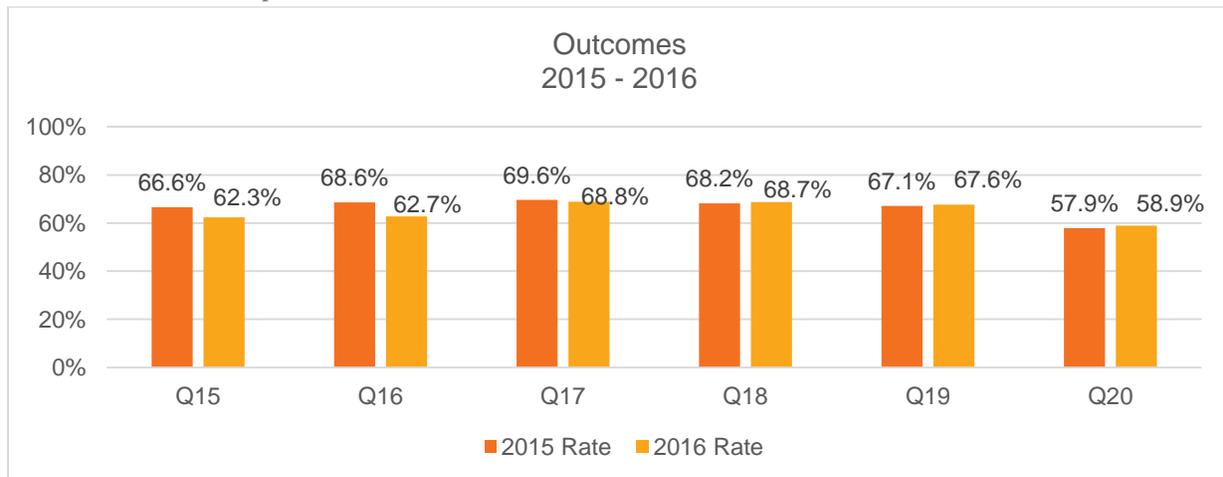


CHILD - Domain/ Line Items	2015 Rate	2016 Rate	Statistically significant difference	Rate of Change
Q11. Staff treated me with respect.	94.6%	94.8%	No statistically significant difference	0.21%
Q12. Staff respected my family's religious/spiritual beliefs.	89.6%	92.9%	No statistically significant difference	3.68%
Q13. Staff spoke with me in a way that I understood.	94.1%	96.7%	Stat. Significantly difference (p<. 0.0453)	2.76%
Q14. Staff were sensitive to my cultural/ethnic background.	87.6%	92.1%	Stat. Significantly difference (p<. 0.0297)	5.14%

Four questions comprise this domain, reporting overall satisfaction in all composites. In 2016, Q13 (Staff spoke with me in a way that I understood) was the lead performer with an increase of 2.8% from 2015 (94.1%) to 2016 (96.7%); the change was statistically significant (p<. 0.0453) for this indicator. Question Q11 (Staff treated me with respect) is the second-top question driving higher satisfaction rates from the 2015 and 2016 survey administration periods. Question Q14 (Staff were sensitive to my cultural/ethnic background) increased 5.1% from 2015 (87.6%) to 2016 (92.1%), indicating statistical Significant difference (p<. 0.0297).

### Outcomes

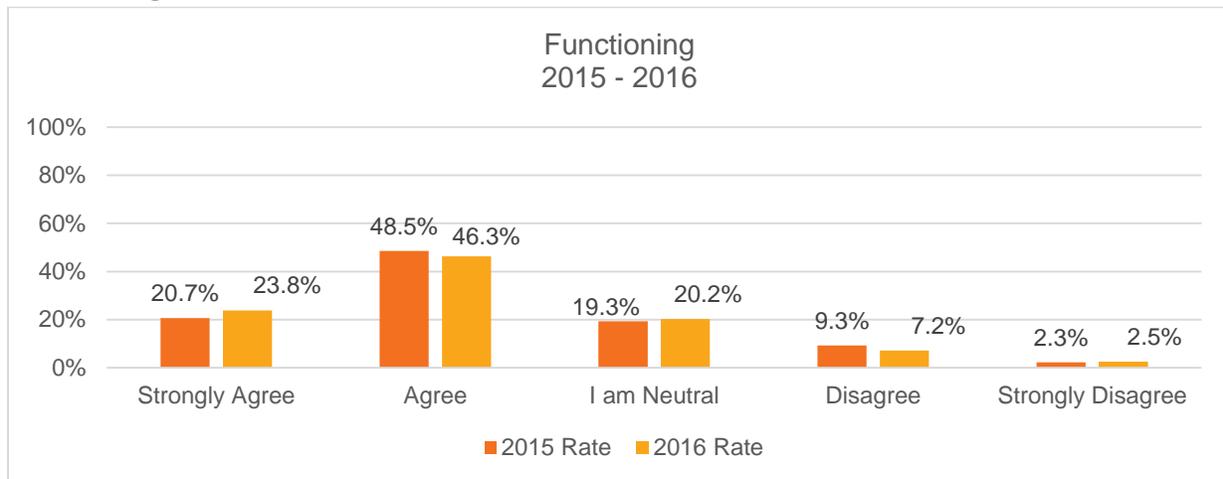
The chart below compares the six 'Outcomes' line items from 2015 to 2016



CHILD - Domain/ Line Items	2015 Rate	2016 Rate	Statistically significant difference	Rate of Change
Q15. As a result of the services my child and/or family received: My child's symptoms are not bothering him/her as much.	66.6%	62.3%	No statistically significant difference	-6.46%
Q16. As a result of the services my child and/or family received: My child is better at handling daily life.	68.6%	62.7%	Stat. Significantly difference (p<.00481)	-8.60%
Q17. As a result of the services my child and/or family received: My child gets along better with family members.	69.6%	68.8%	No statistically significant difference	-1.15%
Q18. As a result of the services my child and/or family received: My child gets along better with friends and other people.	68.2%	68.7%	No statistically significant difference	0.73%
Q19. As a result of the services my child and/or family received: My child is doing better in school and/or work.	67.1%	67.6%	No statistically significant difference	0.75%
20. As a result of the services my child and/or family received: My child is better able to cope when things go wrong.	57.9%	58.9%	No statistically significant difference	1.73%

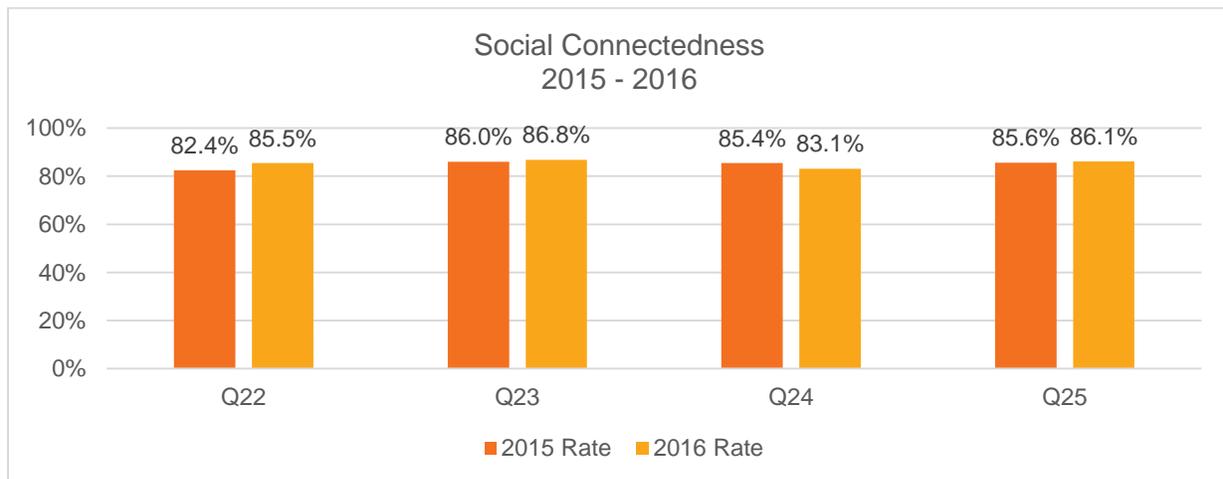
Six questions are included in this domain. Performance for three of those questions improved in 2016 from 2015. Question Q16 (As a result of the services my child and/or family received: My child is better at handling daily life) performance decreased 8.6% in 2016 (62.7%, compared to 68.6% in 2015); the change was statistically significant (p<.00481). Question Q17 (As a result of the services my child and/or family received: My child gets along better with family members) was the highest performer in 2016 (68.8%) and 2015 (68.8%); performance decreased by 1.2%. Question Q20 (As a result of the services my child and/or family received: My child is better able to cope when things go wrong) was the lowest performer in both 2015 (57.9%) and 2016 (58.9%), and decreased by 1.7% in 2016 (which was not statistically significant).

### Functioning



For survey question Q21 (As a result of the services my child and/or family received: My child is better able to do things he or she wants to do), the 2016 overall satisfaction rate (Strongly agree plus Agree) (70.2%) was 1.4% higher than the 2015 satisfaction rate (69.2%). There was not a statistically significant change for the “Agree” option.

### Social Connectedness

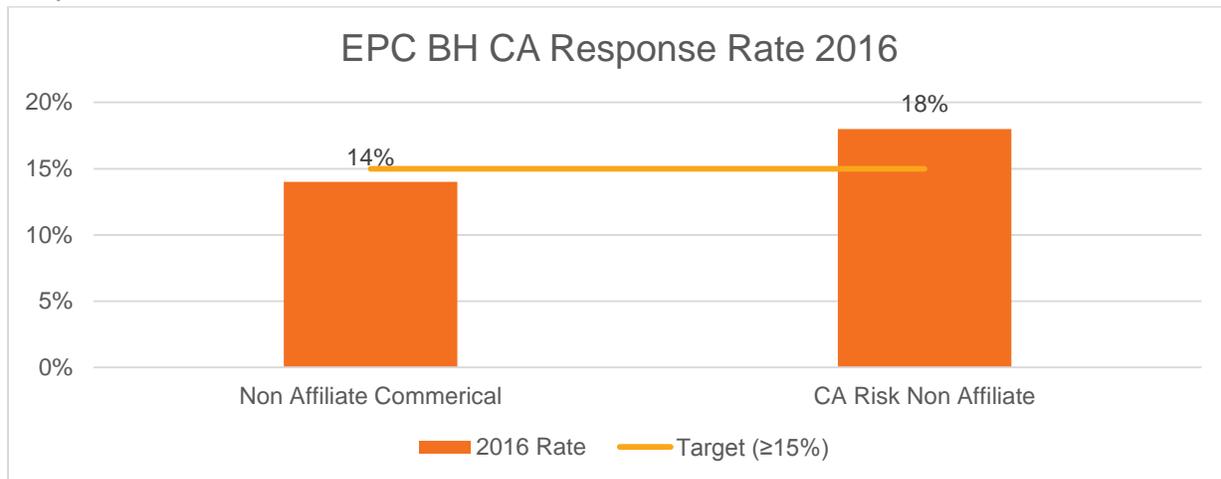


Survey question Q25 (As a result of the services my child and/or family received: I have people with whom I can do enjoyable things) registered a 0.6% performance increase from 2015 (85.6%) to 2016 (86.1%); there was no statistically significant change for this indicator. Question Q24 (As a result of the services my child and/or family received, in a crisis, I would have the support I need from my family or friends) had a performance decrease from 2015 (85.3%) to 2016 (83.1%) of 2.6%; it was not a statistically significant change. Question Q22 (As a result of the service my child and/or family received, I know people who will listen and understanding me when I need to talk) was the lowest indicator in 2015 (82.4%) and 2016 (85.5%), but increased by 3.8% year-over-year. There was no statistically significant change for this indicator.

## Analysis – EPC BH CA

The EPC BH book of business in California (CA) conducts a member satisfaction survey related to post-treatment satisfaction. The survey is sent to non-affiliate commercial and California risk non-affiliate lines of business and asks eight questions about satisfaction with providers, the services received through EPC BH CA, functioning and overall wellbeing.

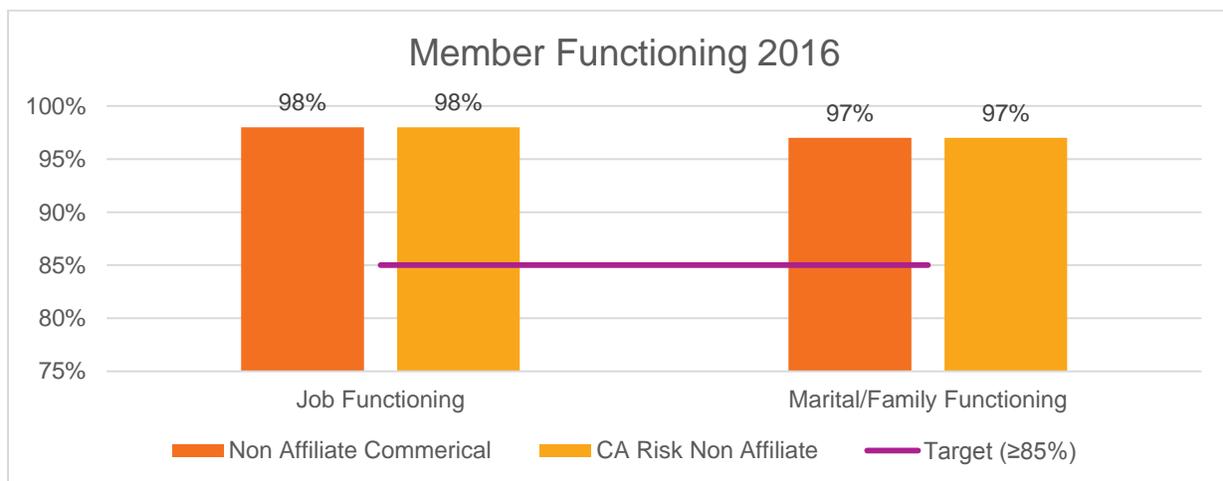
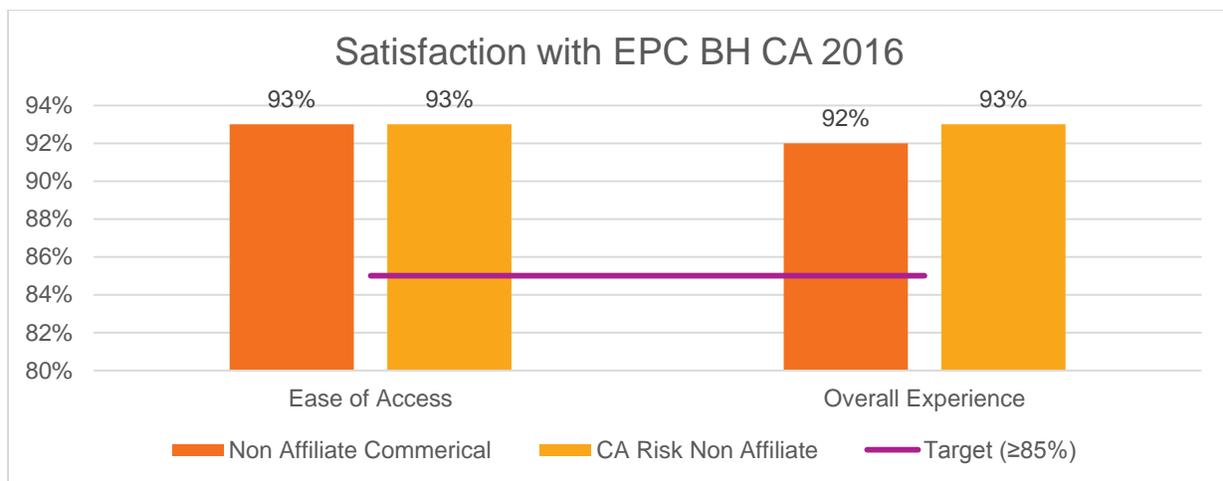
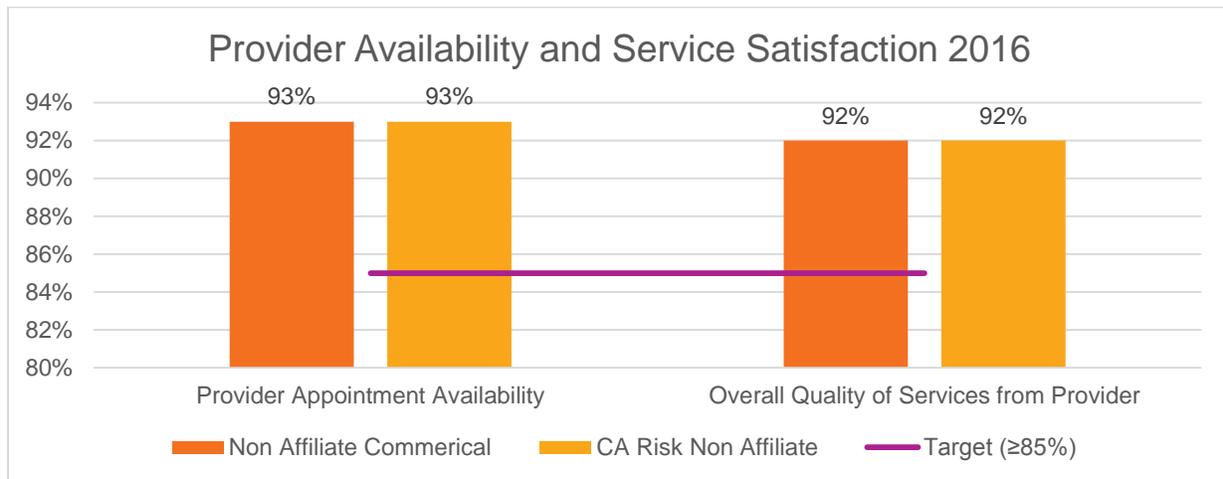
### Response Rate

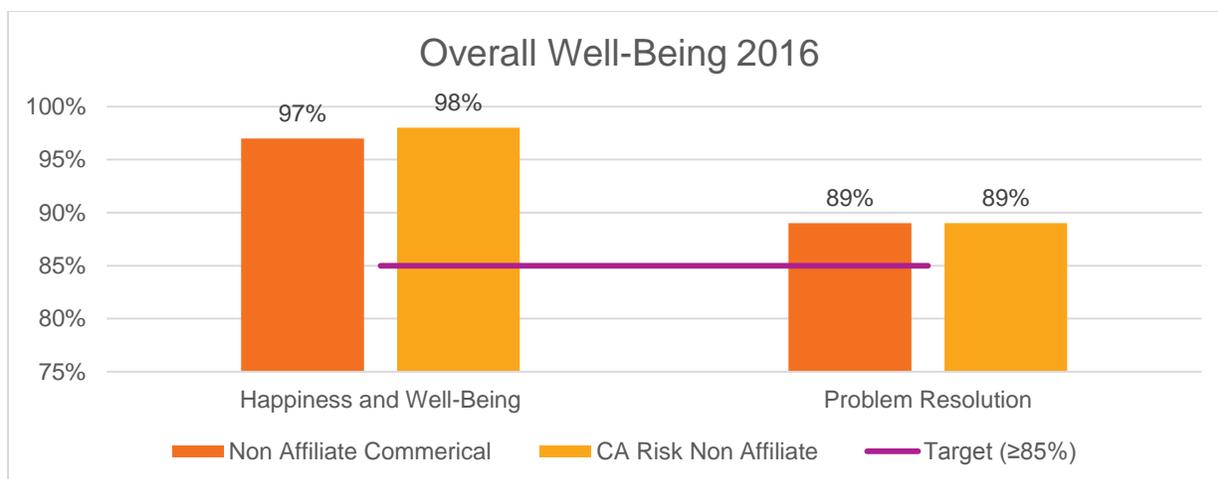


The Non Affiliate Member Post-Treatment Survey Response Rates reported in Q1, Q2 and Q4 2016 (for surveys sent in Q4 2015 and Q1 and Q3 2016) were below target. In Q3 2015, QI started receiving a new report of raw survey data from EPC BH CA Data Analysis. This report shows that among surveys sent and not returned, only about 76% of these surveys were reprinted and resent. Per survey protocol, nearly 100% of surveys that are not responded to should be reprinted and resent. QI met with CTS to discuss the issue of 24% of un-returned surveys never being reprinted and resent. In November 2015, CTS informed QI that they had identified what they believe to be the problem and they were taking steps to formulate a solution. The problem was that a particular date field was not updating automatically for some groups. All issues were corrected by the end of Q1 2016, but these issues likely brought down the response rates in the first two quarters of 2016.

Another potential barrier is that for surveys where the survey type is misclassified by the scanning vendor (ACS), or which contain a problem or error with identifying information in the header, the uploading process for the raw data automatically rejects these records. EPC BH CA QI, CTS, and EDI Business Operations collaborated to initiate a weekly report that identifies and classifies all rejected survey records. This report allows visibility to the numbers and types of errors that are occurring. As of January 2017, ACS is receiving this report and rekeying and resending surveys that erred out due to incorrect header information.

Satisfaction Scores





All metrics for the EPC BH CA satisfaction surveys met the 85% or higher targets for 2016. The Functioning domain which included Job Functioning and Marital/Family Functioning reported the highest satisfaction results at 98% and 97%, respectively. The domain reporting the lowest satisfaction was Overall Well-Being, specifically Problem Resolution at 89%; however, performance still exceeded 85% target.

## Barriers and Interventions

Due to efforts EPC has made to increase the Adult Member satisfaction survey response rate, as outlined as an area of improvement from the 2015 survey results, EPC executed multiple quality control reviews on member contact information. This led to the EPC 2016 sample size that remained consistent in 2015 (4,150). However, efforts made to improve the integrity of member contact information led to a decrease in the response rate by 13.8% from 2015 (19.5%) to 2016 (16.8%). Continued efforts should be made to improve the response rate.

Satisfaction with the Access to Services and Outcomes were identified in 2015 as the primary areas for improvement. Access to Services reports a decrease in composite performance for the questions listed in that section, the lowest being (Q6, which was a statistically significant ( $P < .0010$ ) decreased of 9.8%). Satisfaction with outcomes is assumed to directly correlate to member engagement in treatment planning and access to services outlined in their treatment plans. Member understanding of targeted treatment outcomes is a priority for EPC in 2017.

For the Child Member satisfaction survey response rate, multiple quality control reviews on member contact information were executed. This was outlined as an area of improvement in the 2015 survey results and led to the EPC 2016 Child sample size to remain consistent with 2016 (4,000). This change was not reflected in responses, as they decreased by a rate of 8%, from 2015 (544) to 2016 (588). EPC is continuously making improvements to increase the response rate.

Satisfaction with Functioning and Outcomes continue to be the primary areas for improvement. Functioning reports an increased performance of satisfaction (1.4%) from 2015 (69.2%) to 2016 (70.2%). Outcomes, being the second area identified for improvement, continues to yield the lowest

satisfaction rating of the seven domains. The highest score was Q17 (As a result of the services my child and/or family received: My child gets along better with family members), at 68.8% in 2016. The lowest score was Q20 (As a result of the services my child and/ or family received: My child is better able to cope when things go wrong) at 58.9% in 2016. Member satisfaction rates were directly affected by family and friends support through their treatment planning.

Barrier	Opportunity	Selected for Improvement?
Members are not receiving all available information on community resources, support groups and treatment options.	Provide member facing EPC staff (case management, care coordinators and customer service representatives) with a community resource list in each market to improve member and family use of natural supports.	Yes
Members do not understand the target outcomes of their treatment plans	Conduct CM file reviews focused on treatment planning to provide feedback and improvement on member involvement in treatment planning and identification of targeted outcomes.	Yes

## EPC DM/LM

Envolve PeopleCare (EPC) Disease/Lifestyle Management (DM/LM) Program is committed to understanding and meeting or exceeding EPC’s customers’ expectations. During 2016:

- Satisfaction surveys were distributed to program participants that are in any of EPC DM/LM Programs. Methods of distribution may include postal mail, email or IVR.
- Satisfaction surveys were distributed to appropriate program participants that are in the Performance programs, which include work life and EAP. Methods of distribution may include postal mail, email or IVR.
- Each program participant would receive a minimum of one survey based on the length of enrollment in the program.

## Methodology

Survey questions are based on a two-, three-, four-, or five-point Likert Scales, scoring from more to less and allowing participants and physicians to indicate their degree of satisfaction or level of agreement with a list of statements or based on Yes or No answers. Survey ratings include:

1. Two-point scale (may be used for IVR): agree or disagree; satisfied or not satisfied/dissatisfied.
2. Three-point scale (may be used for IVR): agree, neutral, or disagree; satisfied, neutral, or not satisfied/dissatisfied.
3. Four-point scale: Very Satisfied, Satisfied, Somewhat Dissatisfied or Very Dissatisfied.
4. Five-point scale: Very Satisfied, Satisfied, Neither Satisfied nor Dissatisfied, Somewhat Dissatisfied or Very Dissatisfied.

For Participant activation: % of active members who completed a baseline and/or follow-up visit and are at a Readiness to Change stage of “Contemplative, Action, or Maintenance” have a goal documented in their clinical record.

Active Enrollment Satisfaction Survey: The active enrollment survey is sent to participants when they have been active any of the DM/LM programs for thirty (30) days. The survey asks recipients their overall satisfaction with the program in which they are participating.

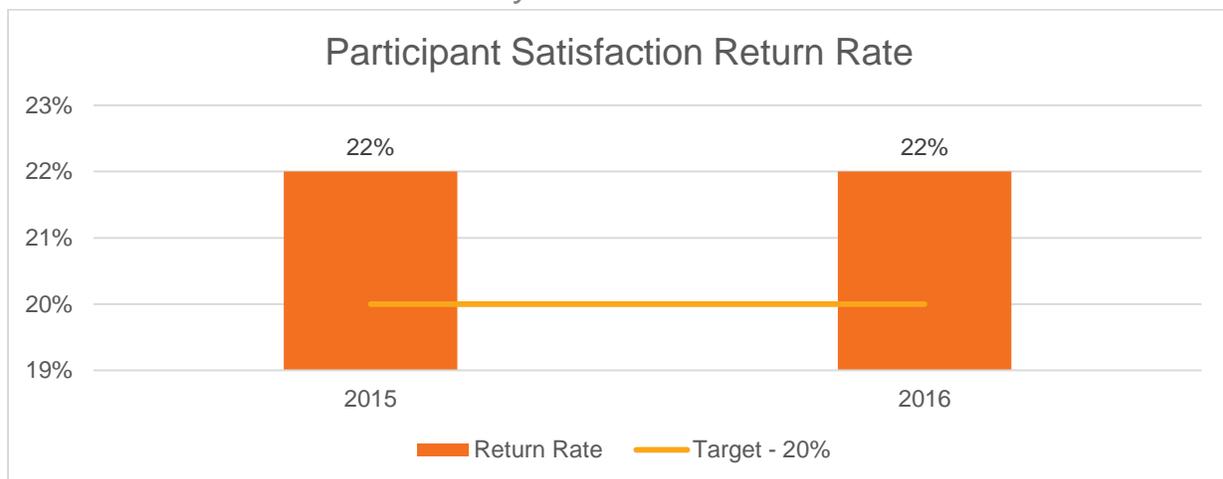
Participant Satisfaction-Participant’s perceived ability to self-manage their disease/condition: The EPC DM/LM Program assesses patient confidence in self-management through its participant satisfaction surveys. Participants are asked to respond 'Yes,' 'No,' or 'I feel I do that OK already' to the statement: "I am better able to manage my condition due to this program."

## Goal

- Active Enrollment Satisfaction surveys, who were given to members currently active in the DM/LM program enrolled for shorter than 12 months, have goals for response rate of at least 30%, and a satisfaction rate of at least 95%.
- Annual Enrollment Satisfaction surveys, who were given to members currently active in the DM/LM program enrolled for 12 months or longer, have goals for response rate of at least 19%, and a satisfaction rate of at least 95%.
- Telecom survey has goals for response rate of at least 30%, and a satisfaction rate of at least 85%.
- For Participant Perceived Ability to self-manage, goal of at least 95%.

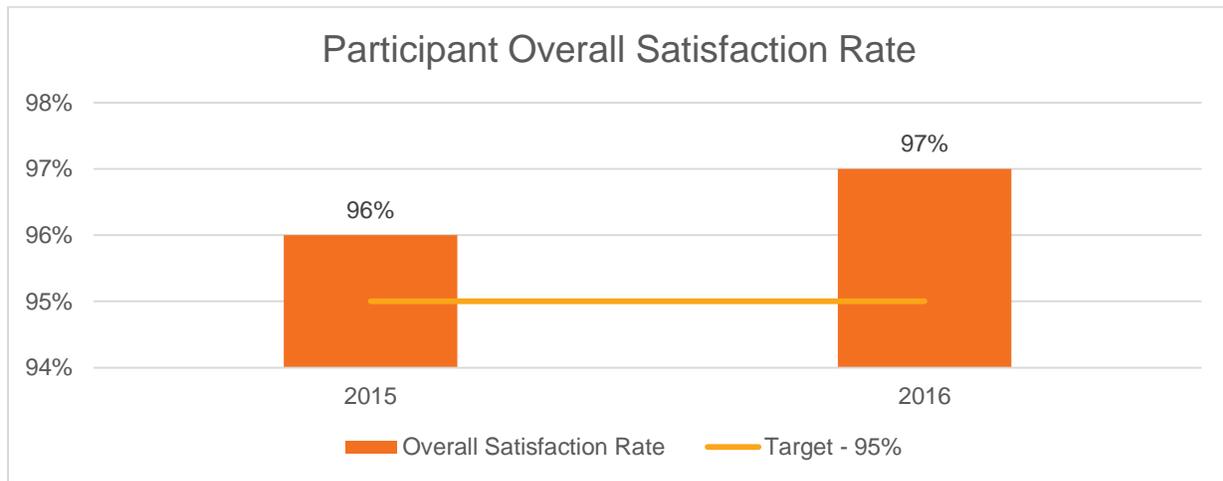
## Analysis

### Active Enrollment Satisfaction Surveys



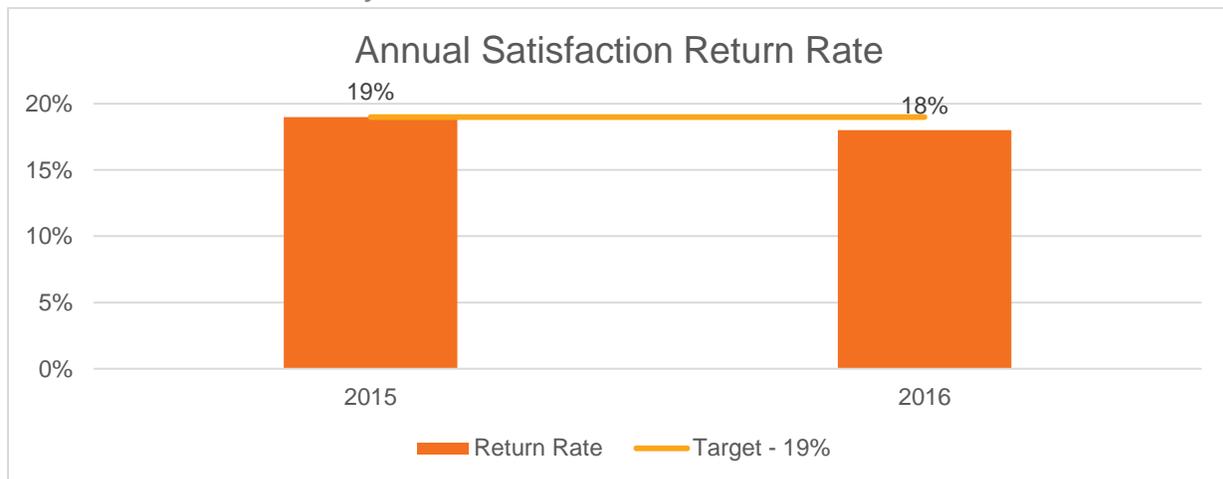
There were a total of 25,276 Active Enrollment surveys sent to all EPC DM/LM participants during 2016. Of the 25,276 surveys sent, 5,529 were returned, yielding a return rate of 22%, the same as 2015, and 8% points below the return rate goal of 20%. In 2017, EPC has opportunity to increase

survey responsiveness by streamlining the survey process for all books of business within EPC utilizing the expertise of a survey vendor to administer the survey(s).

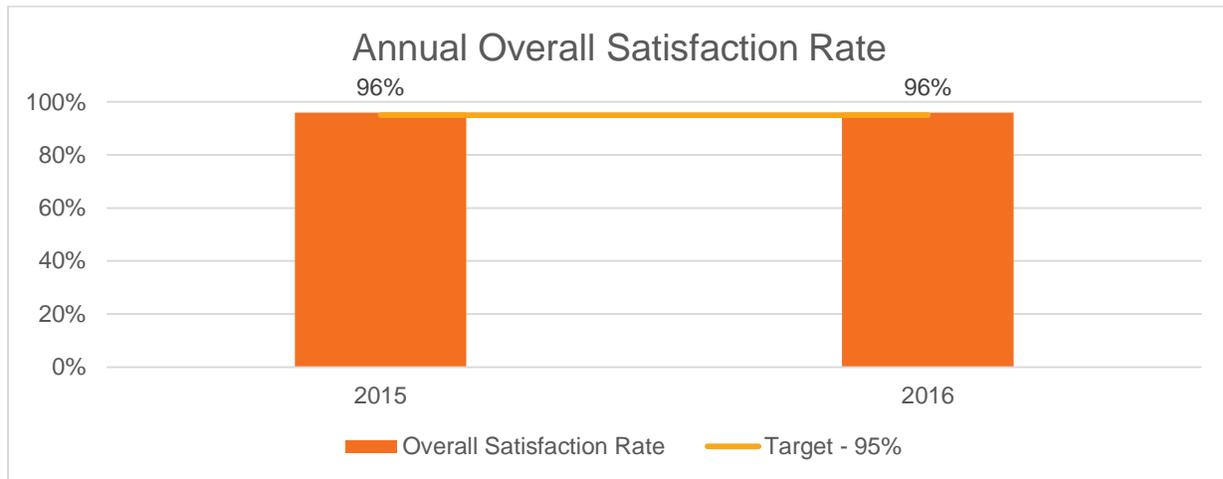


Respondents to the Active Enrollment survey rated their overall satisfaction with EPC DM/LM Programs during 2016 at 97%, increasing by 1% point from 2015, and continuing to exceed the satisfaction goal of 95%.

### Annual Satisfaction Surveys

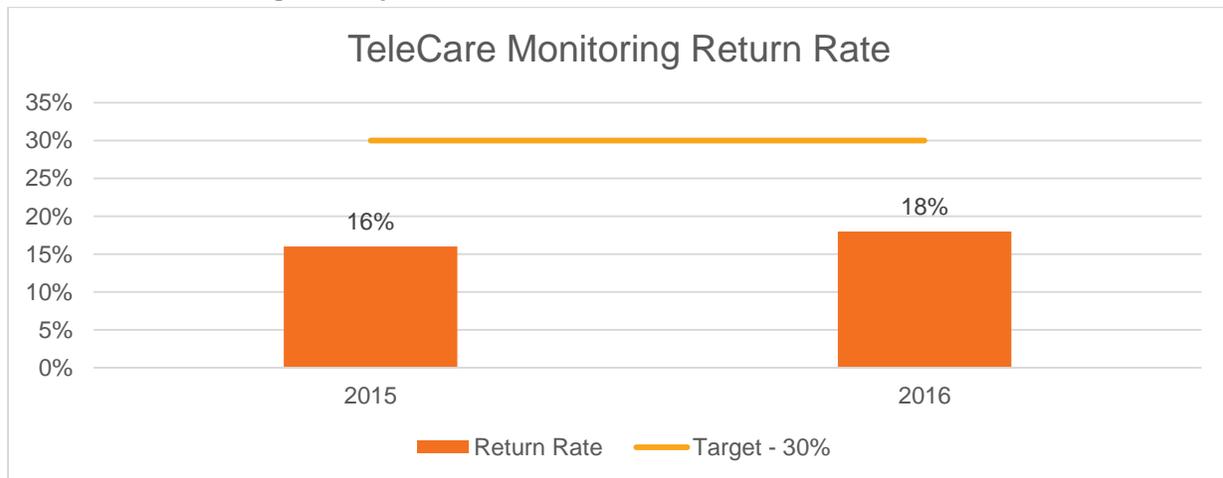


There were a total of 12,589 surveys sent to all EPC DM/LM participants that had been enrolled in a program for 12 months, or more, during 2016. Of the 12,589 surveys sent, 2,298 were returned to EPC DM/LM, yielding a return rate of 18%, decreasing by 1% point from 2015, and 1% point below the return rate goal of 19%. As stated previously, EPC has opportunity in 2017 to increase survey responsiveness by streamlining the survey process for all books of business within EPC utilizing the expertise of a survey vendor to administer the survey(s). Additionally, EPC QI conducted a review of all current satisfaction surveys and measured against accreditation standards, contract requirements as well as industry standards and eliminated redundant surveys; allowing EPC to focus resources on the appropriate surveys and associated methodologies.



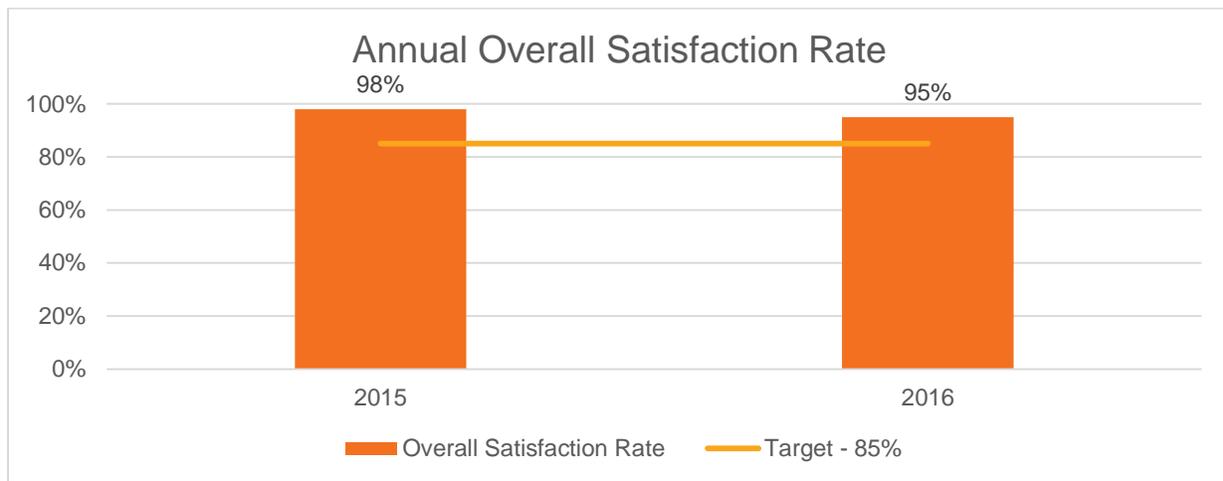
Respondents to the Annual survey rated their overall satisfaction with EPC DM/LM Programs during 2016 at 96%, the same as 2015, and continuing to exceed the satisfaction goal of 95%.

### TeleCare Monitoring Surveys



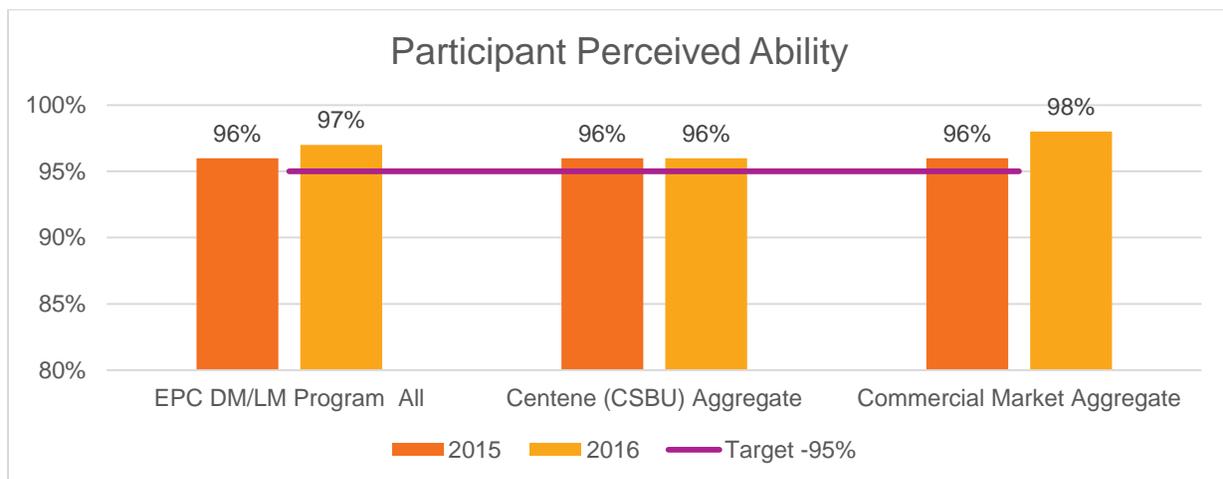
This is the third year that satisfaction surveys for the TeleCare Monitoring program were sent to participants in this program. There were a total of 226 surveys sent to all participants in the TeleCare Monitoring program. During 2016, there were 12 health plans with participants active in the TCM program: Bridgeway, Buckeye, California Health & Wellness, Coordinated Care, Florida Ambetter, IlliniCare, Louisiana Healthcare Connections, Managed Health Services-WI, New Hampshire Healthy Families, Peach State, Sunflower State, and Sunshine Health.

Of the 226 surveys sent, 41 were returned to EPC DM/LM, yielding a return rate of 18%, increasing by 2% points from 2015, and 12% points below the return rate goal of 30%. In 2017, the TeleCare monitoring is being consolidated with the Annual Participant satisfaction survey, to enhance member visibility and responsiveness. See analysis above related to improved survey process and methodology.



Respondents to the TeleCare Monitoring survey rated their overall satisfaction with EPC DM/LM’s TCM program during 2016 at 95%, decreasing by 3% points from 2015, and continuing to exceed the health plans’ satisfaction target of 85%.

*Participant Satisfaction-Participant’s perceived ability to self-manage their disease/condition*



For 2016, all EPC DM/LM Program lines of business exceeded the target. For the aggregate rating, 97% of participants surveyed indicated that the program in which they were enrolled had improved their level of confidence in self-managing their condition, increasing by 1% point from 2015.

**Barriers and Interventions**

Overall performance related to the DM/LM satisfaction surveys indicates that participants are satisfied with the services and support they receive from the EPC DM/LM teams. Opportunities for improvement include increasing the response rate to all surveys conducted by the EPC DM/LM team to ensure a representative sample of participants. As stated previously, 2017 brings opportunity to

increase survey responsiveness by streamlining the survey process for all books of business within EPC utilizing the expertise of a survey vendor to administer the survey(s). Additionally, EPC QI conducted a review of all current satisfaction surveys and measured against accreditation standards, contract requirements as well as industry standards and eliminated redundant surveys; allowing EPC to focus resources on the appropriate surveys and associated methodologies. There is also a process in place that would allow the Active Enrollment survey to be completed verbally if the survey is not returned by the participant

Barrier	Opportunity	Selected for Improvement?
Low return rates	Explore options for publishing educational materials about EPC DM/LM's programs on the health plans' websites.	Yes
Low scores on satisfaction questions	Individual coaching sessions are conducted by the Clinical Specialists, Education Manager/Coordinators, and Manager, Health Operations with staff that scored below an "achieves standards" rating on their respective Quality Call Evaluation.	Yes

## EPC NAL

The EPC NAL member satisfaction surveys solicit independent feedback from EPC enrollees, specifically related to a call experience with the nurse advice line. The surveys measure consumers' perceptions of (NAL) Nurse Advice Line services in relation to the following domains:

- Med Triage
- Outbound
- Medication Adherence (Lumara)

The survey was developed with the unique needs of the population of nurse advice line consumers in mind. NAL measures Member satisfaction quarterly to identify those processes that the Member feels are of concern, and to target areas of opportunity to improve satisfaction. The internal goal for satisfaction rate is 85%.

## Methodology

The survey is administered via an outbound automated call system, facilitated by Televox, a contracted vendor. Satisfaction survey candidates are identified daily and surveys are conducted three times weekly based on call volume. Results are reported at least annually via QIC. The survey includes total twelve questions between three domain areas below.

Domain	Question
Triage	Q1. The person I spoke to was polite and professional.
	Q2. I would call again if I needed advice.
	Q3. The time I waited to speak to a nurse was reasonable.
	Q4. My questions were answered completely.
Outbound	Q5. The person I spoke to was polite and professional.
	Q6. The person I spoke with answered my questions and/or directed me to where I could find additional information.
	Q7. The person informed me of how to contact the Nurse Advice Line.
Medication Adherence (Lumara)	Q8. The program helped me take my medication as prescribed
	Q9. The maternal health nursing specialist answered my questions and provided me with helpful information
	Q10. The program helped me take charge of my health
	Q11. Patient education materials received throughout helped me understand how to better care for myself and my baby
	Q12. I had a positive experience with the program and with my personal nursing specialist

## Analysis

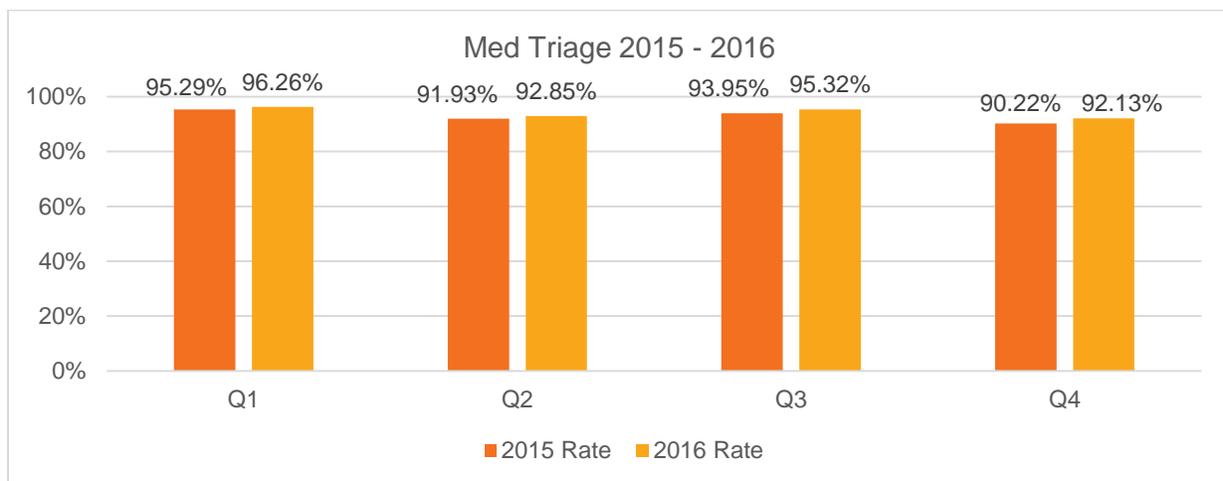
### Response Rate

2016 Sample / Responses	2016 Response Rate
14,438/117,770	12.3%

In 2016, 117,770 survey calls were made to members who received a service from the nurse advice line. Note: members who received services from the crisis line were not included in the survey methodology. Using the outbound automated call survey methodology, Televox collected 14,438 responses throughout 2016 and 17,367 in 2015 from the sample of members who participated in EPC Nurse Advice Line services. The 12.3% response rate falls below the target of 20%.

### Med Triage

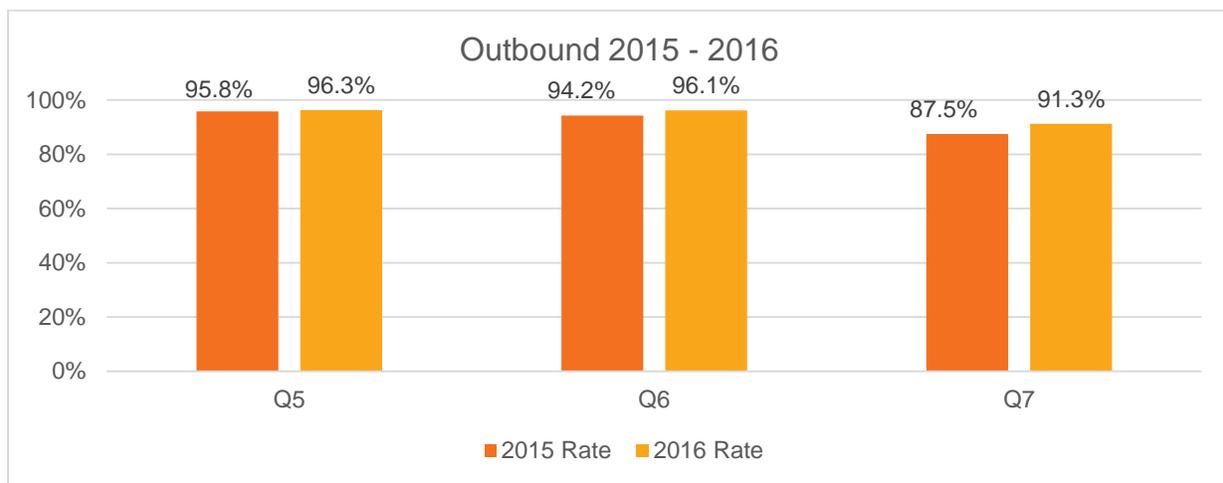
NAL - Domain/ Line Items	2015 Rate	2016 Rate	Statistical Significance	Rate of Change
Q1. The person I spoke to was polite and professional.	95.3%	96.3%	Stat. Significantly difference (p<.0002)	1.02%
Q2. I would call again if I needed advice.	91.9%	92.8%	Stat. Significantly difference (p<.0139)	1.00%
Q3. The time I waited to speak to a nurse was reasonable.	93.9%	95.3%	Stat. Significantly difference (p<.0000)	1.46%
Q4. My questions were answered completely.	90.2%	92.1%	Stat. Significantly difference (p<.0000)	2.12%



Review of NAL Member satisfaction composite scores indicates that, overall, all composites continue to show positive satisfaction. EPC saw an increase in all of the composite areas as described below. Statistical significance is calculated at 95% confidence level for data changes from 2015 through 2016. (Q1) The person I spoke to was polite and professional, increased by 1.0% from (95.3%) in 2015 to (96.3%) in 2016 representing a statistically significant (p<.0002) increase. (Q2) I would call again if I needed advice, also increased 1% in 2016 (92.8%) from 2015 (91.9%) indicating a statistically significant (p<.0139) change for this indicator. (Q3) The time I waited to speak to a nurse was reasonable, and (Q4) My questions were answered completely, both indicate statistical significance (p<.0000) that increased (93.9% and 90.2%) in 2015 to (95.3% and 92.1%) in 2016.

Outbound

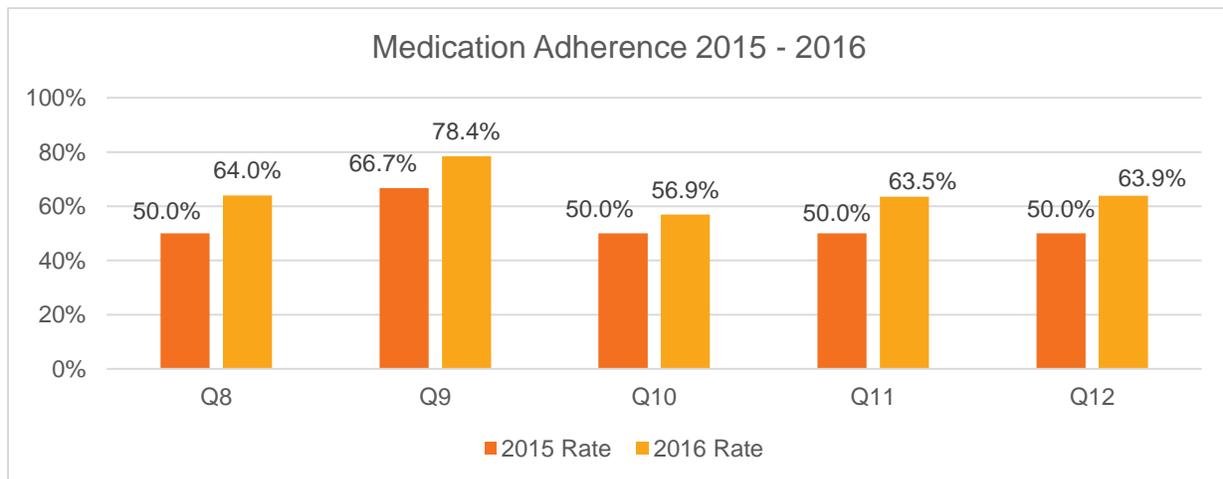
NAL - Domain/ Line Items	2015 Rate	2016 Rate	Statistical Significance	Rate of Change
Q5. The person I spoke to was polite and professional.	95.8%	96.3%	No statistically significant difference	0.53%
Q6. The person I spoke with answered my questions and/or directed me to where I could find additional information.	94.2%	96.1%	Stat. Significantly difference (p<.0007)	2.01%
Q7. The person informed me of how to contact the Nurse Advice Line.	87.5%	91.3%	Stat. Significantly difference (p<.0000)	4.26%



Respondents were asked three questions regarding outbound calls. For 2016, the two leading indicators for this composite are Q5 (The person I spoke to was polite and professional, 96.3%) and Q6 (The person I spoke with answered my questions and/or directed me to where I could find additional information, 96.1%). The summary score rate for question 6 increased from 2015 (94.2%) to 2016 (96.1%), a 2.0% change. The increase was statistically significant (p<.0007). Q7 (The person informed me of how to contact the Nurse Advice Line) increased 4.3% from 2015 (87.5%) to (91.3%) in 2016. Which is a statistically significant (p<.0000) increase for this indicator.

Medication Adherence (Lumara)

NAL - Domain/ Line Items	2015 Rate	2016 Rate	Statistical Significance	Rate of Change
Q8. The program helped me take my medication as prescribed	50.0%	64.0%	No statistically significant difference	28.00%
Q9. The maternal health nursing specialist answered my questions and provided me with helpful information	66.7%	78.4%	No statistically significant difference	17.57%
Q10. The program helped me take charge of my health	50.0%	56.9%	No statistically significant difference	13.89%
Q11. Patient education materials received throughout helped me understand how to better care for myself and my baby	50.0%	63.5%	No statistically significant difference	27.03%
Q12. I had a positive experience with the program and with my personal nursing specialist	50.0%	63.9%	No statistically significant difference	27.78%



Of the five line items listed below, the top score that drove this domain was Q9 (The maternal health nursing specialist answered my questions and provided me with helpful information) 66.7% in 2015 and 78.4% in 2016. Four of the composites listed increased in satisfaction from 50% in 2015 but falls below the 85% satisfaction rate goal in 2016. The biggest increase was in indicator Q8 (The program helped me take my medication as prescribed) that changed 28% in 2016 (64.0%). However, no statistical significance identified for this domain. Analysis of this data indicates areas for improvement related to all indicators listed under this domain.

## Barriers and Interventions

Due to efforts NAL has made to increase the Med Triage rate, all questions in this domain statistically increased from (p<.0000) to (p<.0139) exceeding satisfaction goal of 85%. The Outbound domain also demonstrates high performance in satisfaction with all three questions demonstrating increase in performance and two of the three domain questions reporting statistical significance from (p<.0000) to (p<.0007).

Satisfaction with Medication Adherence was identified as the primary areas for improvement for 2017. Medication Adherence reports a decrease in composite performance for the questions listed in that section, the lowest being (Q10, The program helped me take charge of my health) at 56.9%.

Barrier	Opportunity	Selected for Improvement?
BH Members report not receiving all available information on community resources, support groups and treatment options.	Provide member facing EPC staff (case management, care coordinators and customer service representatives) with a community resource list in each market to improve member and family use of natural supports.	Yes
BH Members do not understand the target outcomes of their treatment plans	Conduct CM file reviews focused on treatment planning to provide feedback and improvement on member involvement in treatment planning and identification of targeted outcomes.	Yes
Response rate is below the target	Develop enhanced and streamlined survey process and use vendor to support administration of surveys	Yes
BH members are not reporting improved management of symptoms as a result of their treatment	Provide feedback to participating providers about concerns expressed by members need to recognize improvement in symptom management	Yes
BH members are not reporting improved management of symptoms as a result of their treatment	Provide training and resources to case management and care coordination teams to identify additional supports for members need to manage their symptoms	Yes

## *Conclusion*

All of the EPC books of business, BH, BH CA, DM/LM and NAL, met their overall satisfaction targets. The BH business has the most opportunity for satisfaction improvement, with several questions within the survey falling below the performance target of 85%. The BH survey is unique in that it is the longest survey of all of the businesses within EPC and asks the most detailed questions.

2017 brings opportunity for EPC to consolidate survey processes and develop one streamlined, efficient, effective, scalable survey process to be used across all of the EPC businesses. A dedicated survey team has also been developed to administer, track and report on satisfaction, as well as other required surveys, by the EPC dedicated survey team. This team will ensure all contractual and regulatory obligations and the appropriate stakeholders are involved. This team will also review satisfaction trends and perform analysis to support functional area leaders with operational improvements. This streamlined survey process and associated analysis will allow members and providers a true feedback loop and allow EPC to triangulate satisfaction data with complaints and other key metrics.

# Patient Safety

## Quality of Care Monitoring

The Envolve PeopleCare Behavioral Health Program establishes annual thresholds regarding the number of complaints, Quality of Care Concerns (QOCs), and Critical Incidents pertaining to a specific provider. The Envolve PeopleCare Behavioral Health Program Quality Monitoring report is used to support Credentialing Committee (CC), peer review activities, and informs the Envolve PeopleCare Behavioral Health Program network management strategy.

### Methodology

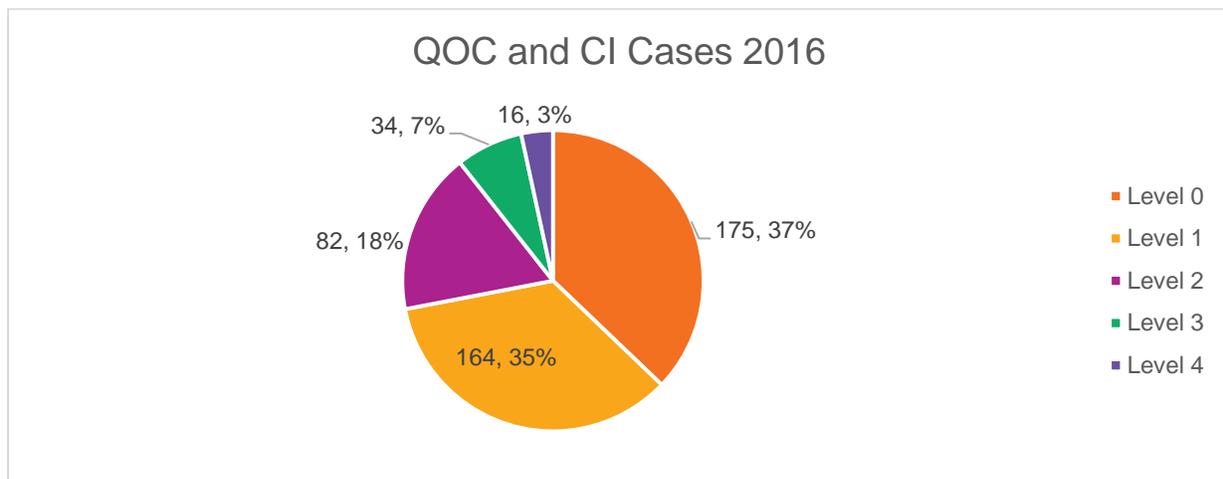
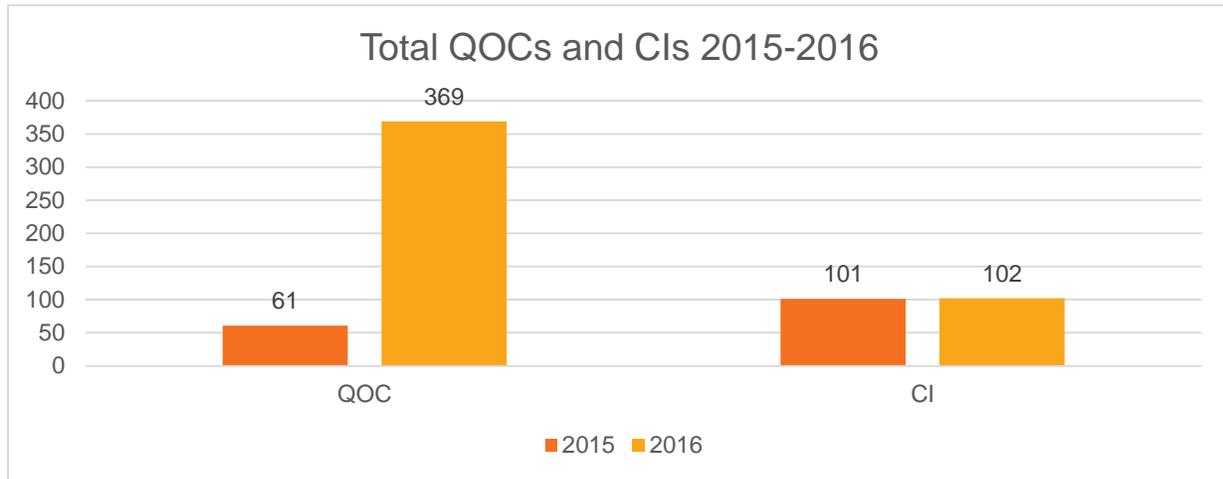
For EPC BH and EPC BH CA, the performance measures utilized in the Quality Monitoring report are as follows:

- QOC Concerns
  - > 5 Level 0-2 QOC Concerns
  - > 1 Level 3 or 4 QOC Concern

Level	Definition
Level 0	Investigation indicates acceptable quality of care has been rendered to the Member (no quality issue found).
Level 1	Investigation indicates that a particular case was without significant potential for serious adverse effects, but could become a problem if a pattern developed (minimal adverse effect).
Level 2	Investigation indicates that a particular case demonstrated a moderate potential for serious adverse effects (moderate adverse effect).
Level 3	Investigation indicates that a particular case has demonstrated a significant potential for serious adverse effects (moderately severe adverse effect).
Level 4	Investigation indicates that a particular case demonstrated a serious, significant adverse outcome (severe adverse effect).

- Complaints
  - > 1 Complaint per thousand members in the most recent rolling twelve-month period
- Critical Incidents
  - Any critical incident
- Corrective Action Plans (CAPs)
  - QOC Concern improvement activities
  - Utilization Management corrective actions
  - Complaint resolution corrective actions

## Analysis EPC BH



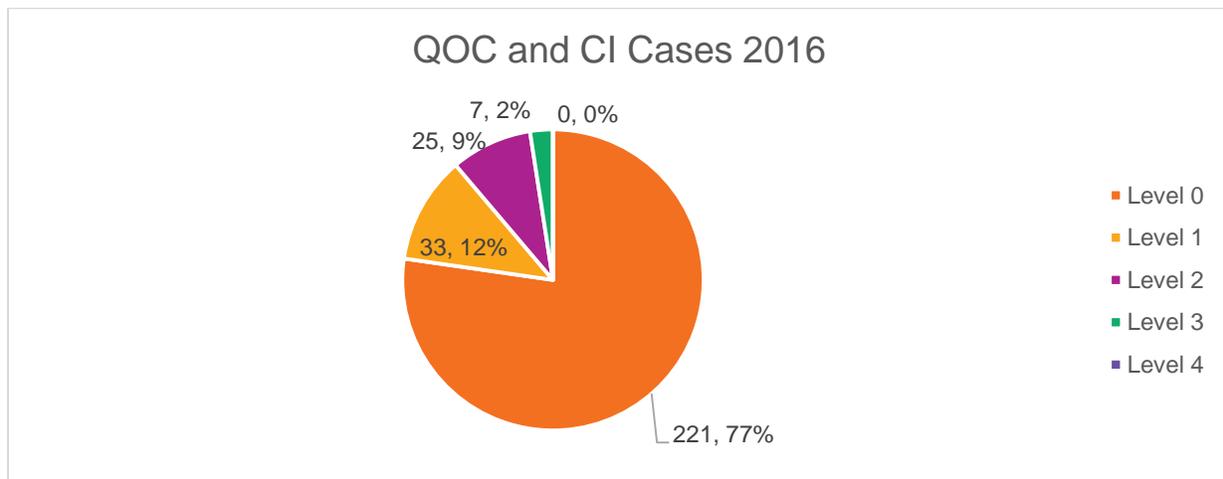
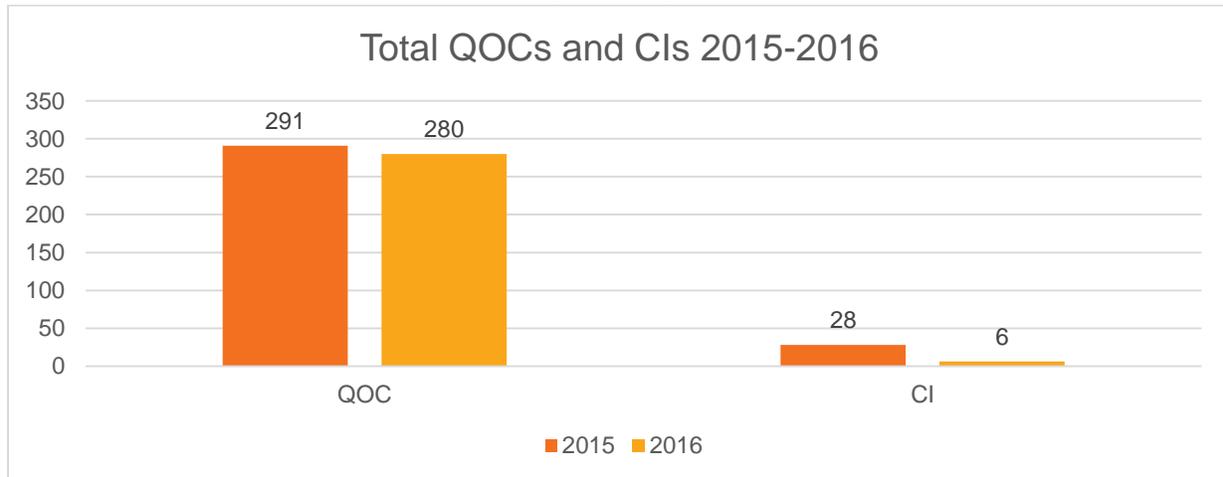
As shown above, 471 cases were reviewed and closed in 2016 compared to 162 cases in 2015. This represents a 190% increase in the number of QOC and Critical Incident cases in 2016 compared to 2015. This dramatic increase can be attributed to increased market representation and membership, as well as varying standards within these markets. For example, the Louisiana Market, which went live in December 2015, required more stringent QOC tracking and reporting processes when compared to other markets and was the primary factor contributing to the overall increase. Seventy-two percent (72%) of the cases reviewed in 2016 were leveled at a 0 or 1. At the time of reporting, 178 cases received in 2016 are currently open and pending investigation and review.

Appropriate use of polypharmacy was identified as a negative trend in potential QOC concerns in 2015. As such, The BH Program expanded its Psychotropic Medication Utilization Review (PMUR) program to all markets to provide behavioral health quality review and technical assistance to providers to ensure appropriate, quality services are provided to members. In 2016, 18 Psychotropic Medication Utilization Review (PMUR) cases were processed. Only one of those cases required a CAP,

as determined by the assigned Medical Director. Six of the PMUR cases are currently open and pending review.

## EPC BH CA

EPC BH CA refers to QOCs as Potential Quality Issues (PQIs) and Cis as Untoward Events.



As shown above, 286 cases were reviewed and closed in 2016 compared to 319 cases in 2015. This represents a 10.3% decrease which did not show to be a significant change due to any external factors. Eighty-nine percent (89%) of the cases reviewed in 2016 were leveled at a 0 or 1. No cases were leveled as a Level 4. There was also a 78.6% decrease in Critical Incidents (untoward events) from 2015 to 2016.

## Barriers and Interventions

QOCs at levels 0-2 are included in the Quality Monitoring Report when a provider reaches five or more during the reporting period; all cases rated level 3 or 4 are included in the report. The EPC Clinical Quality Improvement Coordinator, in collaboration with a Medical Director, determines if a

provider requires a CAP and, if so, the process is implemented and monitored according to the EPC BH Program’s prevailing policies and procedures.

In 2016, EPC BH identified 40 providers who met the Quality Monitoring thresholds for inclusion on the Quality Monitoring report. The EPC Program established a goal in 2016 to assess 100% of contracted providers against the Quality Monitoring standards. The EPC Program successfully met this goal in 2016 and continues to prioritize this monitoring activity in its 2017 Quality Improvement Work Plan. The EPC Credentialing Committee meeting Minutes document the review and discussion of the Quality Monitoring Reports by the committee in its evaluation of providers and subsequent decision-making regarding inclusion in the provider network.

The EPC Program’s Quality and Process Improvement Department conducts interim monitoring of all practitioner/provider CAPs and provides technical assistance to providers/practitioners to effect improved compliance with the EPC Program’s safety standards. Ongoing monitoring of provider quality is reported quarterly to the EPC Credentialing and Peer Review Committees.

Barrier	Opportunity	Selected for Improvement?
Stringent QOC tracking and reporting processes in LA contributing to higher caseloads and missed TATs	Collaborate with Healthplan to revise policy for opening QOCs.	Yes

## Medical/Suicide/Homicide Emergency Incident Reporting (DM/LM)

The Envolve PeopleCare (EPC) Disease/Lifestyle Management (DM/LM) Program follows formal guidelines to ensure that appropriate staff are prepared for and can respond in an expedient and effective manner to participants with urgent/emergent (acute decompensation), abnormal but non-life threatening situations, or potentially life-threatening behavioral health emergencies, such as suicide or homicide ideation with intent and a plan. The EPC DM/LM Program has a responsibility to monitor participant safety and inform practitioners about the conditions of individual patients and to encourage program participants to follow the care advice offered by EPC’s health coaches, emergency services and their health care providers. Therefore, the EPC DM/LM Program monitors medical/suicide/homicide emergency incidents experienced by a program participant during a call/visit with a Health Coach quarterly and annually to ensure the safety of EPC’s DM/LM program participants.

### Methodology

The process of monitoring participant safety uses three metrics 1) Internal Notification 2) PCP notification and 3) Medical Director’s Response Timeliness to measure timelessness for emergency incidents. The first two metrics ensure that timely notifications of the emergency incident are

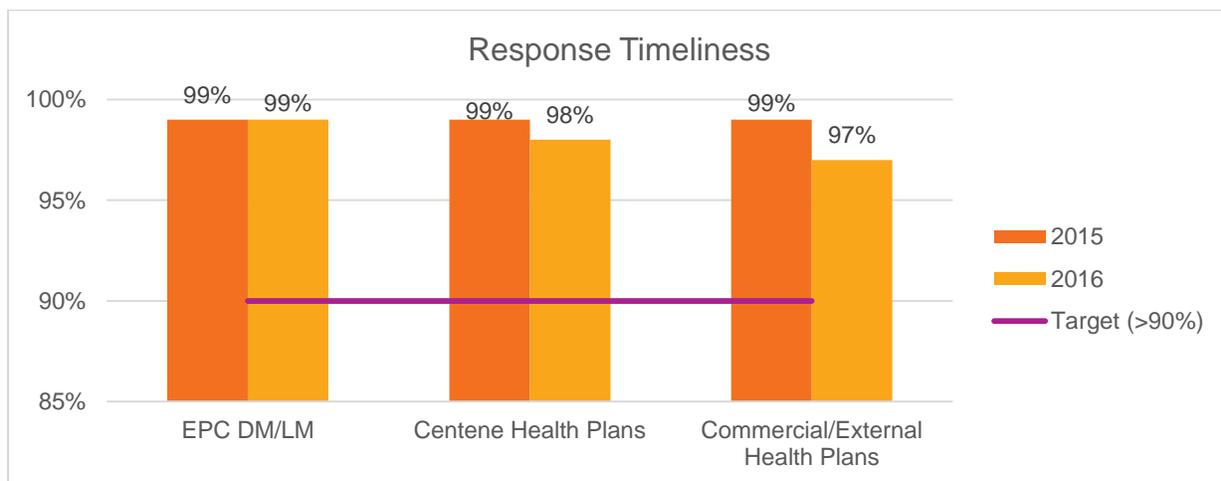
reported to the appropriate internal and external parties. The third metric measures the timeliness of the Medical Director’s assessment of the incident and actions, including follow up, taken by the Health Coach as well as any recommendations for further action/follow up. While reported as an aggregate, EPC DM/LM Program monitors and measures each of the three metrics independently to ensure that all three are in compliance with timeliness standards and that the overall response to an emergency incident is not negatively impacted by any one metric.

## Goal

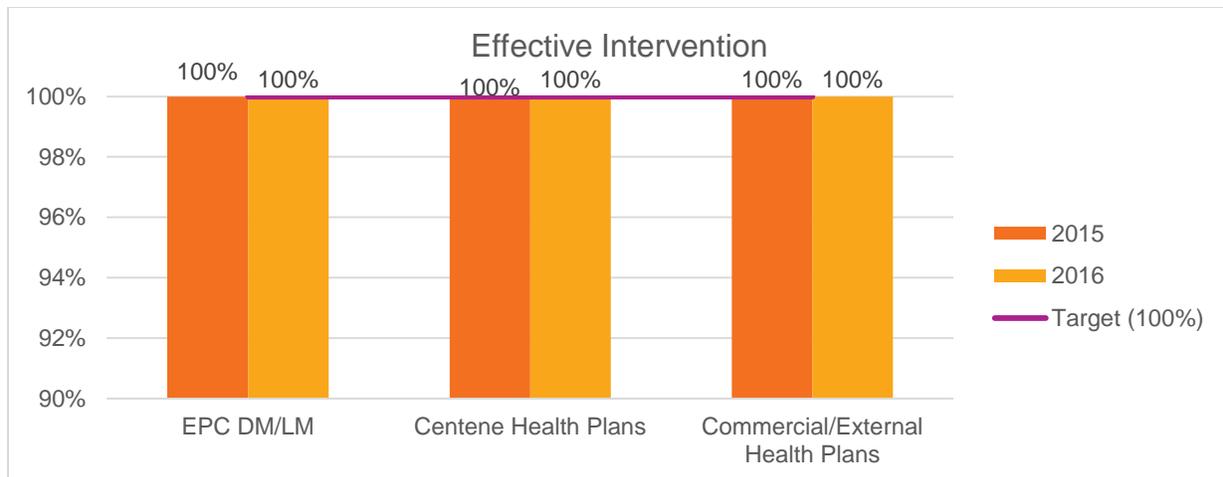
- Number of Medical/Suicide/Homicide Alerts compliant with Internal Notification, Medical Director Timeliness Response, and PCP Notification divided by the Total number of Medical/Suicide/Homicide Alerts.: Goal of 100%
- Number of Suicide/Homicide alerts that EPC DM/LM Program where effectively intervened, divided by the Total number of Suicide/Homicide Alerts: Goal of 100%

## Analysis

The following table illustrates Medical/Suicide/Homicide Emergencies submitted by EPC DM/LM Program Coaches for each Sponsor during 2016:



- EPC DM/LM Program -All (aggregate all Sponsors) continued to exceed the 90% threshold for all alerts generated during 2016. Performance remained the same from 2015.
- Centene SBU (aggregate all Centene health plans) continued to exceed the 90% threshold for all alerts generated during 2016. Performance decreased by 1% point<sup>1</sup> from 2015.
- Commercial Market (aggregate all commercial Sponsors which excludes all Centene health plans) exceeded the 90% threshold for all alerts generated during 2016. Performance decreased by 2% points from 2015.



After a suicide alert has been generated EPC DM/LM Program Health Coaches follow-up with the participant the next business day to check on them.

### Barriers and Interventions

No barriers or opportunities for improvement were identified since all lines of business met the performance goal of 100% quarterly.

## Consumer Safety Monitoring - Review of Override Dispositions

It is the policy of EPC NAL that there is ongoing review and analysis of triage disposition utilization to identify educational or system needs. The goal of this measure is to monitor and track the number and percentage of override disposition advised.

During the course of a triage, recommended dispositions may be overridden by an appropriately licensed clinical professional. An “upgrade” involves choosing a disposition with a higher acuity level than the guideline recommends. A “downgrade” involves choosing a disposition with a lower acuity level than the guideline recommends.

### Analysis

Disposition	2015 Aggregate	2016 Aggregate
Upgrade	12,318	11,844
% Upgrade	5.6%	6.03%
Downgrade	18	26
% Downgrade	0.008%	0.01%

Disposition	2015 Aggregate	2016 Aggregate
No Change	207,523	184,500
% No Change	94%	93.96%
Total Triages	219, 859	196,370

All disposition upgrades and downgrades are investigated by a clinical member of the Quality Improvement Team. Investigation results will be used to identify opportunities for improvement. All disposition downgrades related to clinical judgment are logged and investigated by QI as well as the Call Center Supervisor. Corrective actions are taken as appropriate. Although there was a decrease in the number of Total Triages from 2015 to 2016, the number of downgrades increased by .002%. The figures do not represent a statistically significant change year over year.

## Conclusion

Potential Quality of Care concerns, critical and emergency incident reporting as well as override dispositions are all indicators EPC monitors to measure patient safety. The EPC quality team dedicates resources to researching each of the identified indicators of patient safety, and follows detailed processes to ensure each incident is fully investigated and resolved. Based on trends in QOCs, incidents and disposition downgrades, additional actions are taken with participating providers and clinical staff to ensure all protocols are followed and members receive safe, appropriate care.

## Cultural Competency

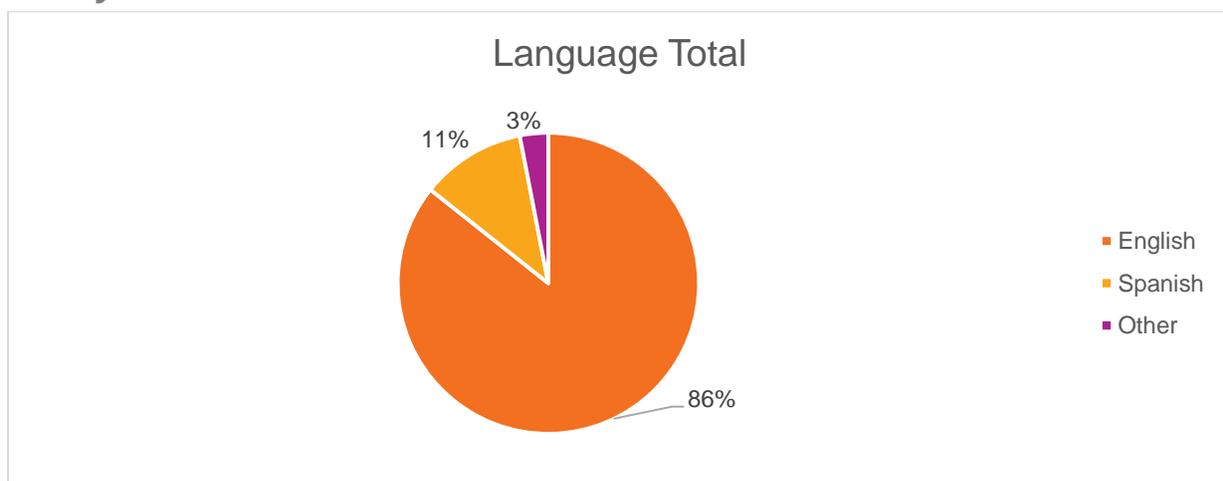
Envolve PeopleCare (EPC) demonstrates a commitment to a comprehensive linguistic and cultural competency plan and describes how the organization ensures the cultural and linguistic needs of members are considered and included in service management. The objectives of this policy include the following:

- To ensure that EPC is aware of and identifies members and participants who may need additional resources to meet their cultural and linguistic preferences.
- To ensure that EPC meets the language requirements of its client health plans and their State-mandated requirements to provide member and participant materials in easily understandable formats, including special attention to the reading level requirements set forth.
- To ensure that EPC meets the needs of members and participants who may require materials in additional formats such as large font, braille and audio recordings.
- To ensure that EPC meets the needs of members and participants in providing access to interpreters, onsite and offsite, when speaking with EPC staff or provider staff.

## Language Needs (DM/LM)

Envolve PeopleCare (EPC) Disease/Lifestyle Management (DM/LM) Program generates and reviews an annual Primary Language report to ensure that the language needs of all participants in active coaching on the date the report is generated are being met. The Primary Language report displays the number of DM/LM members with the primary language specified, includes all clients, and displays active members only. The EPC DM/LM Program’s current major populations continue to be English and Spanish. Bilingual staff or internal Language Assistants are available for use on an as needed basis. Onsite Spanish interpreters are also available to help meet the needs of participants with limited English proficiency.

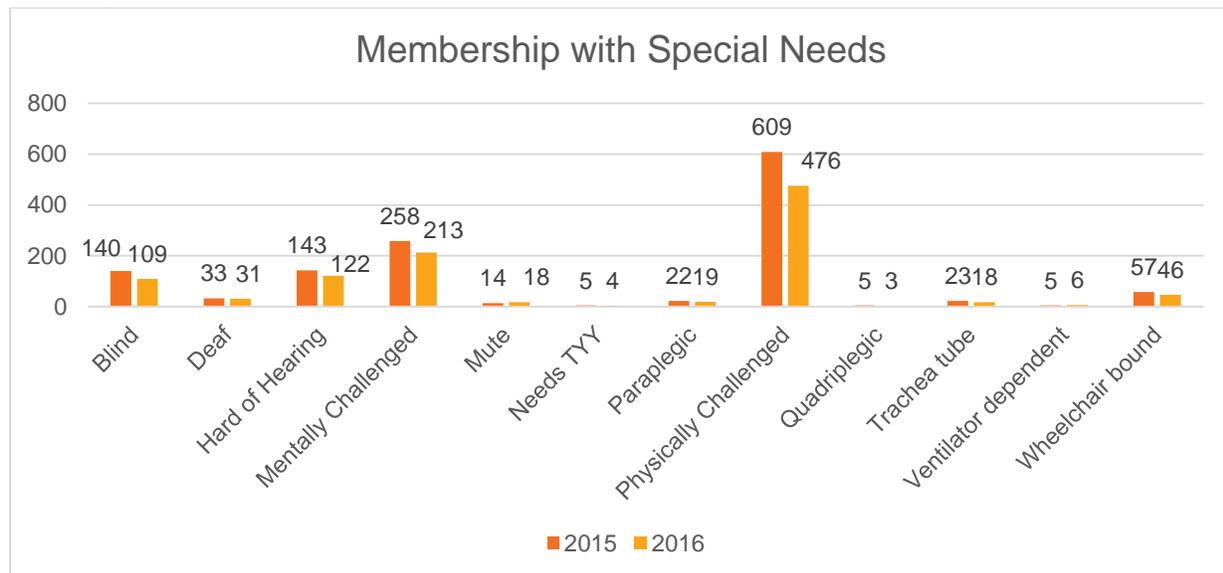
### Analysis



There are a total of 130,439 DM/LM members on the 2016 Primary Language Report for all the EPC DM/LM Program lines of business. As indicated by the data, English (114,338) and Spanish (15,033) continue to be the dominant languages for the EPC DM/LM Program’s population. There were 1,068 members on the Primary Language Report that speak another language (e.g., Arabic, Vietnamese, Creole, Russian, etc.), however, there does not appear to be a significant number concentrated in one language. No barriers or interventions identified.

## Special Needs (DM/LM)

### Analysis



Of the Envolve PeopleCare (EPC) Disease/Lifestyle Management (DM/LM) Program’s membership in 2016, there were 1,065 participants with special needs, decreasing by 249 from 2015. Of the 1,065 participants, 159 had more than one special need. The following table denotes the type of special need and how many participants have that special need. Care is taken to ensure that goals set with participants take into account any limitations or special needs that have been communicated to the EPC DM/LM Program. No barriers or interventions identified.

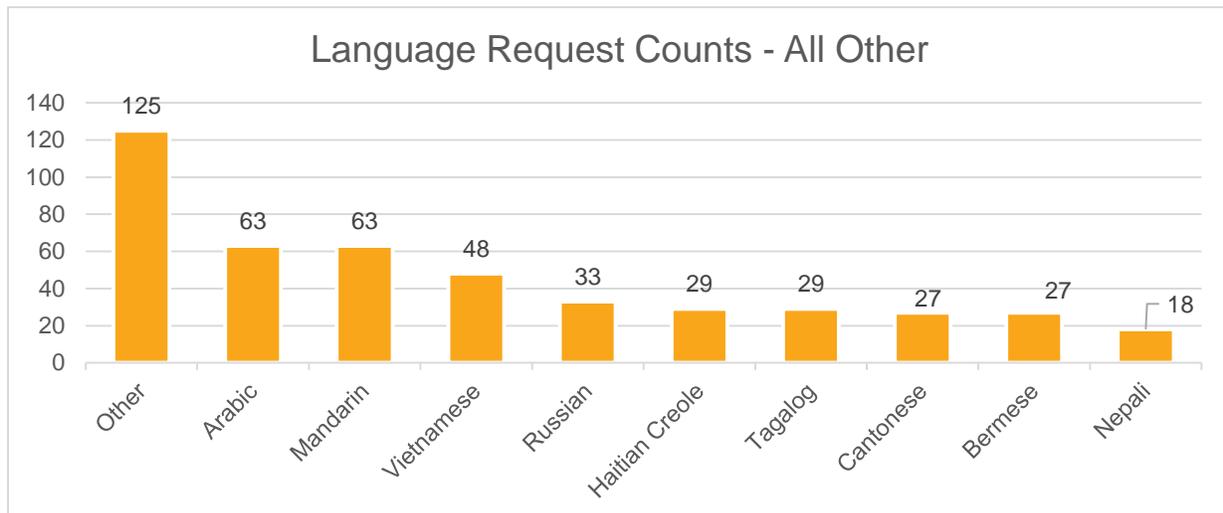
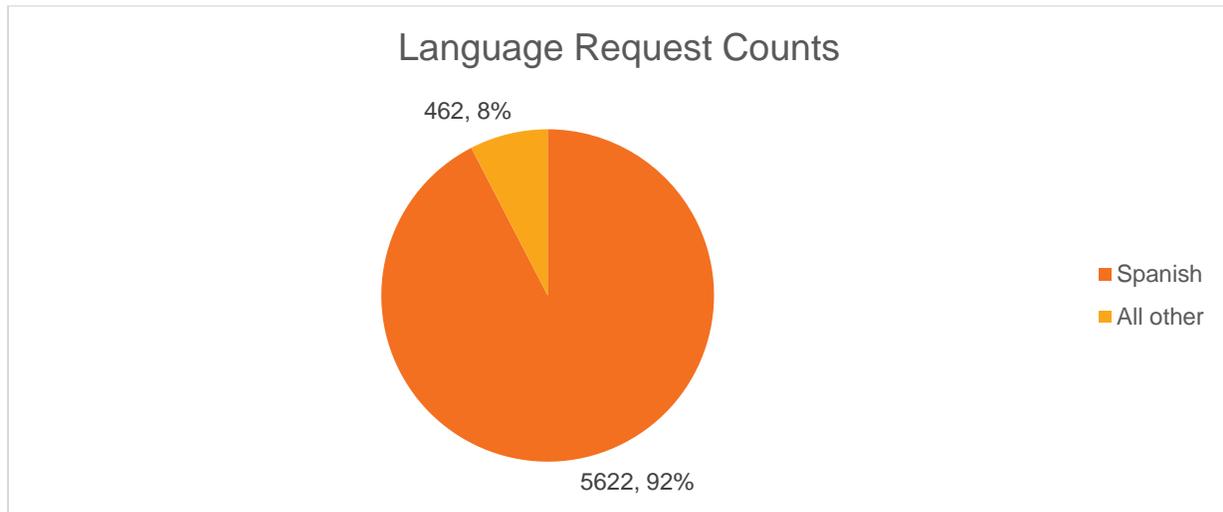
## Communication Needs (NAL)

EPC Nurse Advice Line offers translation services to all callers for all functional area businesses. Staff are able to identify linguistic needs of members through various operational systems, including the clinical management system.

The Nurse Advice Line utilizes two Vendors, HOLA, which specializes in Spanish language services, as well as Voiance for all language translation needs.

## Analysis

In 2016, 2.91% (6,084/208,840) all calls through the Nurse Advice Line utilized translation services. Spanish was the most requested language other than English. The Nurse Advice Line received 5,622 requests for Spanish translation, which equates to 2.69% of all call volume and 92.4% of all translation utilized calls (5622/6084).



# Clinical Practice Guidelines (CPGs)

## Behavioral Health CPGs

### *Measure Descriptions and Relevance*

EPC BH adopts and disseminates clinical practice guidelines (CPGs) that are relevant to the needs of its enrolled members. EPC BH believes clinical practice guidelines help practitioners and members make decisions about appropriate care for specific clinical circumstances. To determine practitioner adherence to its clinical practice guidelines, EPC BH annually measures performance against important aspects of selected guidelines.

For the reporting period of January 1, 2016, through December 31, 2016, EPC BH identified the following specific aspects of care for measurement and analysis for the following CPGs: Practice Guideline for the Treatment of Patients with Major Depressive Disorder, from the American Psychiatric Association, Practice Parameter for the Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder, from the American Academy of Child and Adolescent Psychiatry; and Practice Guideline for the Treatment of Patients with Schizophrenia, second edition, from the American Psychiatric Association.

#### Practice Guideline for the Treatment of Patients with Major Depressive Disorder

- *Measurement 1:* Antidepressant Medication Management—Effective Acute Phase (AMM Acute)
- *Measurement 2:* Antidepressant Medication Management—Effective Continuation Phase (AMM Continuation)

#### Practice Parameter for the Assessment and Treatment of Children and Adolescents with Attention Deficit/Hyperactivity Disorder

- *Measurement 1:* Follow-Up Care for Children Prescribed ADHD Medication— Initiation Phase (ADD Initial)
- *Measurement 2:* Follow-Up Care for Children Prescribed ADHD Medication— Continuation and Maintenance Phase (ADD Continuation)

#### Practice Guideline for the Treatment of Patients with Schizophrenia

- *Measurement 1:* Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
- *Measurement 2:* Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)

## Methodology

All data collection conforms to the 2017 HEDIS Technical Specifications.

Data sources: Claims data

Performance goal: Listed in the table below for each measure

### Antidepressant Medication Management (AMM)

Population: Members 18 years of age and older

Inclusion Criteria: Must be diagnosed with a new episode of major depression and treated with antidepressant medication.

Continuous enrollment for 120 days (4 months), prior to the Index Episode Start Date (IESD) through 245 days after the IESD. The IESD is defined as the earliest encounter during the Intake Period with any diagnosis of major depression that meets the following criteria:

- A 120-day (4-month) Negative Diagnosis History
- A 90-day (3-month) Negative Medication History

Exclusion Criteria: Members not meeting the inclusion criteria for continuous enrollment and IESD criteria above.

Two rates are reported:

- Effective Acute Phase Treatment: The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks).
- Effective Continuation Phase Treatment: The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months).

Denominator description: The eligible population meeting inclusion criteria

Numerator description:

- Effective Acute Phase Treatment: At least 84 days (12 weeks) of continuous treatment with antidepressant medication during the 114-day period following the IPSD
- Effective Continuation Phase Treatment: At least 180 days (6 months) of continuous treatment with antidepressant medication during the 231-day period following the IPSD

Measurement Period: HEDIS 2017

Reporting Frequency: EPC BH monitors adherence to Clinical Practice Guidelines and provides analysis of rates annually

### Follow-Up Care for Children Prescribed ADHD Medication (ADD)

Population: Members ages 6 years to 12

Inclusion Criteria: Continuous enrollment for 120 days (4 months) prior to the Index Prescription Start Date (IPSD) through 30 days after the IPSD and must have a negative medication history prior to the IPSD. The IPSD is the dispensing date of the earliest ADHD prescription in the Intake Period with a Negative Medication History.

Exclusion Criteria: Members with an acute inpatient claim/encounter with a principal diagnosis or DRG for mental health or substance abuse during the 30 days after the IPSD.

Indicator 1:

- Denominator description: The total eligible population who meet the inclusion criteria above

- Numerator description: One face-to-face outpatient, intensive outpatient or partial hospitalization follow-up visit with a practitioner with prescribing authority, within 30 days of the IPSD.

Indicator 2:

- Denominator description: All eligible population from Indicator 1 and filled a sufficient number of prescriptions to provide continuous treatment for at least 210 of the 300 days following the IPSD.
- Numerator Description: Compliant for Indicator 1—Initiation Phase, and At least two follow-up visits from 31–300 days (9 months) after the IPSD with any practitioner.

Data Source: Claims

Measurement Period: HEDIS 2017

Reporting Frequency: Annually

## Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

Population: 9–64 years of age

Inclusion Criteria: Must have schizophrenia as those who met at least one of the following criteria during the measurement year:

- At least one acute inpatient encounter with any diagnosis of schizophrenia.
- At least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or non-acute inpatient setting, on different dates of service, with any diagnosis of schizophrenia.

Exclusion Criteria: A diagnosis of dementia and/or did not have at least two antipsychotic medication dispensing events.

One rate is reported: The percentage of members 19–64 years of age during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Denominator description: The eligible population meeting inclusion criteria.

Numerator description: The number of members who achieved a PDC of at least 80% for their antipsychotic medications during the measurement year.

Measurement Period: January 1, 2016 – December 31, 2016

## Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)

Population: Members 18-64 years of age

Inclusion Criteria: Must be diagnosed with schizophrenia or bipolar disorder, which were dispensed an antipsychotic medication and have a diabetes screening test during the measurement year.

Must be continuously enrolled for the measurement year with no more than one 45 day gap in enrollment during that measurement year.

Members with a diagnosis of Diabetes.

Identify members with schizophrenia or bipolar disorder as those who met at least one of the following criteria during the measurement year:

- At least one acute inpatient encounter, with any diagnosis of schizophrenia or bipolar disorder.
- At least two visits in an outpatient, intensive outpatient, partial hospitalization, emergency department or non-acute inpatient setting, on different dates of service, with any diagnosis of schizophrenia or bipolar disorder.

Exclusion Criteria: Members not meeting the inclusion criteria for continuous enrollment.

Members who were dispensed insulin or oral hypoglycemics/antihyperglycemics during the measurement year or year prior to the measurement year on an ambulatory basis.

One rate is reported: The percentage of eligible members who receive a Diabetes Screening test at least once during the measurement year.

Denominator description: The eligible population meeting inclusion criteria.

Numerator description: Number of members who received at least one glucose test or an HbA1c test performed during the measurement year, as identified by claim/encounter or automated laboratory data.

Measurement Period: January 1, 2016 – December 31, 2016

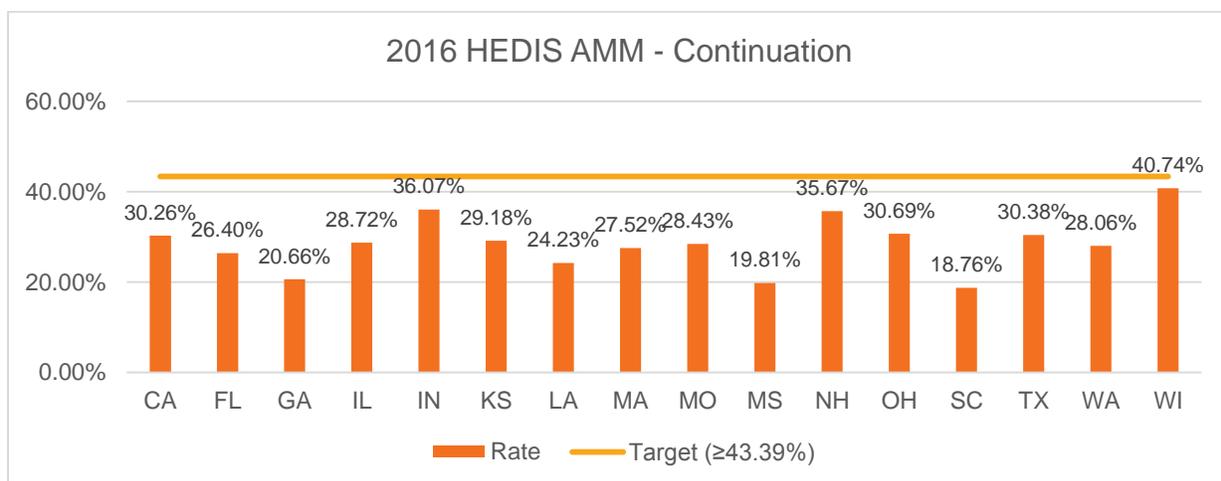
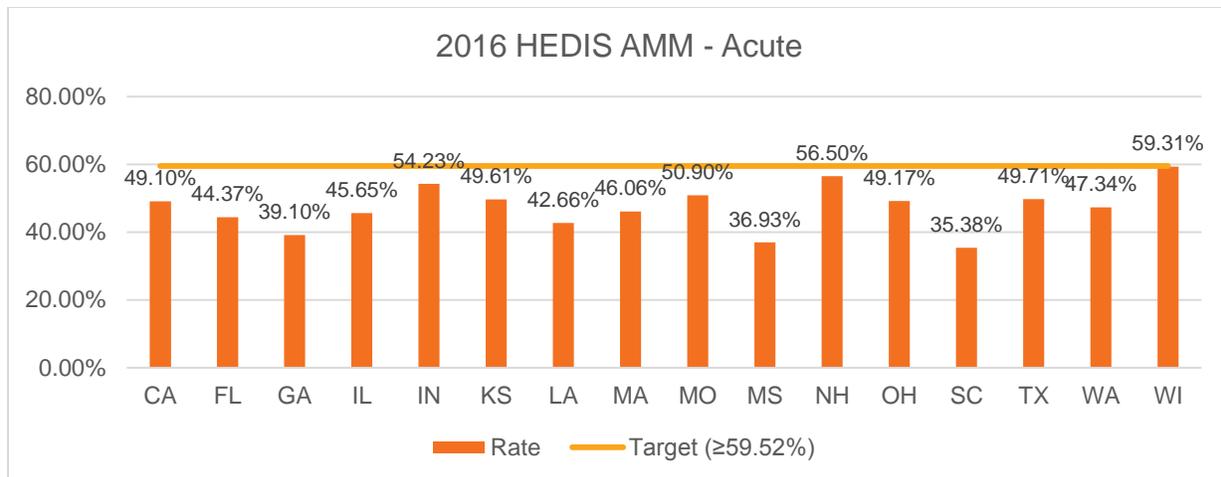
Reporting Frequency: Interim monitoring monthly and quarterly; formal analysis annually.

## Analysis – EPC BH

### Antidepressant Medication Management (AMM)

EPC BH HEDIS Rates: Antidepressant Medication Management  
Goal: NCQA 75th Percentile: Acute Phase – 59.52% Continuation Phase – 43.39%

AMM Indicator	2015			2016		
	Num	Denom	Rate	Num	Denom	Rate
Effective Acute Phase Treatment	13214	28302	46.7%	20046	40267	49.78%
Effective Continuation Phase Treatment	8933	28302	31.6%	13769	40267	34.19%



The AMM Acute Phase significantly increased from 46.7% in 2015 to 49.8% in 2016 ( $p < 0.000$ ) but remained below the 75<sup>th</sup> percentile goal of 59.52%. The Continuation Phase rate significantly increased from 31.6% in 2015 to 34.2% in 2016 ( $p < 0.000$ ) but remained below the 75<sup>th</sup> percentile goal of 43.39%.

*Barriers & Interventions*

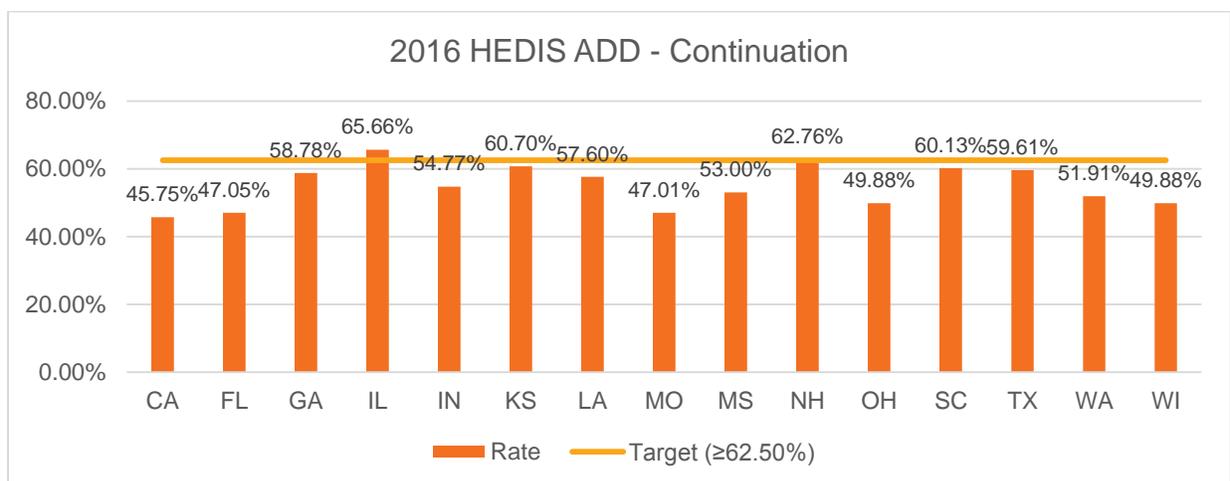
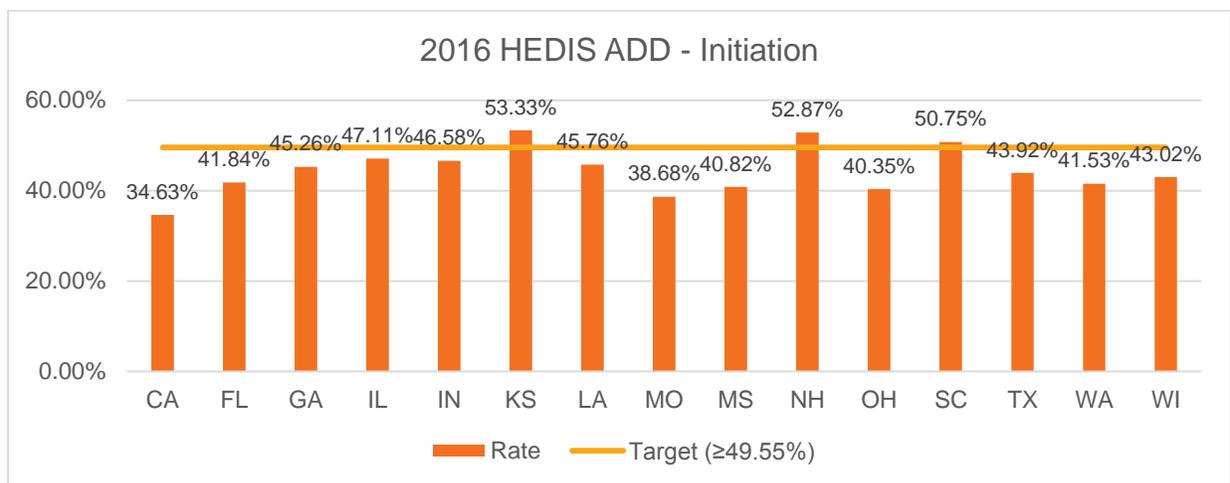
Root Cause/ Barrier	Proposed Intervention	Selected	Date
Practitioners not adhering to the Depression (AMM) CPG.	Provide Tool Kits to Primary Care Practitioners to ensure they have accurate and useful information to enable them to adhere to the Depression CPG's.	Yes	04/01/15
Members and parents/guardians are not adhering to medication treatment plans.	Conduct targeted scheduled clinical outreach calls to assess medication compliance and treatment needs for members being treated for Depression.	Yes	01/01/15
	Conducted ELIZA automated phone calls to members in TX to offer support and resources for medication adherence	Yes	02/01/16

## Follow-Up Care for Children Prescribed ADHD Medication (ADD)

EPC BH HEDIS Rates: Follow-Up Care for Children Prescribed ADHD Medication (ADD)

Goal: NCQA 75th Percentile: Initiation Phase – 49.55% C&M Phase- 62.50%

ADD Indicator	2015			2016		
	Num	Denom	Rate	Num	Denom	Rate
Effective Initiation Phase Treatment	10987	23755	46.25%	15778	36760	42.92%
Effective Continuation Phase Treatment	2519	4320	58.31%	3847	7296	52.73%



The EPC BH ADD Initiation Phase Rate significantly declined from 46.25% in 2015 to 42.92% in 2016 ( $p < 0.000$ ) and remained below the below the 75<sup>th</sup> percentile goal of 49.55%. The Continuation Phase also declined from 58.31% in 2015 to 52.73% in 2016 ( $p < 0.000$ ) and remained below the 75<sup>th</sup> percentile goal of 62.50%.

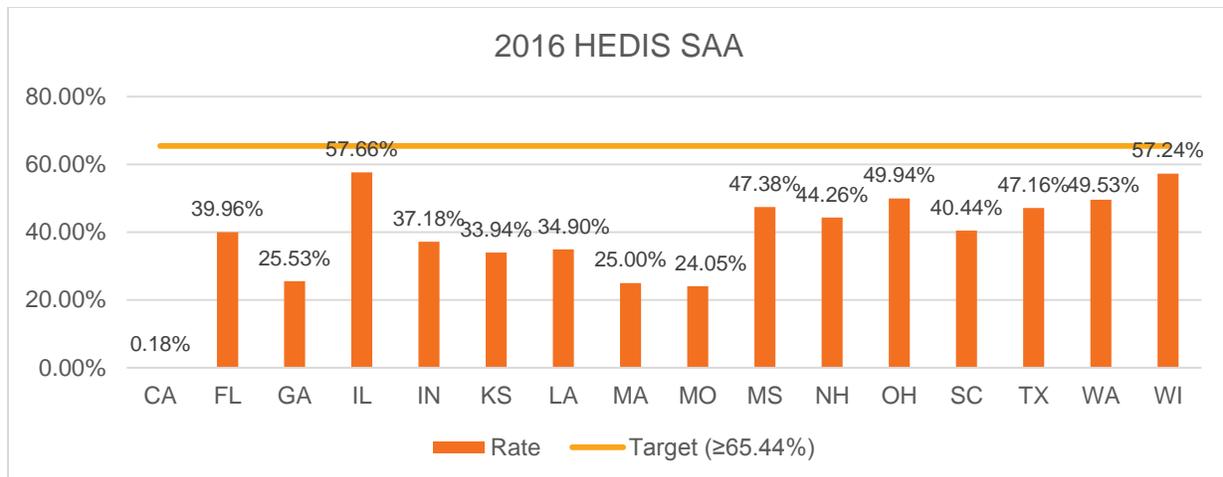
For the Initiation phase, KS, NH, and SC surpassed the 75<sup>th</sup> percentile goal. For the Continuation & Maintenance phase, IL and NH surpassed the 75<sup>th</sup> percentile goal. In the KS market, the Clinical team has a position dedicated to HEDIS, including team awareness and working on performance improvement plans. Due to that general visibility and oversight, that market is performing higher than teams that do not have that position. In NH, LA, MS, GA, and WA, Clinical frontline staff are making automated or manual calls to members who are identified by pharmacy reports as a reminder to the member or parent to schedule a follow-up appointment with the doctor after an initial script was given. As with any outreach attempt, the barrier of accurate phone numbers and of having members return phone calls continues to be a barrier. Specifically in OH, letters were sent to providers with the clinical practice guideline reminders.

### Barriers & Interventions

Root Cause/ Barrier	Proposed Intervention	Selected	Date
Practitioners not adhering to the ADD/ADHD CPG	Provide Tool Kits to Primary Care Practitioners to ensure they have accurate and useful information to enable them to adhere to the Depression and ADHD CPG's	Yes	04/01/15
Members are not aware of appointments and the need to attend them for ADD/ADHD medications	Use a Proactive Outreach Management system to make automated calls to members to engage them in case management	Yes	03/01/15
Members and parents/guardians are not adhering to medication treatment plans.	Expanded markets for Proactive Outreach Management calls including LA, NH, MS, AND WA	Yes	01/01/16

## Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

EPC BH HEDIS Rates: Adherence to Antipsychotic Medications						
Goal: NCQA 75th Percentile: 65.44%						
SAA Indicator	2015			2016		
	Num	Denom	Rate	Num	Denom	Rate
SAA Measure	6427	12308	52.22%	49160	108468	45.32%



The SAA measure significantly decreased from 52.22% in 2015 to 45.32% in 2016 ( $p < 0.000$ ) and remained below the 75<sup>th</sup> percentile goal of 65.44%. The decrease in rates should be interpreted with caution since the 2016 denominator increased by 780% from that of 2015 due to the inclusion of the SAA measure into EPC data collection methods.

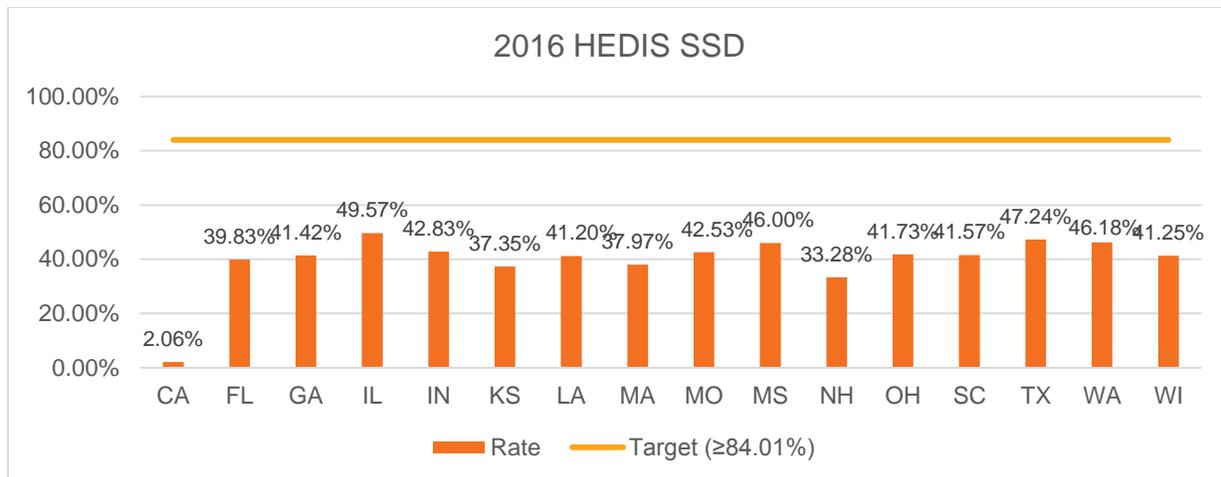
### Barriers and Interventions

As the SAA measure is relatively new, no interventions were implemented during 2016, specifically to impact the measure. However, Clinical frontline staff do follow up with all inpatient discharges, so it is likely that if staff were able to connect with members post-discharge, then members in the denominator were contacted.

## Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)

EPC BH HEDIS Rates: Diabetes Screening for People with Schizophrenia & Bipolar Disorder Using Antipsychotic Medications  
Goal: NCQA 75th Percentile: 84.01%

SSD Indicator	2015			2016		
	Num	Denom	Rate	Num	Denom	Rate
SSD Measure	12127	15760	76.95%	103507	246891	41.92%



The SSD measure significantly decreased from 76.95% in 2015 to 41.92% in 2016 (p<0.000) and remained below the 75<sup>th</sup> percentile goal of 84.01%. The decrease in rates should be interpreted with caution since the 2016 denominator increased by 1466% from that of 2015 due to the inclusion of the SSD measure into EPC data collection methods.

### Barriers & Interventions

Root Cause/ Barrier	Proposed Intervention	Selected	Date
Practitioners not ensuring members are tested for diabetes when taking an antipsychotic medication	Conduct targeted medical record reviews of high volume practitioners in the MS, OH and SC markets to provide focused technical assistance and corrective action	Yes	02/01/16

As outlined above, EPC BH’s enterprise wide results for the AMM, ADD, SAA and SSD measures indicate opportunities for improvement overall. Recognizing these are shared measures between physical and behavioral health, EPC BH has established ongoing work groups in which the clinical and quality staff interface with health plan partners to develop interventions from a collaborative perspective. EPC BH has also begun participating in the health plan HEDIS steering committees to ensure information sharing and discussion about market trends and best practices are continuously incorporated into activities.

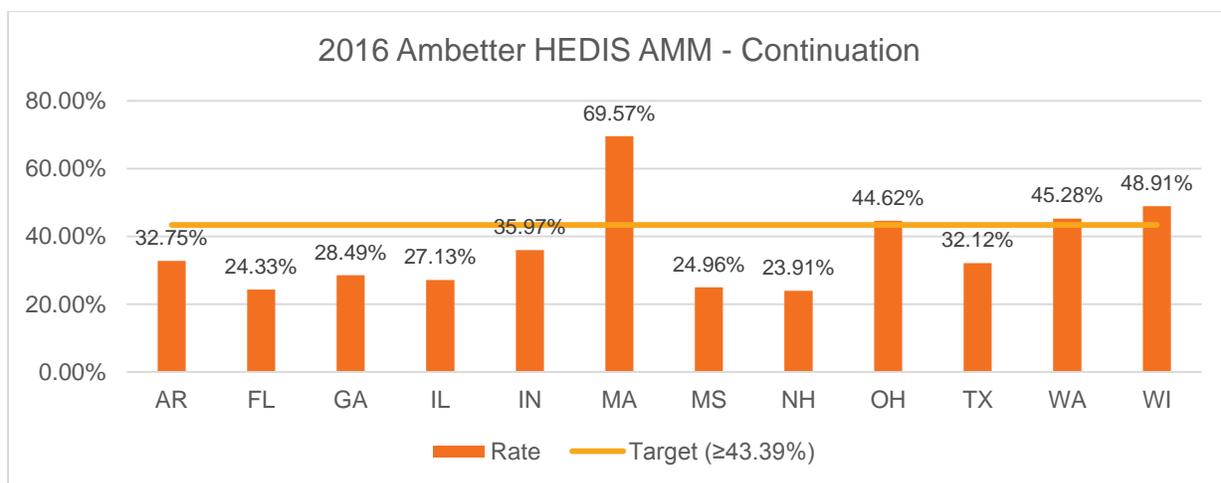
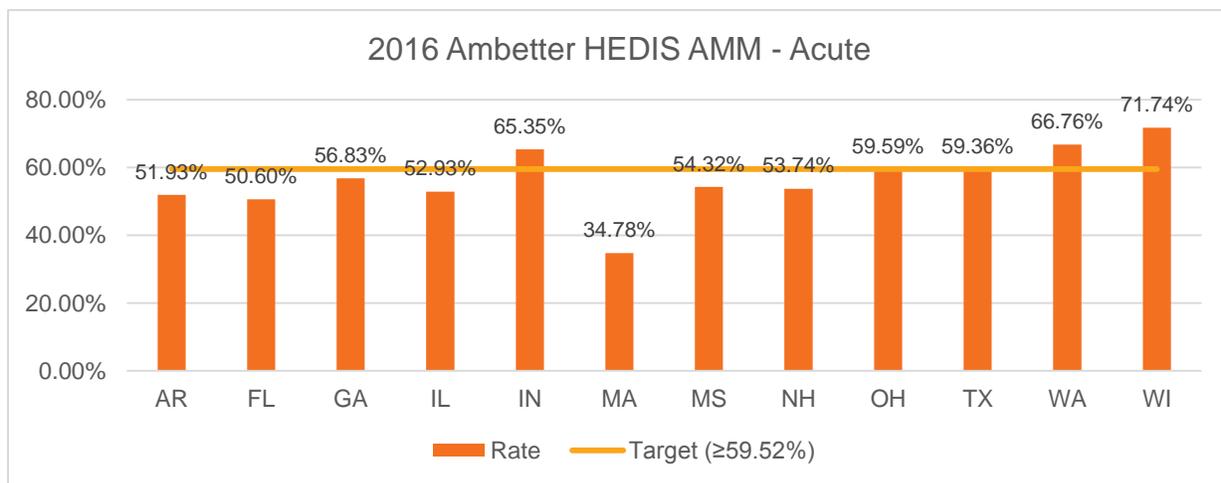
### Analysis – EPC BH Ambetter

Note: For the Ambetter product the age range for the ADD measure (6-12 years old) excludes it from reporting. However, the AMM, SAA and SSD measures are analyzed and reported below.

## Antidepressant Medication Management (AMM)

EPC BH Ambetter HEDIS Rates: Antidepressant Medication Management  
 Goal: NCQA 75th Percentile: Acute Phase – 59.52% Continuation Phase- 43.39%

AMM Indicator	2015			2016		
	Num	Denom	Rate	Num	Denom	Rate
Effective Acute Phase Treatment	1295	2176	59.51%	1689	2879	58.67%
Effective Continuation Phase Treatment	1014	2176	46.60%	1244	2879	43.21%



The Ambetter AMM Acute Phase insignificantly declined from 59.51% in 2015 to 58.67% ( $p < 0.54$ ) but remained below the 75<sup>th</sup> percentile goal of 59.52%. The Continuation Phase rate significantly decreased from 46.60% in 2015 to 43.21% ( $p < 0.01$ ) and remained below the 75<sup>th</sup> percentile goal of 43.39%.

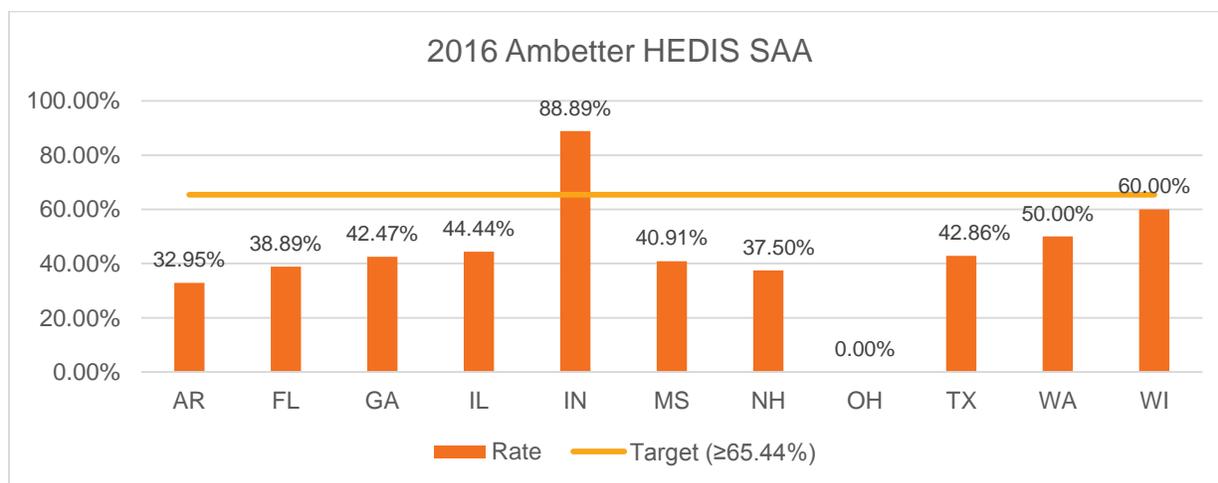
### Barriers & Interventions

Root Cause/ Barrier	Proposed Intervention	Selected	Date
Practitioners not adhering to the Depression (AMM) CPG	Provide Tool Kits to Primary Care Practitioners to ensure they have accurate and useful information to enable them to adhere to the Depression CPG's	Yes	04/01/15
Members and parents/guardians are not adhering to medication treatment plans.	Conduct targeted scheduled clinical outreach calls and monthly Depression flyers to assess medication compliance and treatment needs for members being treated for Depression	Yes	01/01/15
	Conducted ELIZA automated phone calls to members in TX to offer support and resources for medication adherence	Yes	08/01/15

### Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

EPC BH Ambetter HEDIS Rates: Adherence to Antipsychotic Medications  
Goal: NCQA 75th Percentile: 65.44%

SAA Indicator	2015			2016		
	Num	Denom	Rate	Num	Denom	Rate
SAA Measure	1	68	1.47%	437	1129	38.71%



The Ambetter SAA measure significantly increased from 1.47% in 2015 to 38.71% in 2016 (p<0.000) but remained below the 75<sup>th</sup> percentile goal of 65.44%. The increase in rates was due to the expansion of the Ambetter product throughout the markets below, as well as adding the Ambetter population to EPC BH data counts.

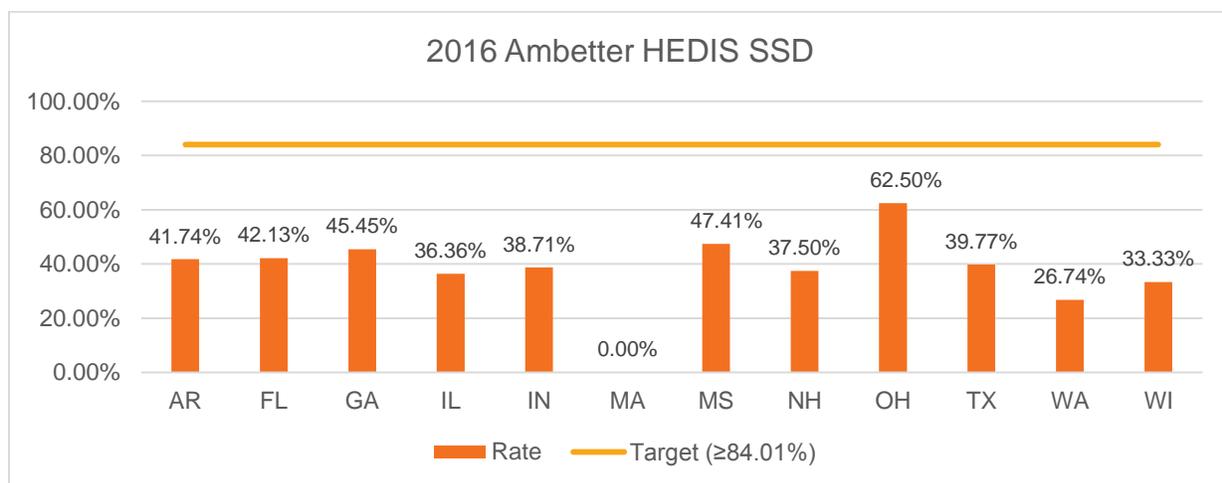
### Barriers and Interventions

As the SAA measure is relatively new, no interventions were implemented during 2016, specifically to impact the measure. However, Clinical frontline staff do follow up with all inpatient discharges, so it is likely that if staff were able to connect with members post-discharge, then members in the denominator were contacted.

## Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD)

EPC BH Ambetter HEDIS Rates: Diabetes Screening for People with Schizophrenia and Bipolar Disorder Who are Using Antipsychotic Medications  
Goal: NCQA 75th Percentile: 84.01%

SSD Indicator	2015			2016		
	Num	Denom	Rate	Num	Denom	Rate
SSD Measure	90	149	60.40%	2195	5363	40.93%



The Ambetter SSD measure significantly increased from 60.40% in 2015 to 40.93% in 2016 ( $p < 0.000$ ) and remained below the 75<sup>th</sup> percentile goal of 84.01%. The decrease in rates was due to the expansion of the Ambetter product throughout the markets below, thus increasing the 2016 denominator.

### Barriers & Interventions

Root Cause/ Barrier	Proposed Intervention	Selected	Date
Practitioners not ensuring members are tested for diabetes when taking an antipsychotic medication	Train clinical staff on the requirements of the SSD measure to ensure staff remind inpatient facility practitioners to test all members on antipsychotic medications and coordinate care appropriately; retraining to occur in 2017	Yes	04/01/15
Members not aware of testing for diabetes when taking an antipsychotic	Retrained staff on care gaps in ImpactPro for members who meet eligibility of SSD measure and ensure adding care gaps in case management care plan goals	Yes	08/01/16

EPC’s Ambetter product results for the AMM, ADD, SAA and SSD measures indicate opportunities for improvement overall. Recognizing these are shared measures between physical and behavioral health, EPC has established ongoing work groups in which the clinical and quality staff interface with health plan partners to develop interventions from a collaborative perspective. EPC has also continued its participation in the health plan HEDIS steering committees to ensure information sharing and discussion about market trends and best practices are continuously incorporated into activities.

## Disease and Lifestyle Management CPGs

The Envolve PeopleCare (EPC) Disease/Lifestyle Management (DM/LM) Program maintains Standards of Care and Clinical Guidelines to ensure all disease and lifestyle management programs utilize recommendations from the most current evidence-based clinical guidelines.

Standards of Care and Clinical Guidelines are:

- Developed, based upon evidence in peer reviewed published clinical or technical literature, evidence-based consensus statements, evidence-based guidelines from nationally recognized professional healthcare organizations and government health agencies.
- Developed with input from clinical content experts involved in active practice treating patients with conditions specific to the clinical programs under review, including at least two physicians who are board certified in an appropriate specialty area through a Physician Advisory Council (PAC) or other identified avenue (i.e. internal physician resource).
- Reviewed on an annual (Disease Management) and biannual (Lifestyle Management) basis by the Clinical Specialists, Medical Director(s), and the Quality Improvement Committee, or when updates to the evidence based guidelines are released.

The annual review includes, at a minimum, the following elements:

1. Changes and or updates to the evidence based guidelines referenced for each disease/condition.
2. Newly adopted clinical standards of care identified through literature review.

3. New clinical information pertinent to the management of a disease and/or condition.

## Clinical Guideline Updates/Revisions

Disease	Medical Director Approval	QMC Chair Approval	External MD Approval	Date Reviewed- No Updates	Date of Next Review
Asthma	1/11/16	1/20/16	N/A**	1/4/16	2017
COPD	1/11/16	1/20/16	N/A**	1/4/16	2017
Tobacco Cessation	1/13/16	1/21/16	N/A**	1/4/16	2017
Hyperlipidemia / Hypertension	3/4/16	2/3/16	2/19/16	1/20/16	2017
Coronary Artery Disease	3/4/16	2/3/16	2/19/16	1/20/16	2017
Heart Failure	3/4/16	2/3/16	2/19/16	1/20/16	2017
Adult Diabetes	2/12/16	2/8/16	4/4/16	1/13/16	2017
Children Adolescents with Type 1	2/12/16	2/8/16	4/4/16	1/13/16	2017
Children Adolescents with Type 2	2/12/16	2/8/16	4/4/16	1/13/16	2017
Diabetes & Pregnancy	2/12/16	2/8/16	4/4/16	1/13/16	2017
Back Pain	1/14/16	1/11/16	N/A**	1/4/16	2017
Weight Management/Obesity	4/6/16	3/29/16	N/A**	3/28/16	2017
Nutrition	4/6/16	3/29/16	N/A**	3/28/16	2017
Physical Activity	1/14/16	1/11/16	N/A**	1/4/16	2017
Stress	7/28/16	7/29/16	N/A**	7/18/16	2017
Depression	8/31/16	8/26/16	N/A**	8/10/16	2017

In addition to the annual review, the EPC DM/LM Program engages in various activities to maintain EPC's high standards of program design, content, decision support information for physicians, and delivery. All sources used by the EPC DM/LM Program to develop the disease and lifestyle management programs are continuously monitored through the National Guideline Clearinghouse. Literature searches are conducted to retrieve pertinent abstracts. The Federal Register and FDA Web sites are reviewed for new information on medications pertinent to the disease(s) and/or conditions managed.

As changes to decision support information are identified, through changes to established guidelines, provider feedback or process improvement activities, updated materials are reviewed by the Medical Director(s), and an actively practicing board certified physician in the appropriate specialty for the condition under review prior to implementation.

The EPC DM/LM Program, continually, monitors feedback from physicians regarding the clinical practice guidelines via the Physician Satisfaction Survey for those clients that have this built into their process.

# Clinical Measurement Activities

## Clinical Quality Performance (DM/LM)

Each of the following measures exceeded their performance targets. Therefore, no barriers, interventions, or opportunities for improvement were identified or implemented. These measures will continue to be monitored on a quarterly basis in 2017.

### *Methodology*

The following metrics are used to measure Clinical Quality performance for EPC DM/LM:

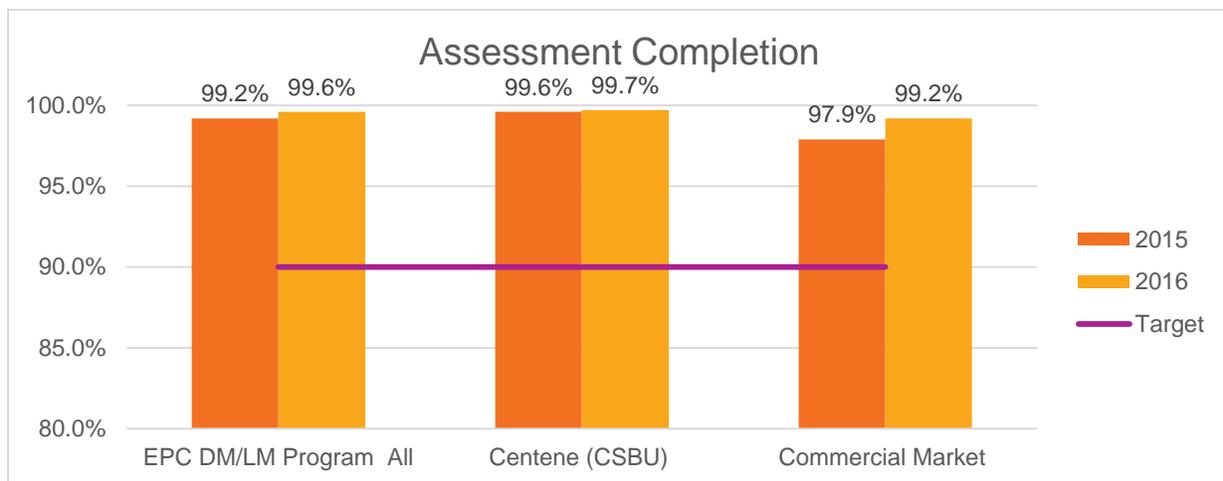
- Assessment Completion: number of participants that had a Baseline completed during the measurement year and had their first follow up visit within 45 days of the Baseline date or the appropriate number of ATC were conducted in accordance with existing policy / Total number of participants that had a Baseline completed during the measurement year
  - Goal: 90%
- Assessment Timeliness: number of participants that had follow-up visits during the measurement period and that those follow-up visits were conducted in accordance with their identified Intensity level or the appropriate number of ATC were conducted in accordance with existing policy / Total number of participants that had a follow-up visit during the measurement year
  - Goal: 90%
- Follow-up to Direct Referrals: number of participants identified via Direct Referral and received their 1st Attempt to Contact (ATC) within three (3) business days of the referral / Total number of participants identified via Direct Referral
  - Goal: 90%
- The EPC DM/LM Program uses the five stages of the Transtheoretical Model of Behavior Change to assess an individual's readiness to act on a new healthier behavior, and provides strategies, or processes of change to guide the individual through the stages of change to action and maintenance. EPC DM/LM Program health coaches assess a participant's readiness to change through the Assessment and Readiness to Change tool. Based on the information gained from the Assessment process and Readiness to Change tool, participants are categorized into the following categories:
  - Pre-Contemplative (Not Ready) – the participant is not thinking about change;
  - Contemplative (Getting Ready) – the participant is thinking about change and perhaps is starting to weigh the pros and cons of change;
  - Preparation (Ready) – the participant is ready to start taking action within the next 30 days;

- Action – People at this stage have changed their behavior within the last 6 months, and need to work hard to keep moving ahead; and
- Maintenance – the participant adheres to the change for at least 6 months. People at this stage changed their behavior more than 6 months ago.
- Goal: 95%

## Analysis

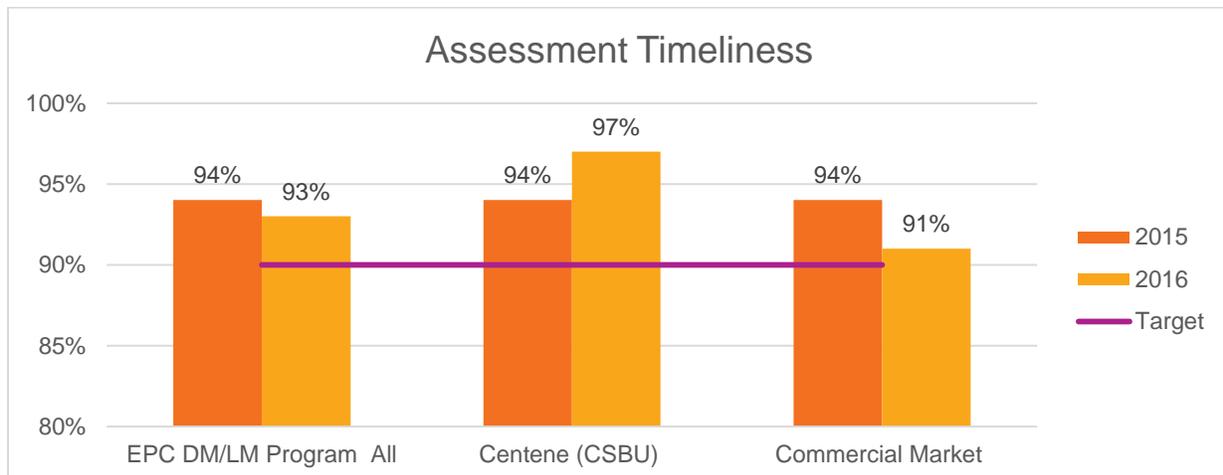
### Assessment Completion

This metric measures the percentage of those DM/LM participants that had a Baseline Assessment completed during the measurement period and had their first follow up visit within 45 days of the Baseline Assessment date or the appropriate number of attempts to contact was conducted in accordance with existing policy.



For 2016, all EPC DM/LM Program lines of business well-exceeded the target and showed improvement over 2015.

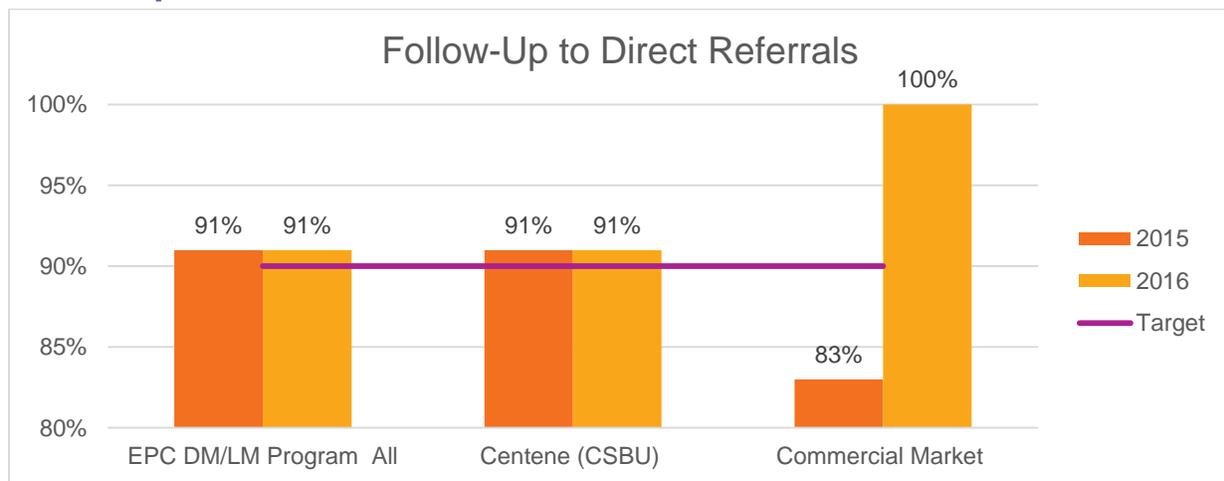
### Assessment Timeliness



This metric measures the percentage of those participants that had follow-up visits during the measurement period and that those follow-up visits were conducted in accordance with their identified Intensity level or the appropriate number of attempts to contact were conducted in accordance with existing policy.

For 2016, all EPC DM/LM Program lines of business exceeded the target. The aggregate and commercial ratings decreased slightly, while the Centene book of business showed improvement over 2015.

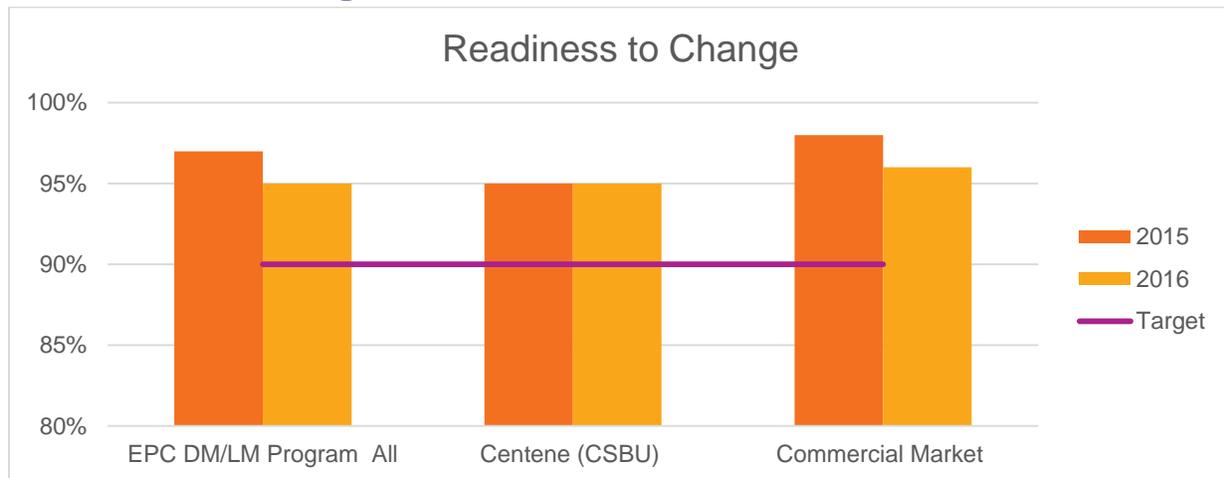
## Follow-up to Direct Referrals



These referrals are considered urgent/high and the 1<sup>st</sup> attempt to contact the member should be within 1-3 business days of notification.

For 2016, all EPC DM/LM Program lines of business exceeded the target. The aggregate and Centene ratings remained the same, while the commercial book of business showed significant improvement over 2015.

## Readiness to Change



Participant activation is an important factor to consider when working towards improved health outcomes; therefore, a participant's level of activation should be monitored. Participants who receive coaching tailored to their individual level of activation tend to show greater improvement in adherence to recommended regimens (and reductions in hospitalization and ER use).

## Barriers and Interventions

Barrier	Opportunity	Selected for Improvement?
Health coaches left Readiness to Change status blank or marked it N/A	Conduct re-training of proper documentation through TransForum Training	Yes

## Participation Rates (DM/LM)

In accordance with accreditation standards, Envolve PeopleCare (EPC) Disease/Lifestyle Management (DM/LM) Program calculates participation rates annually, and the Quality Improvement Committee reviews the annual participation rates. However, EPC's Vice President, Health Operations and Directors, Health Operations monitor participation rates for the Affiliated and Non-Affiliated Market sponsors on a monthly basis.

## Methodology

Participation rate includes all referrals for Centene and EPC Commercial book of business for CY2016 and allows for a 90-day run out through January 2017. Referrals Jan-Oct 2016. Members not enrolled include members who were never active-terminated MCO, never a candidate, natural attrition of members due to Unable to Locate, deceased, loss of eligibility, etc.).

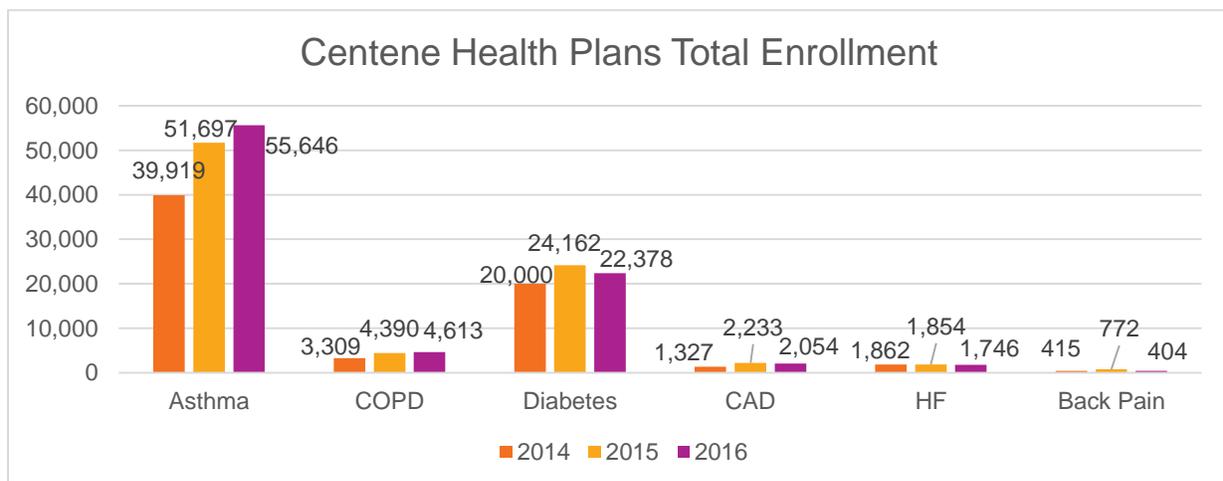
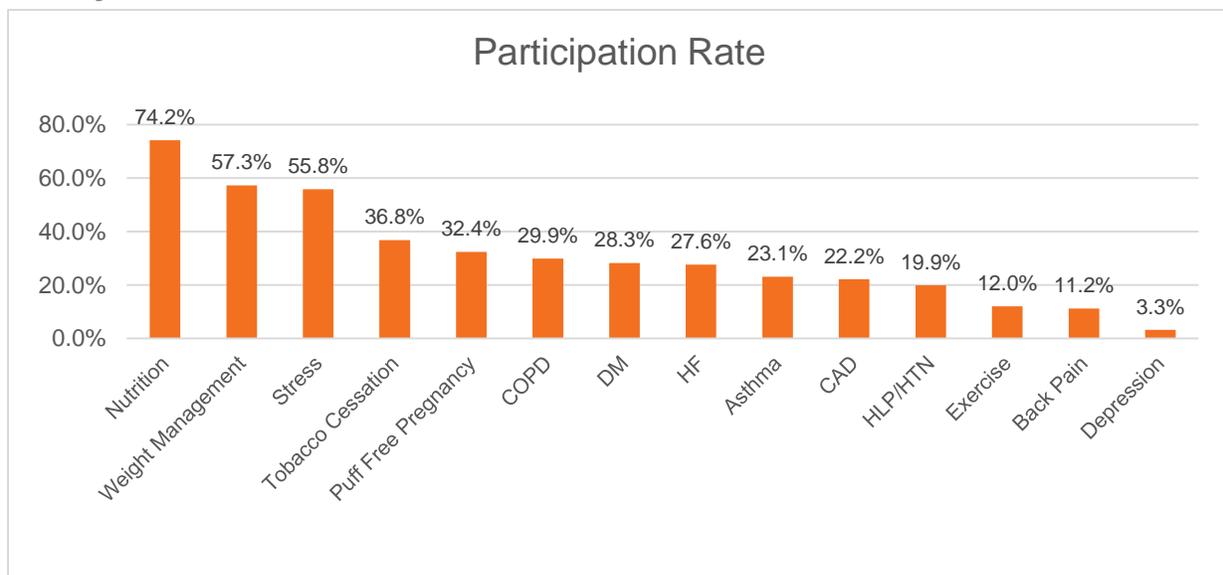
The participation rate is derived from the members enrolled in EPC DM/LM Programs divided by Eligible population.

Enrollment for each condition is defined as the total active participants for both coaching and education as of December 31, 2016.

As of December 31, 2016 health plan enrollment as a percent of maximum enrollment allowed in the following programs

- Coaching = 69.1%
- Education = 92.5%
- Total = 83.2%

## Analysis



	Asthma	COPD	Diabetes	CAD	HF	Back Pain
2014	39,919	3,309	20,000	1,327	1,862	415
2015	51,697	4,390	24,162	2,233	1,854	772
2016	55,646	4,613	22,378	2,054	1,746	404
Change	3,949	223	(1,784)	(179)	(108)	(368)
Percent Change	7.6%	5.1%	(7.4%)	(8%)	(5.8%)	(47.7%)

As indicated in the graph above for the Centene Health Plans, total enrollment increased for Asthma and COPD. Diabetes, CAD, Heart Failure and Back Pain experienced a decrease.

The EPC DM/LM Program demonstrated a 2% increase in total enrollment over the previous year for programs provided to the Centene Health Plans.

The total percentage is lower by 3.3 percentage points than the total reported in 2015 (86.5%) which may be attributed in part to the dissolution of the dedicated outreach and enrollment CSR team that worked across all Centene health plans to meet target penetration rates. Centene Health Plan specific participation rates are based on a total health plan membership and vary by health plan, identified population needs, and health plan budgetary constraints. The target penetration rates represent the maximum that EPC can enroll.

During 2016, there were decreases seen in some of the health plan’s penetration targets. Other barriers that may have contributed to the lower total percentage was an imposed hiring freeze and the natural attrition of members due to Unable to Locate status and loss of eligibility.

## Barriers and Interventions

Barrier	Opportunity	Selected for Improvement?
Incorrect or incomplete member contact information	Continue to conduct Poverty Competency training for EPC DM/LM Management Program staff.	Yes
Participants lost to follow-up	Utilize the alternate phone report that searches weekly for updated phone numbers in eligibility files	Yes

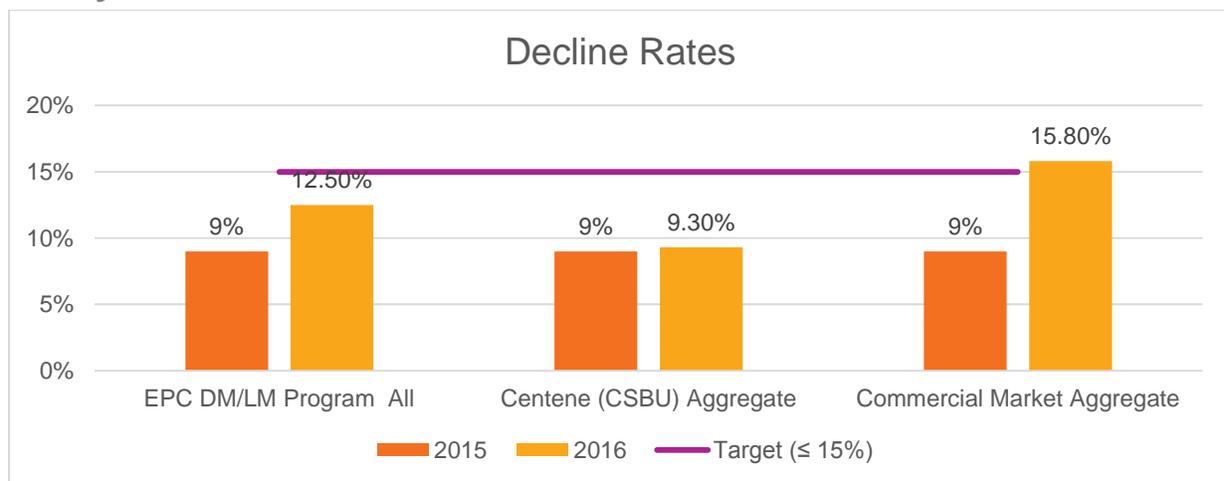
## Quality Calls and Decline Rates (DM/LM)

Envolve PeopleCare (EPC) Disease/Lifestyle Management (DM/LM) Program strives to maintain the engagement of participants who complete an assessment intervention.

### Methodology

The EPC DM/LM Program began tracking the percentage of participants on a monthly basis who, after receiving one or more assessments (Initial Health Assessment, Baseline Assessment, and/or Follow-up Assessment), declined further enrollment for at least one of the following reasons: 1) No interest; 2) Too busy; 3) Family/Medical issues; 4) Working with doctor; 5) Do not contact request; or 6) Other.

### Analysis



The EPC DM/LM Program remained below the performance target of ≤ 15% for calendar year 2016 with an annual Decline Rate of 12.5%, increasing by 3.5% points from 2015. The Centene book of business remained below the performance target of ≤ 15% for calendar year 2016 with an annual Decline Rate of 9.3%, increasing slightly by 0.3% point from 2015. The Commercial book of business exceeded the performance target of ≤ 15% for calendar year 2016 with an annual Decline Rate of 15.8%, increasing by 6.8% points from 2015.

### Barriers and Interventions

Throughout 2016, there was a significant increase in decline rates among one large client that added several new hospital-based program options with both telephonic and onsite face-to-face coaching. Physicians were referring out their programs instead of ours. In general, higher decline rates for the commercial market are due to inadequate incentive designs and lack of or poor communication strategies to keep employees engaged in their wellness program. The issues present opportunities for improvement for Client Services to focus on work with the commercial clients in reviewing their incentive designs and proposing recommendations based on the engagement rate. EPC staff are

currently performing ongoing analysis of the calls in which participants declined to enroll in order to better address this population.

Barrier	Opportunity	Selected for Improvement?
<p>Inadequate incentive designs and lack of, or poor, communication strategies to keep employees engaged in their wellness program</p>	<p>Work with commercial clients in reviewing incentive designs and proposing recommendations based on engagement rate</p>	<p>Yes</p>

## Outbound Reach Rates (DM/LM)

### Methodology

Each referral period allows for a minimum of 90-day run out to complete required attempts to contact

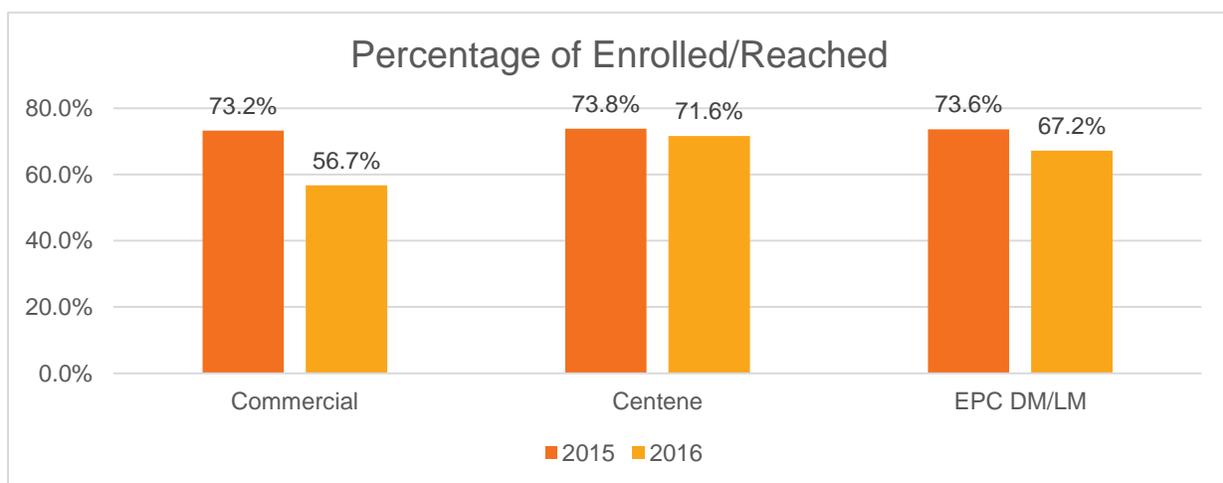
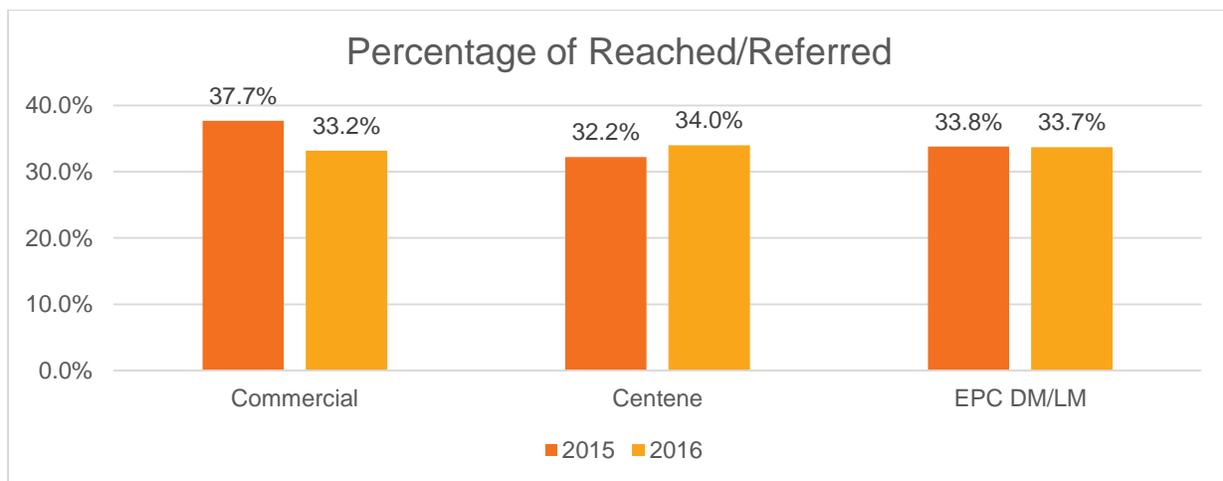
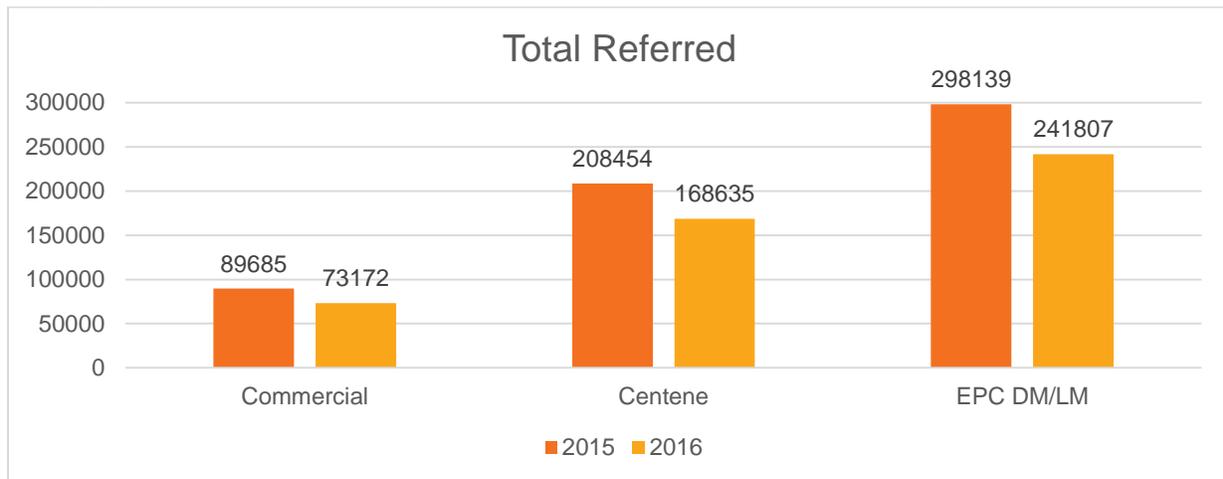
- Reached: All members who answered the phone and were disposition to terminate or enroll
- Enrolled: All members who agreed to enroll in either newsletter or coaching
- Denominator: All members referred with a referral date between the previous 90-day referral period
- Numerator: All members who completed an IHA anytime during the 12 month report period

\*Note the last IHA date occurred greater than or equal to the referral date

### Definitions

- number of Members Reached (Completed IHA) = Members with Last IHA date that fall from the start date of the referred period to 6 months
- number of Members Enrolled of Reached = Members with an enrollment date of the members reached for that quarter
- % Reached of Referred = % of Members Reached: (number of Members Reached of Referred / Total Referred)
- % Enrolled of Reached = % of Members Enrolled of reached: (number of Members Enrolled of Reached/number of Members Reached)
- % Enrolled of Referred = % of Members Enrolled of reached: (number of Members Enrolled of Reached/Total Referred)
- \* Referral Date is the date the member first came into TransForum.
- Exclusions
  - All members termed within 60 days of the referral date for the following reasons:
  - Contract Expired
  - Deceased
  - All Ineligible Reasons
  - All Physician Decline Reasons
  - Duplicate Members
  - No Qualifying Diagnosis
  - Physician No Response

## Analysis



Starting in Q2 2016, there was a 249% increase in decline rates among members of a large commercial client as a result of multiple new vendors starting to offer telephonic coaching programs.

## Barriers and Interventions

Throughout 2016, the number of major program vendors increased from 4 to 14, giving members many more options. To address this barrier, EPC staff will continue joint vendor meetings to determine options for providing adjunct support to members of this commercial client. In addition, EPC DM/LM Client Services staff met with this commercial client to discuss the impact of multiple program options in 2016. They had joint vendor meetings and have provided member collateral to provide support/encouragement to enroll in telephonic programs for adjunct support.

Barrier	Opportunity	Selected for Improvement?
Increased vendor options	Continue joint vendor meetings to determine options for providing adjunct support to members of commercial client	Yes

## Quality Reviews (DM/LM)

Reviews are necessary to guarantee the utilization of current industry standards and clinical guidelines; and to ensure compliance with client contracts, various accrediting organizations and governmental agencies. Reviews are also conducted in order to systematically identify both positive and improvement opportunity areas for the Envolve PeopleCare (EPC) Disease/Lifestyle Management (DM/LM) Program Operations staff that have contact with participants for assessment and/or intervention purposes. Positively identified areas will be appropriately acknowledged; and improvement opportunities will be used to further strengthen the clinical intervention model.

### Methodology

Referral Compliance: number of reviewed records that meet the referral indicators (1st ATC was made within three (3) business days of the referral) / total number of records reviewed

IHA Assessment Compliance: number of reviewed records that meet the assessment indicators (Demographics, Language, and IHA were documented and completed appropriately) / total number of records reviewed

Baseline Compliance: number of reviewed records that meet the baseline assessment indicators (Baseline was completed within 45 business days after the IHA) / total number of records reviewed

Follow-up Compliance: number of reviewed records that meet the follow-up assessment indicators (1st follow-up completed within 45 days after the baseline and all follow-ups were conducted within the appropriate timeframe) / total number of records reviewed

HCU Compliance: number of reviewed records that meet the HCU review indicators (Missed days or HCU's were documented appropriately) / total number of records reviewed

Fulfillment Compliance: number of reviewed records that meet the fulfillment review indicators (All appropriate mailings were sent out on time) / total number of records reviewed

Documentation Compliance: number of reviewed records that meet the documentation review indicators (All case notes were appropriate, all documents sent out can be found in Kwik Tag, and caregivers were identified) / total number of records reviewed

Overall Review Compliance: number of indicators meeting 85% goal/total number of indicators in the review

## Analysis

The following table illustrates the review results for both 2015 and 2016:



2016 performance in comparison to 2015:

- Referral Compliance – remained the same for both years and continued to exceed the performance goal by 11 percentage points;
- IHA Assessment Compliance – remained the same for both years and continued to exceed the performance goal 14percentage points;
- Baseline Compliance – decreased by 2percentage point and continued to exceed the performance goal by 5 percentage points;
- Follow-up Compliance – increased by 5 percentage points and continued to exceed the performance goal by 7percentage points;
- HCU Compliance – remained the same for both years and continued to exceed the performance goal by 14 percentage points;
- Fulfillment Compliance – decreased by 2 percentage points and continued to exceed the performance goal by 1% point; and
- Documentation Compliance – remained the same for both years and continued to exceed the performance goal 11 percentage points;
- The overall review compliance remained the same for both years continued to exceed the performance goal by 15 percentage points.

## *Barriers and Interventions*

No barriers or interventions were identified due to continuing to exceed the performance goal.

## Quality Call Evaluations (DM/LM)

Quality call evaluations are necessary to ensure that all Envolve PeopleCare (EPC) Disease/Lifestyle Management (DM/LM) Program participants are receiving the appropriate education; EPC DM/LM employees are excelling in Motivational Interviewing (MI) and Member Engagement Skills (MES), following HIPAA guidelines, accrediting body standards and client specific protocols for participant contacts. In addition, quality call evaluations provide documentation of EPC DM/LM Program Operation's staff excellence and/or any opportunities for individual improvement or organization-wide training.

### *Methodology*

Beginning in 2016, this section of questions was expanded and assigned a score independent of the overall Final Assessment rating on four of the Quality Call Evaluations: CKE-Tenured, CKE-Non-Tenured, Member Engagement Skills, and Motivational Interviewing Skills. 2016 is Baseline for this measurement; therefore there are no comparisons to 2015.

#### Clinical Knowledge Evaluation Results – DM/LM Tenured Health Coaches

- Criteria: 1 to 3 calls per health coach per quarter conducted by the appropriate Clinical Specialist.
- Performance Goal: (1) 100% of tenured health coaches will receive at least one evaluation quarterly; (2) 100% of tenured health coaches will achieve a minimum rating of “Achieves Standard” on each evaluation.

#### Non Tenured Health Coaches

- Criteria: Six calls per newly hired DM/LM health coach per quarter conducted by the appropriate Clinical Specialist.
- Performance Goal: (1) 100% of newly DM/LM hired health coaches will receive weekly call evaluations for the first six weeks after completion of initial training during their first 90-days of employment; (2) 100% of newly hired health coaches will achieve a minimum rating of “Achieves Standard” on each evaluation.

#### Member Engagement Survey (MES) Quality Evaluation

- Criteria: 1 to 3 calls per direct report per quarter (includes all clinical and non-clinical staff) conducted by the Manager, Clinical Operations (COM).
- Performance Goal: (1) 100% of tenured DM/LM CSRs and health coaches that have completed Member Engagement Skills (MES) training will receive at least one evaluation quarterly; (2) 100% of tenured DM/LM CSRs and health coaches that have completed MES training will achieve a minimum rating of “Achieves Standard” on each evaluation.

#### Motivational Interviewing (MI) Quality Evaluation

- Criteria: 1 to 3 calls per DM/LM health coach per quarter conducted by the Training Department.
- Performance Goal: (1) 100% of tenured DM/LM health coaches that have completed Motivational Interviewing (MI) Training will receive at least one evaluation quarterly; (2) 100% of tenured DM/LM health coaches that have completed MI Training will achieve a minimum rating of “Achieves Standard” on each evaluation.

#### New Hire Quality Evaluation

- Criteria: Six calls per newly hired DM/LM health coach/CSR staff weekly for the 1<sup>st</sup> 6 weeks after training and then one per quarter until they have received their MES training conducted by the COM.
- Performance Goal: (1) 100% of newly hired DM/LM health coaches/CSR that have completed their Initial Training will receive at least 6 evaluations weekly for the 1<sup>st</sup> 6 weeks; (2) 50% of newly hired DM/LM health coaches/CSR staff that have completed Initial Training will achieve a minimum rating of “Achieves Standard” on each evaluation.

#### Work life Quality Evaluation

- Criteria: Non-tenured & tenured: 1 to 3 call evaluations per team member per quarter conducted by the Manager, Clinical Operations (COM).
- Performance Goal: 100% of non-tenured & tenured Work-Life Consultants will receive 1 to 3 call evaluations per team member per quarter, (Presently, there are no non-tenured Work-Life Consultants.) and they will achieve a minimum rating of “Achieves Standard” on each evaluation.

#### Compliance Section

There is a compliance section on each different quality call evaluation with the following questions:

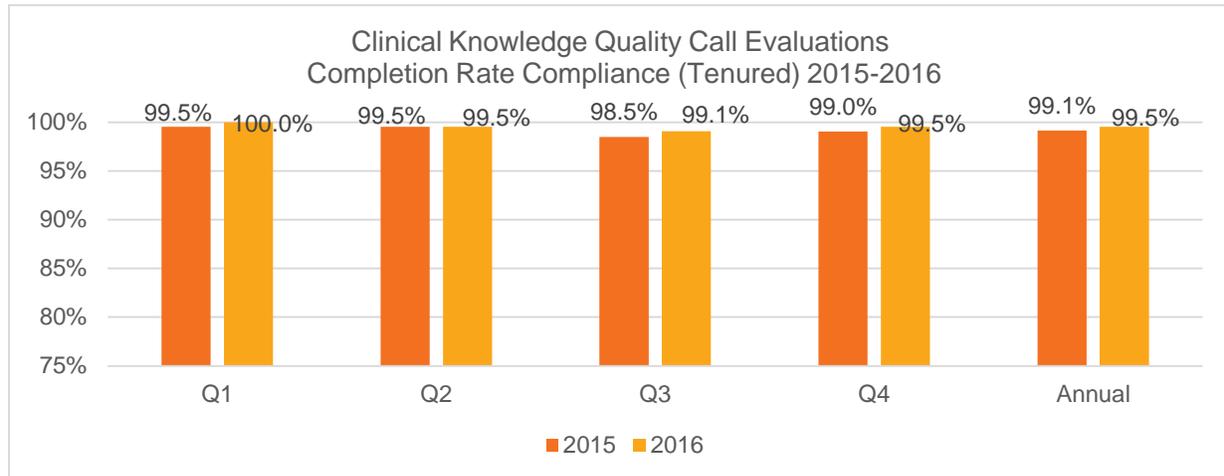
1. The clinician identified their name and credentials or name and position for non-clinical staff;
2. EPC DM/LM staff correctly stated or identified the program they are calling from;
3. Verified at least two identifiers for HIPAA;
4. Informed member that call may be recorded for quality purposes;
5. Verified participant’s address and email address if available (on Initial Health Assessment, Baseline Assessment, and Phone Follow-up Assessments when mailing out materials); and
6. Verified caregiver (caregiver’s full name, required participant verifiers, and relationship to participant).

Criteria: All evaluations conducted will be included in this measure.

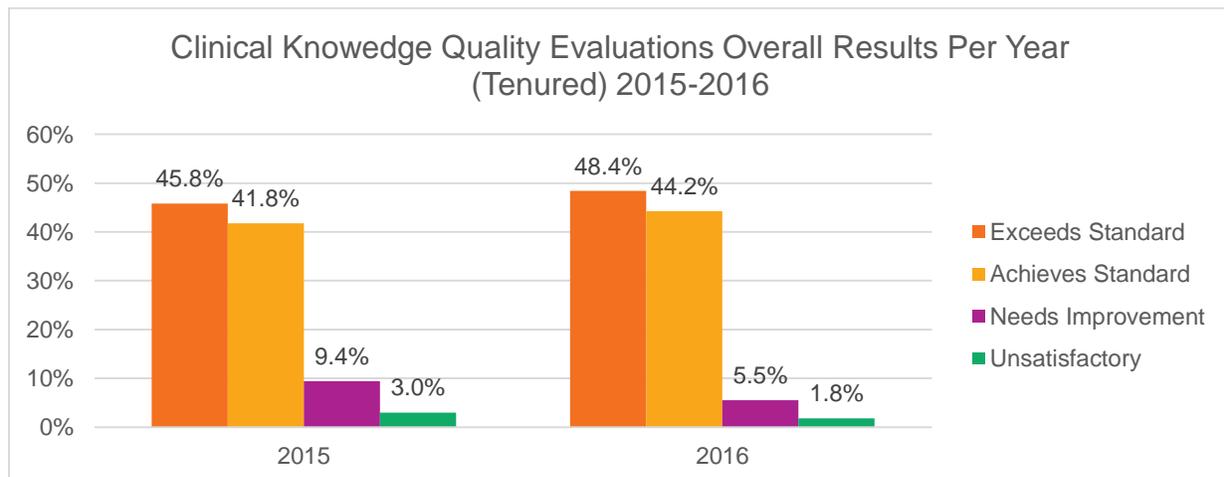
Performance Goal: (1) 100% of all evaluations conducted should receive a “pass” rating on this measure.

## Analysis

### Clinical Knowledge Evaluations --Tenured DM/LM Health Coaches



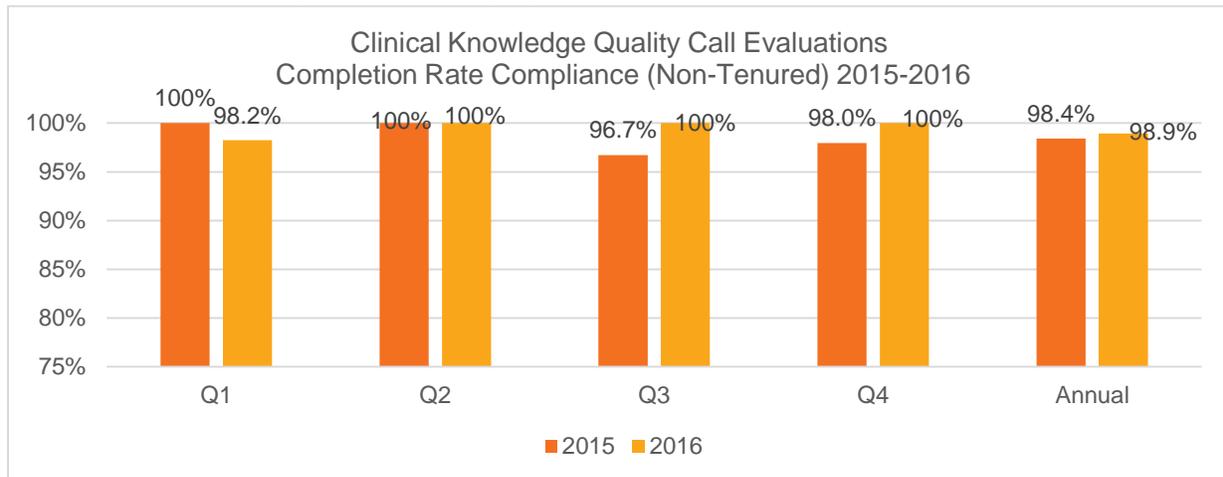
On a quarterly basis, EPC DM/LM Program’s 2016 performance ranged from 0 - 0.9% point below the performance goal. Overall, the 2016 completion compliance rate (99.5%) increased by 0.4% point from 2015 and was just 0.5% point below the performance goal.



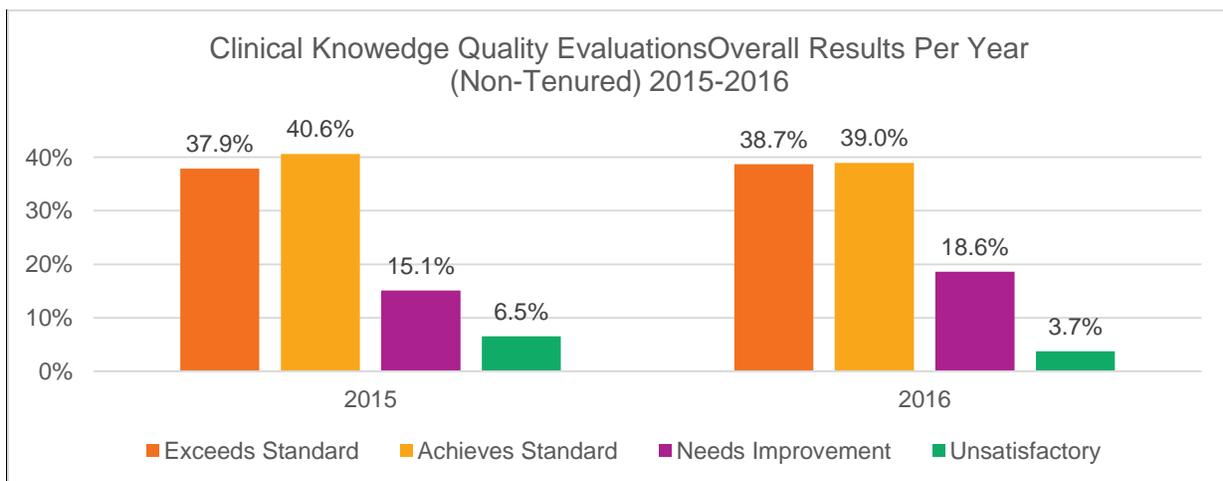
In comparison to 2015, performance during 2016:

- Increased by 2.6% points in the Exceeds Standards category;
- Increased by 2.4% points in the Achieves Standards category;
- Decreased by 3.9% points in the Needs Improvement category;
- Decreased by 1.2% points in the Unsatisfactory category; and
- Overall performance (92.6%) increased by 5% points and was 7.4% points from meeting the performance goal of 100% of EPC DM/LM Health Coaches will achieve a minimum rating of “Achieves Standards.”
- PHQ-2/Psychosocial Performance: For 2016, tenured DM/LM Health Coaches had an overall score of 84.7%, exceeding the 80% threshold.

## Clinical Knowledge Evaluations – Non-Tenured (New Hire) DM/LM Health Coaches (First 90 days)



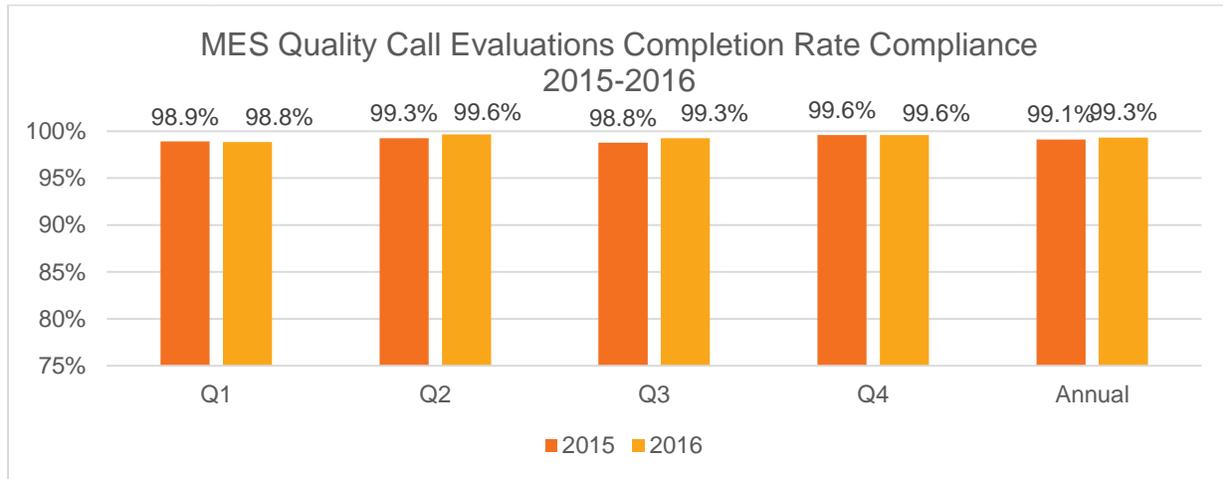
On a quarterly basis, EPC DM/LM’s 2016 performance ranged from 0 – 1.8% points below the performance goal. Overall, the 2016 completion compliance rate (98.9%) increased by 0.5% point from 2015 and was just 1.1% points below the performance goal.



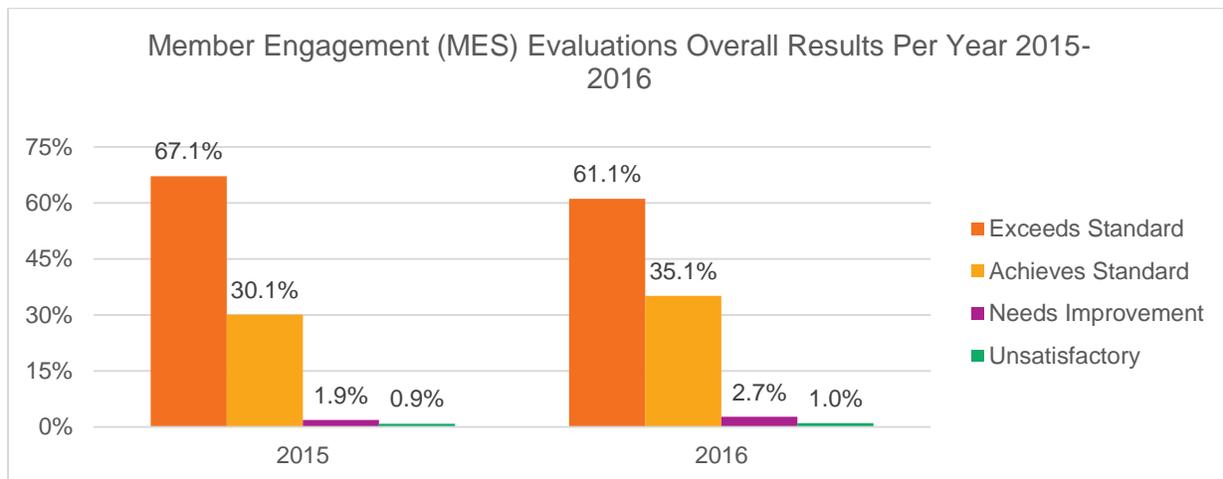
In comparison to 2015, performance during 2016:

- Increased by 0.8% point in the Exceeds Standards category;
- Decreased by 1.6% point in the Achieves Standards category;
- Increased by 3.5% points in the Needs Improvement category;
- Decreased by 2.8% points in the Unsatisfactory category; and
- Overall performance (77.7%) decreased by 0.8% point and was 22.3% points from meeting the performance goal of 100% of EPC DM/LM Health Coaches will achieve a minimum rating of “Achieves Standards.”
- PHQ-2/ Psychosocial Performance: For 2016, non-tenured (newly-hired) DM/LM Health Coaches had an overall score of 79.1%, just short of the 80% threshold.

## Member Engagement Survey (MES) Quality Evaluation



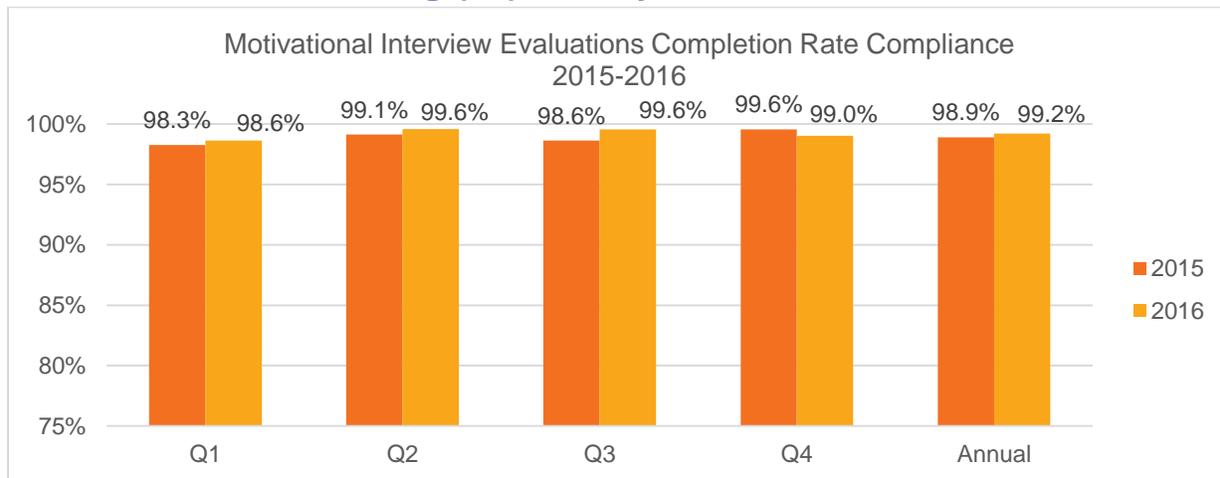
On a quarterly basis, EPC DM/LM’s 2016 performance ranged from 0.4 - 1.2% points below the performance goal. Overall, the 2016 completion compliance rate (99.3%) increased by 0.2% point from 2015 and was just 0.7% point below the performance goal.



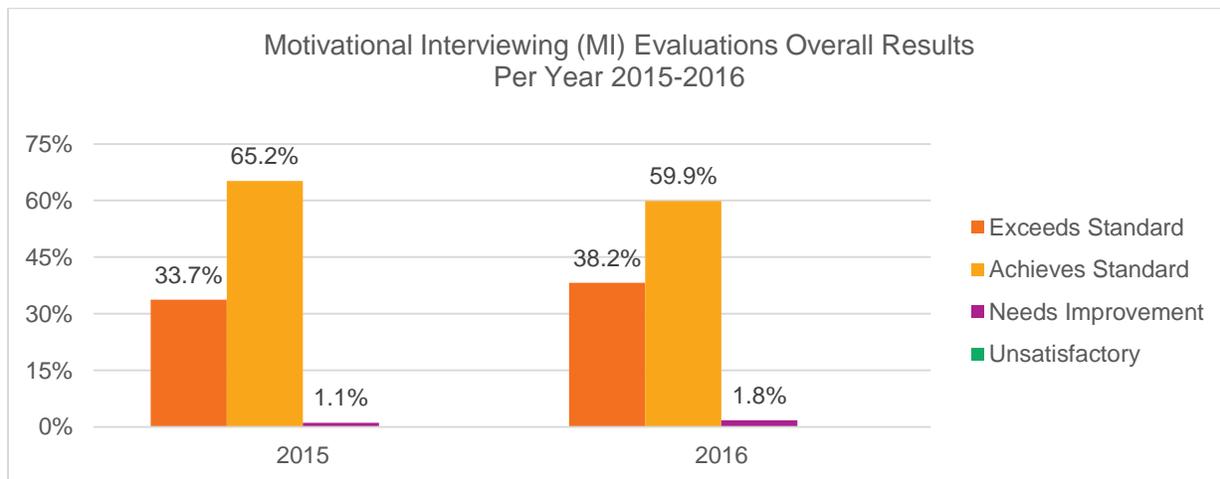
In comparison to 2015, performance during 2016:

- Decreased by 6% points in the Exceeds Standards category;
- Increased by 5% points in the Achieves Standards category;
- Increased by 0.8% point in the Needs Improvement category;
- Increased by 0.1% point in the Unsatisfactory category; and
- Overall performance (96.2%) decreased by 1% point and was 3.8% points from meeting the performance goal of 100% of EPC DM/LM Health Coaches will achieve a minimum rating of “Achieves Standards.”
- PHQ-2/Psychosocial Performance: For 2016, tenured DM/LM Health Coaches had an overall score of 89.2%, exceeding the 80% threshold, and just short of the 90% threshold.

## Motivational Interviewing (MI) Quality Evaluation



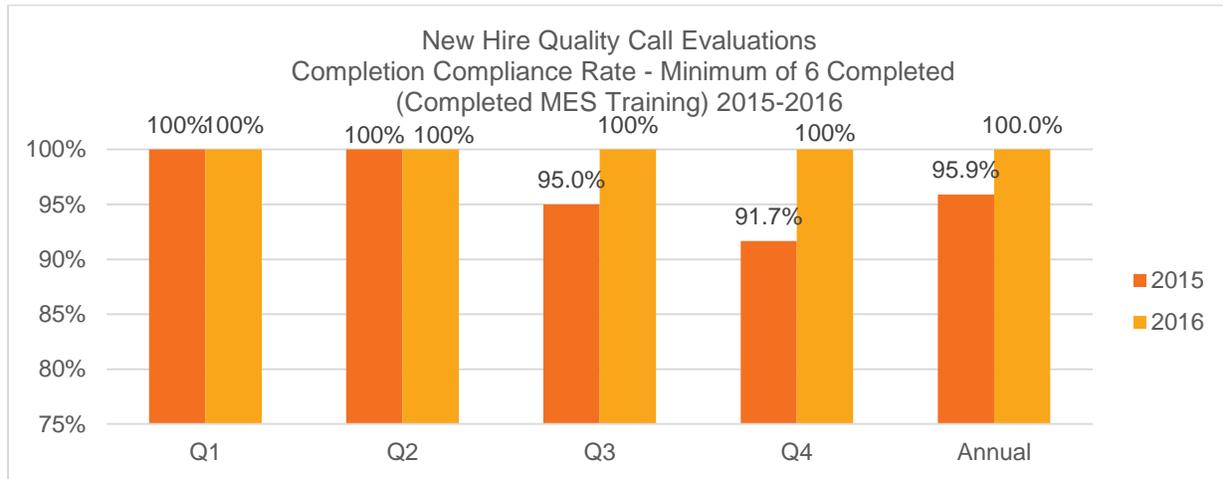
Quarterly performance ranged from 0.4 - 1.4% during 2016. Overall, the 2016 completion compliance rate increased by 0.3% point from 2015 and was just 0.8% point below the performance goal.



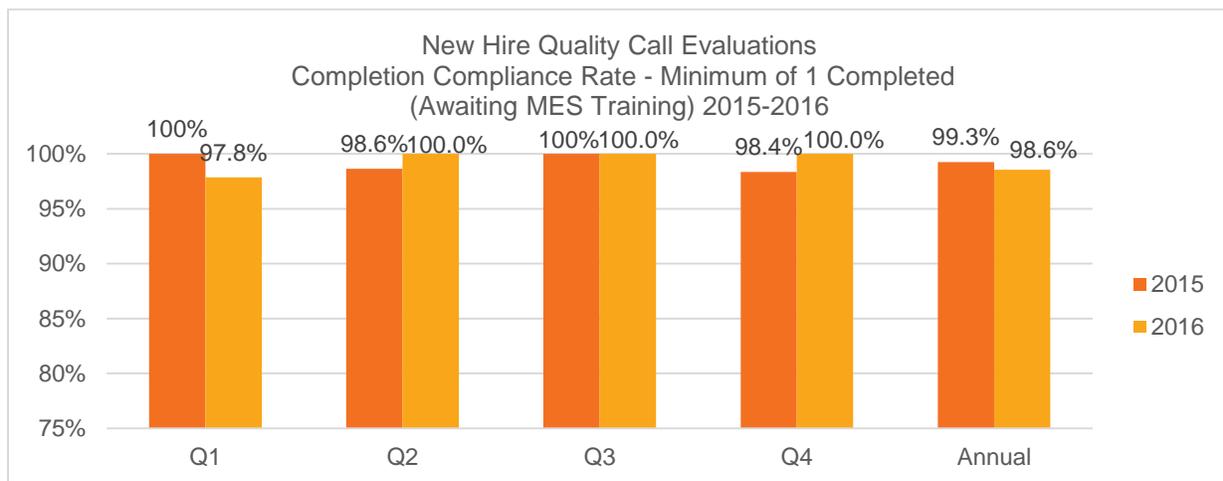
In comparison to 2015, performance during 2016:

- Increased by 4.5% points in the Exceeds Standards category;
- Decreased by 5.3% points in the Achieves Standards category;
- Increased by 0.7% point in the Needs Improvement category;
- Increased by 0.1% point in the Unsatisfactory category; and
- Overall performance (98.1%) decreased by 0.8% point and was just 1.9% points from meeting the performance goal of 100% of EPC DM/LM Health Coaches will achieve a minimum rating of "Achieves Standards."
- PHQ-2/Psychosocial Performance: For 2016, tenured DM/LM Health Coaches had an overall score of 80.8% on this section of the MES, exceeding the 80% threshold.

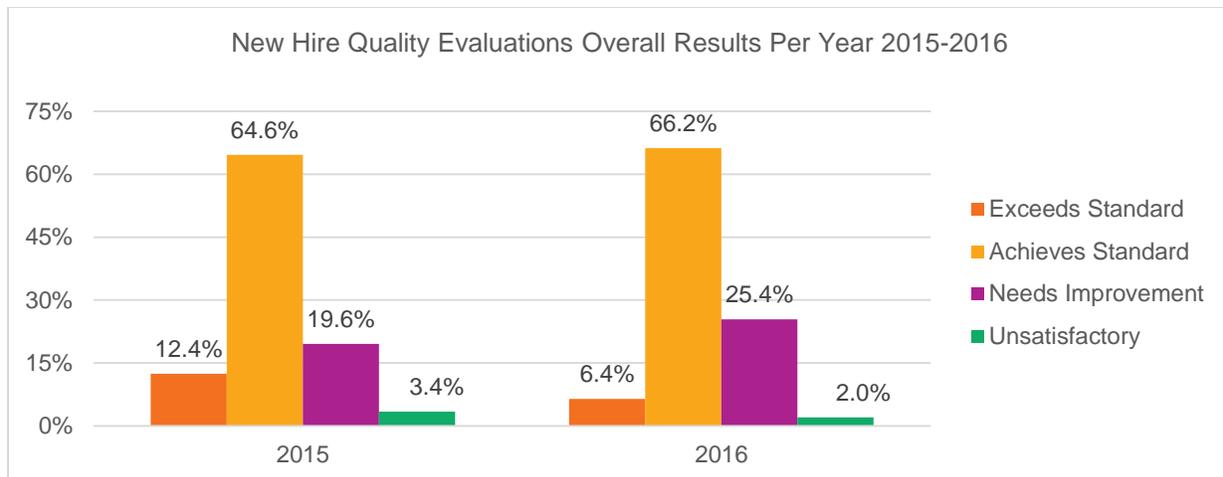
## New Hire Quality Evaluation



Completion Compliance (minimum of 6 New Hire evaluations): Performance during 2016 increased by 0.4% point over 2015, and met the performance target. Continued improvement in performance can be attributed to the VP, Health Operations and the Directors, Health Operations monitoring performance very closely for this measure.



Completion Compliance (minimum of one New Hire evaluation): Performance during 2016 decreased by 0.7% point from 2015, and was 1.4% points below the performance goal. Continued improvement in performance can be attributed to the VP, Health Operations and the Directors, Health Operations monitoring performance very closely for this measure.

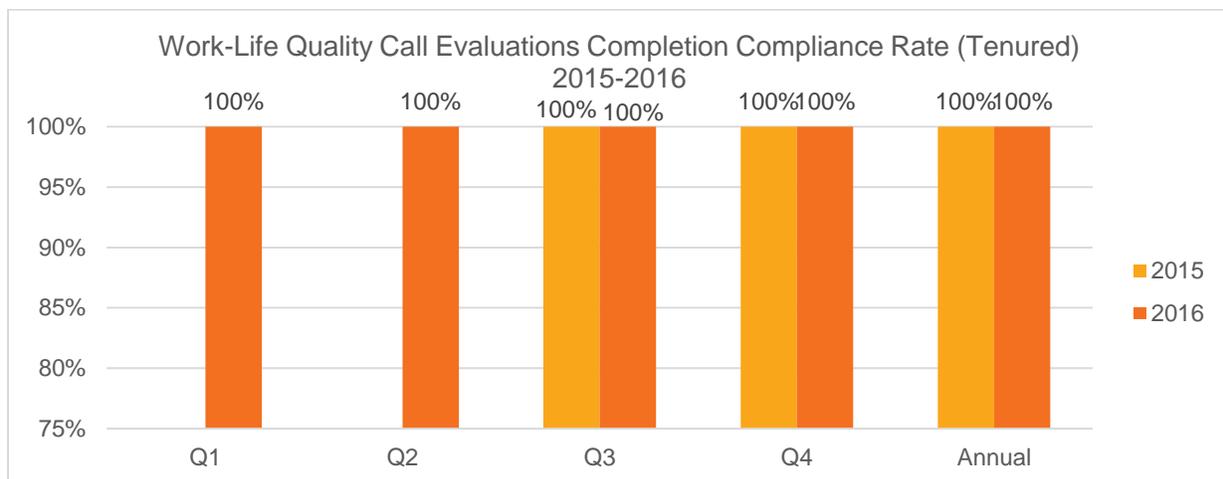


In comparison to 2015, performance during 2016:

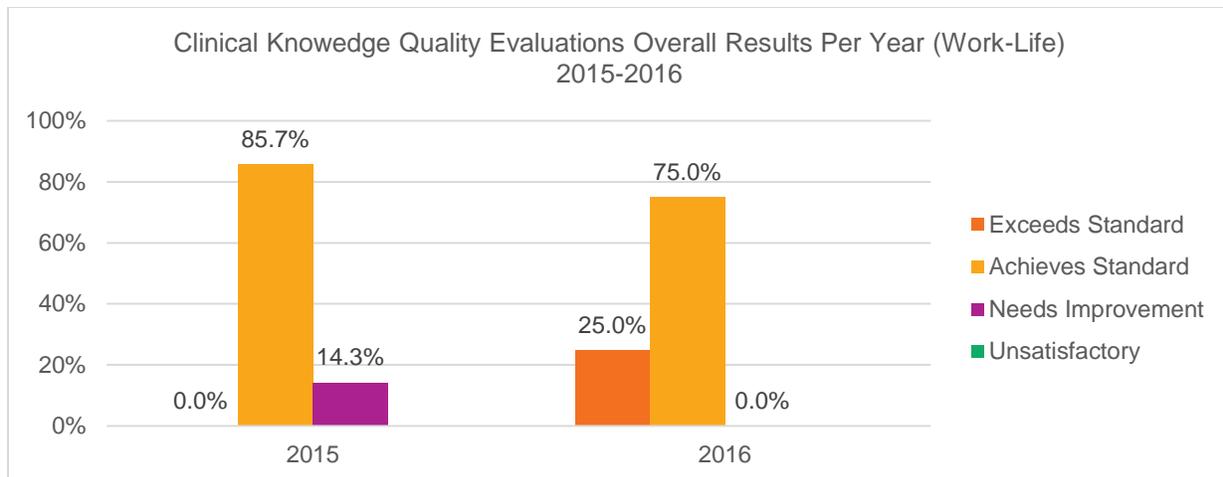
- Decreased by 6% points in the Exceeds Standards category;
- Decreased by 1.6% points in the Achieves Standards category;
- Increased by 5.8% points in the Needs Improvement category;
- Decreased by 1.4% points in the Unsatisfactory category; and
- Overall performance (72.6%) decreased by 4.4% points and exceeded the performance goal of 50% of EPC DM/LM New Hire Health Coaches will achieve a minimum rating of “Achieves Standards.”

## Work-Life Quality Evaluation

Note: Q3 2015 is Baseline for reporting Work-Life Quality Call Evaluation results. Therefore, comparisons to combined Q3-Q4 2015 results.



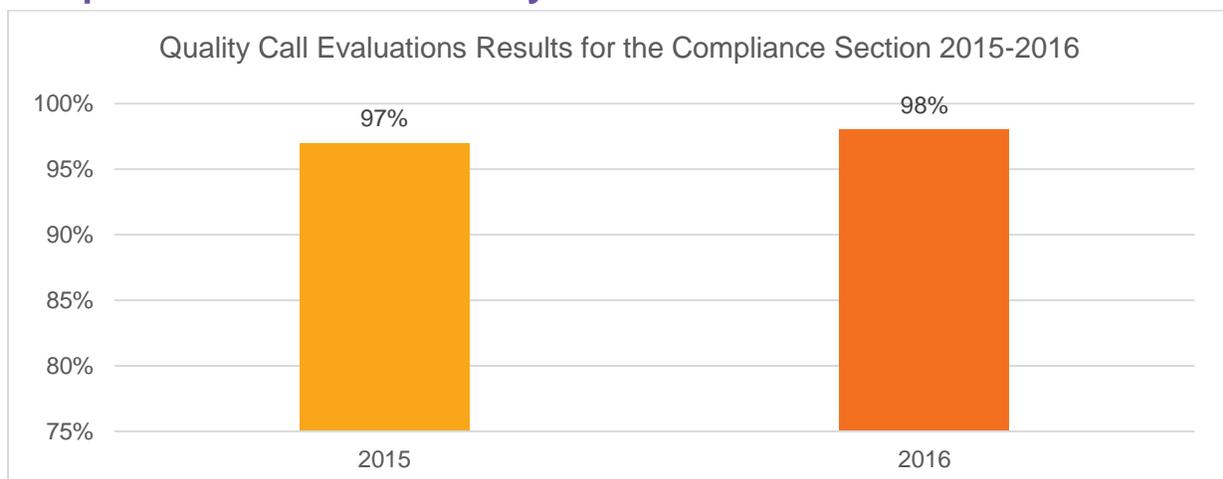
Completion Compliance (1 to 3 call evaluations): Performance during 2016 met was the same as Q3-Q4 2015, meeting the performance target.



In comparison to Q3-Q4 2015, performance during 2016:

- Increased by 25% points in the Exceeds Standards category;
- Decreased by 10.7% points in the Achieves Standards category;
- Decreased by 14.3% points in the Needs Improvement category;
- Remained the same in the Unsatisfactory category; and
- Overall performance (100%) increased by 14.3% points and exceeded the performance goal of 100% of Work-Life Consultants will achieve a minimum rating of “Achieves Standards.”

## Compliance Section on Quality Call Evaluations



As noted in the graph below, 2016 performance (98%) increased by 1% point from 2015, and was just 2% points below the performance goal.

Compliance Failures By Question Across All Evaluation Types (2016)



## Barriers and Interventions

Barrier	Opportunity	Selected for Improvement?
Information from calls are not accurately documented, such as medications, missing compliance answers, missing components from the Care Plan, and missing goals	Clinical Specialists continued to conduct individual coaching sessions with DM/LM Health Coaches quarterly to ensure the completion of care plans appropriately and documenting follow-up with goals set from previous calls	Yes
Missed education opportunities to gather missing pieces of information for the PHQ-2 forms	Compliance Analyst reviewed five (5) additional calls per clinician whenever the Compliance section scored "Unsatisfactory" and forwarded the results to each COM. EPC DM/LM Program Operations staff will continue to monitor this quality activity in 2017	Yes

These quality activities will continue to be monitored and measured during 2017 by the Quality Review Team that now includes both clinicians and non-clinical quality specialists to increase the scope of Quality Review activities across all EPC books of business.

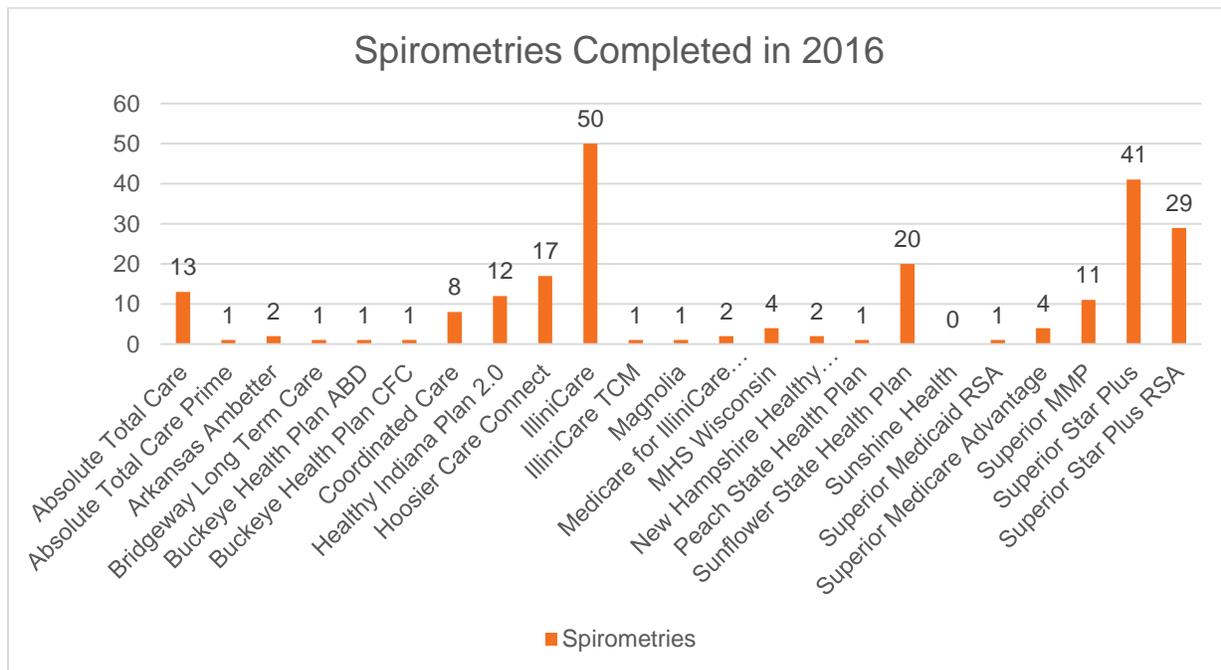
## Respiratory Equipment Testing and Maintenance (DM/LM)

All spirometers were tested during 2016. All Field Health Coach's received oximeters and spirometers at initial hire. During field evaluations this year, all Field Health Coach spirometers were exchanged for new ones by the Manager, Field Health Coach.

Fulfillment Services is responsible for maintaining all DM/LM Program member mailings and new account set up for DM/LM participant letters and education materials, printing materials for the training department as well as mailing supplies to the Field Health Coaches. There were a total of 66 Field Health Coaches supply requests in 2016. Of the 66 requests, 65 were compliant with the timeframe of sending supplies within three business days of the Field Health Coach's request yielding a compliance rate of 98.4% increasing by 22.4% from 2015 (76%).

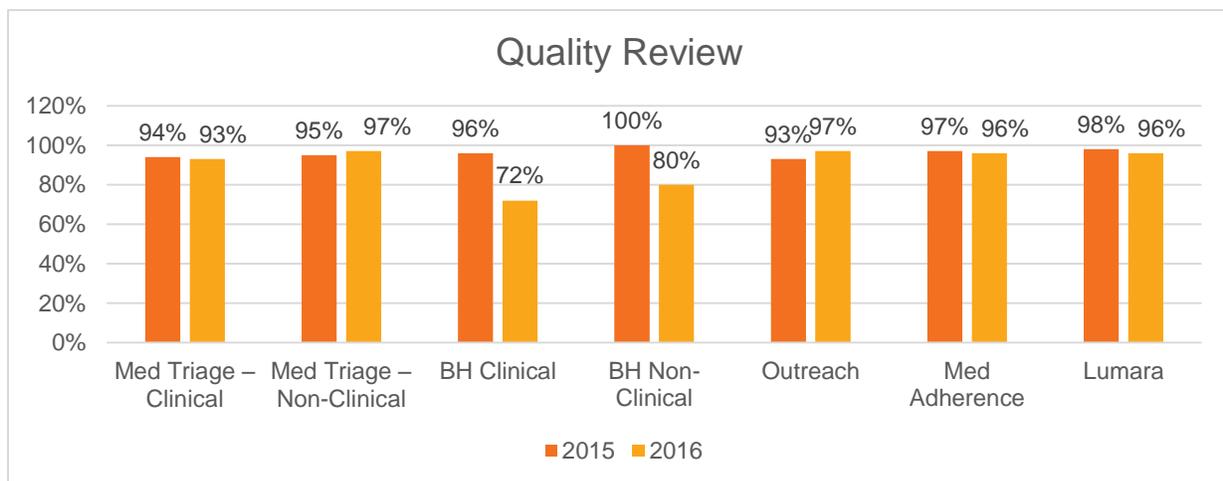
## Spirometry Recordings for COPD (DM/LM)

The following table depicts the number of spirometry recordings completed by the EPC Disease Management Field Health Coaches in 2016:



# Consistency and Documentation of Clinical Interventions (NAL)

EPC QI reviews inbound and outbound calls placed into the various functions within the Nurse Advice Line (NAL) business. The purpose of the review is to review clinical and non-clinical performance against established procedures and critical pathways. The goal is to achieve and maintain an aggregate 95% call and chart review score per quarter for each functional area within the Nurse Advice Line business. Review scores are depicted by business unit for years 2015 and 2016 with comparative analysis. In 2016, 11,190 reviews were conducted over all seven units within the Nurse Advice Line business.



Performance analysis reveals that quality reviews were taken over by the quality review team in April of 2015. Prior to that reviews were being done exclusively by the supervisory staff in the call center. Additionally, October 2015 brought a new contract for the behavioral health crisis line call center, resulting in an increase in call volume. Both of these changes impacted the decreased performance in 2016 compared to 2015.

The table above indicates a significant decrease in the Behavioral Health (BH) Clinical and BH Non-Clinical Triage scores from 2015 to 2016. Both percentage indicators fall below the 95% goal which demonstrates opportunity for improvement. All other units within the Nurse Advice Line business maintained consistent review scores when compared to 2015.

## Barriers and Interventions

Lack of data presents a barrier in analyzing 2015 and 2016 data related to clinical review scores. 2017 bring opportunity to overhaul the review process and tracking capabilities which will allow EPC to track and trend performance for every question within the quality review audit tool. Having this level of detail will support targeted outreach and training of clinical staff to ensure a clear understanding of triage protocols and clinical guidelines.

Root Cause/ Barrier	Proposed Intervention	Selected
Increased call volume related to new contract	Increase staff to support new contract	Yes
Lack of reliable data detail related to quality review scores	Redesign quality review audit tool to include question/ topic level analysis capabilities	Yes

# Quality Improvement Plans and Activities

The EPC BH QI Department utilizes data in its key performance areas, along with the routine data feeds into the EPC BH QIC, in the development and implementation of QIAs. QIAs may focus on clinical or non-clinical areas for improvement. QIAs are structured studies that use a research, improvement science approach to achieve the target outcomes. QIAs may target a specific population, market or service area but must show demonstrable improvement in member care and satisfaction.

- BH
  - Clinical
    - Follow up after Hospitalization: Will increased notification of a member discharge from a psychiatric facility to the community based practitioner increase the number of members seen by an outpatient mental health practitioner within seven days of discharge? Measure – HEDIS FUH\*\*
    - Engagement of Alcohol and Drug Treatment: Will targeted outreach and engagement with providers improve percentage of members who seek treatment services after diagnosis? Measure – HEDIS IET\*\*
    - Children with Special Needs: Will targeted outreach and engagement of providers result in increased application of industry best practices related to the management of ADHD medications? Measures – HEDIS ADD
    - Population Depression Management: Will targeted outreach and engagement of members with co-morbidities into EPC’s BH Disease Management program improve rates of member adherence to their Depression medication treatment plan? Measure – HEDIS AMM
  - \*\*Also a QIP for EPC BH CA
  - Service
    - Appeals Processing: Will improved production processes and automation improve the appeals resolution cycle time and improve satisfaction? Measures: Appeals Resolution Turn around Times; Member and Provider Appeals Complaints.
    - Interpreter Issues: Will improved processes related to scheduling of interpreters result in improved member access to services as well as improved provider satisfaction? Measures: Accessibility of Services, Availability of Practitioners, Member and Provider Complaints.
- DM/LM QIAs
  - Clinical
    - Asthma Controller Medication
    - Asthma Flu Vaccination (patient safety QIP for URAC)
    - Asthma Peak Flow Meter Usage
    - Back Pain Exercise
    - Back Pain Medical Releases
    - CAD LDL-C Control (2015 last measure – retiring)
    - CAD LDL-C Screening (2015 last measure – retiring)
    - CAD Flu Vaccination (patient safety QIP for URAC)

- CAD Triglyceride Control (New measure – 2016 Baseline)
- COPD Functional Status
- COPD Symptoms
- COPD Flu Vaccination (patient safety QIP for URAC)
- Diabetes HbA1c Lab Collection
- Diabetes Microalbumin Lab Collection
- Diabetes Flu Vaccination (patient safety QIP for URAC)
- Heart Failure Flu Vaccination (patient safety QIP for URAC)
- Heart Failure LDL-C Control (2015 last measure – retiring)
- Heart Failure LDL-C Screening (2015 last measure – retiring)
- Heart Failure BP Screening (2016 Baseline)
- Heart Failure BP Control (2016 Baseline)
- Service
  - \* Provider Satisfaction: –Will implementation of interventions based on targeted trending and analysis of provider satisfaction yield increased satisfaction rates? Measures: Access and Availability, Clinical Measurement, Provider Engagement
  - \* Member Complaints: Will complaint trending and targeted interventions reduce the number of member complaints? Measures: Member Experience, Accessibility of Services, Clinical Measurement
  - \* HRA & Incentives: Will providing incentives to members to complete an HRA result in increased HRA completion rates? Measures: Member Experience, Clinical Measurement
- NAL QIAs
  - Health Information Project: Will improvements in triage protocols increase the percentage of nurse advice line calls that are triaged? Measures: Patient Safety, Clinical Measurement, Member Experience
  - Emergency Department Redirects: Will improvements in processes related to Nurse Advice positive interviewing and advice result in a higher percentage of callers heeding clinical advice provided by the nurse advice line clinical staff? Measures: Clinical Measurement, Member Experience, Accessibility of Services

The goal of a QIA is to identify programs, policies and processes that support high quality service delivery across EPC BH’s networks. The 2016 measurement year performance on the EPC BH clinical QIA measures are included in the body of this report. Please see Attachment A for the full QIA reports.