

2017 Envolve PeopleCare Quality Improvement Work Plan

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|--|---|--|--|--|---|---------------------|-------------|
| Topic | Metric | Goal/ Benchmark | Frequency | Data Source | Responsible Dept/Individual | Committee Oversight | Target Date |
| QI Documentation | | | | | | | |
| Change to annual QI document maintenance | The 2017 QI Program Description, Work Plan and 2016 Evaluation will be developed, reviewed, and approved meeting all regulatory, contractual, and accreditation requirements. | N/A | Annual | Health Plan State Contract Requirements; Accreditation Standards & EPC Policies and Procedures | Sr. Vice President, QI & Director, QI | QIC | Q1 2017 |
| QI Work Plan | Ensure the QI Work Plan is current and approved. Revise, update, and document QI performance measurement measures and goals as appropriate. | N/A | Ongoing; Formal Review and Approval Annually | QI Program Description | Sr. Vice President, QI & Director, QI | QIC | Q1 2017 |
| Evaluation of the 2016 EPC QI Program | A written evaluation of the QI Program is completed and includes: <ul style="list-style-type: none"> • A description of completed and ongoing QI activities that address quality and safety of clinical care and the quality of service; • Trending of measures to assess performance in the quality and safety of clinical care and quality of service; • Analysis of the results of the QI initiatives, including barrier analysis; • An evaluation of the overall effectiveness of the QI program. | N/A | Annual | 2016 QI Work Plan | Sr. Vice President, QI & Director, QI | QIC | Q1 2017 |
| Ensure that all QI Program activities and initiatives are communicated to members and providers. | Post 2016 QI Program Summary to EPC member and provider website. | N/A | Annually | QI Evaluation and Program Description | Sr. Vice President, QI & Director, QI | QIC | Q1 2017 |
| Clinical Practice Guidelines | Develop and create a review of the clinical practice guidelines, standards of care, triage/behavioral health protocols, -and all program materials biannually, annually or more frequently based upon when updates are available and report findings to QIC. | N/A | Bi-Annual, Annual | Condition specific clinical practice guidelines | Sr. Vice President, QI; Medical Directors | QIC | Q3 2018 |
| QIAs/QIPs | Review, revise and approve QIAs and QIPs and other intervention activities to ensure optimal participation and oversight. | N/A | Annually | Various | Amy Patterson | | |
| QI Policy & Procedures maintenance, review, and approval | QI Policies and Procedures are reviewed, revised as appropriate, and approved on an annual basis. | N/A | Annual | Updated Policies and Procedures | Sr. Vice President, QI; Sr. Accreditation Manager | QIC | Ongoing |
| QI Communication/Operations | | | | | | | |
| Report trends in member and provider complaints for system and individual improvement opportunities. | Analyze tracked and trended complaint data monthly and quarterly. Report to QIC quarterly. Post trends to QI SharePoint site for business leaders monthly. | 100.00% | Monthly, Quarterly and Bi-annually | | James George/ Amy Patterson | QIC | Ongoing |
| Report trends in QOC concerns and CIs for system and individual improvement opportunities. | Analyze tracked and trended aggregate QOC/CI data quarterly and report to QIC and Cred Committee. # QOC events/# clinical transactions provided | 100% tracked for trending <1 Occurrence per 100,000 Clinical Transactions | Quarterly, Annually | TruCare | James George/ Amy Patterson | QIC | Ongoing |
| Ensure timely and viable response to member and provider complaints. | # of complaints acknowledged timely/total number of complaints received. Acknowledge member and provider complaints within 5 days of receipt of complaint except where market contractual requirements are more strict. | 100% | Monthly, Quarterly, Annually | CRM | James George/ Amy Patterson | QIC | Ongoing |
| Ensure timely and viable response to member and provider complaints. | # of complaints resolved timely/total number of complaints received. Resolve member and provider complaints within 30 days of receipt of complaint except where market contractual requirements are more strict. | 100% | Monthly, Quarterly, Annually | CRM | James George/ Amy Patterson | QIC | Ongoing |
| Ensure timely and viable response to member and provider appeals. | # of appeals acknowledged timely/total number of appeals received. Acknowledge member and provider appeals within 3 days of receipt of complaint except where market contractual requirements are more strict. | 100% | Monthly, Quarterly, Annually | TruCare | James George/ Amy Patterson | QIC | Ongoing |
| Ensure timely and viable response to member and provider appeals. | # of appeals resolved timely/total number of appeals received. Resolve member and provider appeals within 30 days of receipt of complaint except where market contractual requirements are more strict. | 100% | Monthly, Quarterly, Annually | TruCare | James George/ Amy Patterson | QIC | Ongoing |
| Quality Review | | | | | | | |
| Assess Consumer Safety - Override Dispositions | (Case decision by nurse based on Critical pathways) # override dispositions advised/# total dispositions | Provide Corrective Action to 100% of Occurrences as Warranted by Quality Review | Quarterly | DataMart | Royace Gibson | QIC | Ongoing |
| Assess Consistency and Documentation of Clinical Interventions | Conduct quality reviews at least monthly and Provide feedback to the team member; Report results of quality monitoring to QIC; Provide additional training and/or additional intervention as indicated to achieve desired result | Achieve and Maintain an Aggregate 95% on audits per Quarter for Each Business Unit | Quarterly | Quality Review Tools | Royace Gibson | QIC | Ongoing |
| Assess compliance with Complex Case Management care and coordination of services. | To ensure members with complex conditions receive coordination of services and assistance accessing needed resources. | 90% for each case reviewed | Quarterly | Quality Review Tool | Royace Gibson | QIC | Ongoing |
| Assess compliance processing MNC Denials, Administrative Denials and MNC Appeals for BH and STRS | Conduct quality reviews to monitor if MNC Denials, Administrative Denials and MNC Appeals are processed per NCQA and organizational standards for BH and STRS. | 90% | Quarterly | Quality Review Tools | Royace Gibson | QIC | Ongoing |
| Assess Appeals Coordinators' compliance processing denials, standard appeals and retro appeals for BH and STRS | Conduct quality reviews to monitor if Appeals Coordinators are processing denials, standard appeals and retro appeals per NCQA and organizational standards for BH and STRS. | 90% | Quarterly | Quality Review Tools | Royace Gibson | QIC | Ongoing |
| Assess Referral Services compliance processing STRS requests. | Conduct quality reviews to monitor if Referral Specialists are processing STRS request for service accurately. | 90% | Monthly | Quality Review Tools | Royace Gibson | QIC | Ongoing |
| Assess compliance processing of provider and practitioner credentialing and recredential files. | Conduct quality reviews of initial and recredentialing files to ensure files are processed per NCQA and organizational standards for BH and STRS. | 90% | Quarterly | Quality Review Tools | Royace Gibson | QIC | Ongoing |
| Complete annual Treatment Record Reviews | Review provider treatment records for completeness and accuracy in IN, MA and LA. | 85% compliance with treatment record review standards | Annually | Provider Chart Review Tool | Royace Gibson | QIC | Ongoing |
| Assess Clinical Indicators | % of clinical review indicators that meet or exceed the performance goal. | 85.00% | Quarterly | Quality Review Tools | Royace Gibson | QIC | Ongoing |
| Assess Administrative/Operational Indicators | % of administrative review indicators that meet or exceed the performance goal. | 85.00% | Quarterly | Admin Review Tools | Royace Gibson | QIC | Ongoing |

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| HEDIS | | | | | | | |
| Monitor BH HEDIS measures for all markets and coordinate with EPC Clinical and Health Plan staff to assist with performance improvement. | Review HEDIS for delegated BH measures and shared measures on a monthly basis. Identify and communicate trends to stakeholders as needed. Assist with performance improvement design. | HEDIS 75th percentile, unless otherwise specified. | Monthly, Quarterly and Annually | QSI | Michelle Thomas | QIC | Q4 2016 |
| Ensure members receive timely follow up care after a hospitalization (FUH). | Increase the rate of members receiving outpatient follow up care after a hospitalization within 30 days of discharge. | HEDIS 75th percentile, 55.34%, 72.56% | Monthly, Quarterly and Annually | QSI | Michelle Thomas | QIC | Q4 2016 |
| Ensure members receive appropriate medication management for a new diagnosis of depression (AMM). | Increase the rate of members attending medication management appointments for depression management. | HEDIS 75th percentile; 59.52%, 43.89% | Monthly, Quarterly and Annually | QSI | Michelle Thomas | QIC | Q4 2016 |
| Ensure members receive appropriate medication management for a new diagnosis of attention deficit disorder/hyperactivity disorder. (ADD) | Increase the rate of members attending medication management appointment for ADHD management. | HEDIS 75th percentile; 49.55%, 62.50% | Monthly, Quarterly and Annually | QSI | Michelle Thomas | QIC | Q4 2016 |
| Ensure Initiation and Engagement of Alcohol and Other Drug Dependent members in Treatment (IET). | Increase the percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and the percentage of members and whom have two or more additional AOD services within 30 days of the initiation visit. | HEDIS 75th percentile; 42.83%, 13.32% | Monthly, Quarterly and Annually | QSI | Michelle Thomas | QIC | Q4 2016 |
| Ensure member adherence to Antipsychotic Medications for individuals With Schizophrenia (SAA) Ages 19-64 | Increase the number of members diagnosed with schizophrenia who were dispensed and remain on an antipsychotic medication for at least 80 percent of their treatment period. | HEDIS 75th percentile; 65.44% | Monthly, Quarterly and Annually | QSI | Michelle Thomas | QIC | Q4 2016 |
| Ensure Members with Bipolar Disorder and Schizophrenia on Antipsychotics are screened for diabetes (SSD). | To coordinate healthcare needs with primary care. | HEDIS 75th percentile; 84.01% | Monthly | QSI | Michelle Thomas | QIC | Q4 2016 |
| Metabolic Monitoring for Children & Adolescents on Antipsychotics. (HEDIS measure: APM) | Include articles about APM in HNI and EPC BH provider newsletters. Send letters to prescribing providers informing and reminding them of importance of metabolic testing for youth on antipsychotics. Create provider toolkit to highlight importance of metabolic monitoring for patients with certain psychiatric conditions. Use portion of May CME teleconference to touch on metabolic monitoring. | Increase the % of members ages 6-17 who are prescribed antipsychotics that have completed metabolic testing. Benchmarks for COMM LOBs (HEDIS MY2015) Ages: 6-11 AZ COMM HMO: 28.57% AZ COMM PPO: 10.00% CA COMM HMO: 23.64% CA COMM HMO/POS: 21.88% CA COMM PPO: 35.00% OR COMM PPO: (denominator <30) Ages 12-17 AZ COMM HMO: 36.84% AZ COMM PPO: 34.15% CA COMM HMO: 34.54% CA COMM HMO/POS: 32.34% CA COMM PPO: 31.94% OR COMM PPO: 33.33% Goal: reach 75th percentile per LOB | New; Ongoing | QSI | Michelle Thomas | QIC | |
| Clinical Management | | | | | | | |
| Lab Value Data Collection | % of completed lab value data sets | 75% | Annual | Transforum | QI Director, Manager | QMC/QIC | |
| Monitoring of Medical Emergencies | % of Medical Emergencies reviewed within 2 business days by the Medical Directors | 100% | Quarterly | Transforum | QI Director, Manager | QMC/QIC | |
| Monitoring of Suicide/Homicide Emergencies | % of Suicide/Homicide Emergencies reviewed within 2 business days by the Medical Director. | 100% | Quarterly | Transforum | QI Director, Manager | QMC/QIC | |
| Monitoring of Suicide/Homicide Emergencies | Number of Suicide/Homicide alerts that EPC effectively intervened/Total # of Suicide/Homicide Alerts | 100% | Quarterly | Transforum | QI Director, Manager | QMC/QIC | |
| Ensure members are notified and transitioned timely to new providers upon termination of a provider from the network. | Complete member continuity of care notification process 30 days before the provider terminates from the network. | 100% of active members will be notified 30 days before a provider terminates from the network and offered a new provider. | Monthly, Quarterly and Annually | Vistar/Portico | Michelle Thomas | | Q4 2016 |
| Increase use of the PHQ-9 Depression Screening Tool. | To ensure providers and practitioners are utilizing industry best practices in the care of members with depression. | 5% increase over baseline | Monthly | | Michelle Thomas | | Q4 2016 |
| Engage pregnant and delivered women at risk for depression in health care services. | Increase the successful outreach rate for members at medium/high risk for depression. | Total number of medium/high risk screens with successful outreach/total number of responses. Target: 75% successful outreach. | Monthly | Edinburg Depression Screening | Michelle Thomas | | Q4 2016 |
| Engage pregnant and newly delivered women at risk for depression in health care services. | Improve turnaround time from receipt of screen to trigger to clinical team for outreach. | ≤ 2 business days per screen | Monthly | Edinburg Depression Screening | Michelle Thomas | | Q4 2016 |
| Engage pregnant and newly delivered women at risk for depression in health care services. | Improve turnaround time from receipt of completed screen to first outreach to member | ≤ 5 business days per screen | Monthly | Edinburg Depression Screening | Michelle Thomas | | Q4 2016 |
| Obtain practitioner input on EPC Screening Programs | Ensure applicability and viability of screening programs in the service community. | QIC review and approval | Annually | | Michelle Thomas | QIC | Q4 2016 |

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| Notify primary behavioral health providers and PCPs when members are discharged from inpatient care. | To ensure continuity and coordination of care. | 65% of all discharge assessments are communicated to PCPs and primary BH providers. | Monthly | | Michelle Thomas | QIC | Q4 2016 |
| Reduce readmissions to inpatient care at 30 and 90 days. | To ensure members are connected to outpatient services in a timely fashion following discharge. | 3.5% at 30 days, 11.8% at 90 days. | Monthly | | Michelle Thomas | QIC | Q4 2016 |
| Improve member engagement in EPC CM Program | To ensure members receive assistance in managing care transitions and obtain needed resources to improve self care. | 10% increase in member CM engagement rates. | Monthly | | Michelle Thomas | QIC | Q4 2016 |
| Decrease Inpatient Readmission Rates at 30 and 90 Days for Members Engaged in CM services. | To ensure members receive care in their community of choice and receive services in the most appropriate, least restrictive setting. | 5% decrease in 30 and 90 day readmission rates | Monthly | | Michelle Thomas | QIC | Q4 2016 |
| Reduce Service Costs for Members Engaged in CM Services. | To ensure case management services are effective and efficient. | 5% decrease in total care costs | Monthly | | Michelle Thomas | QIC | Q4 2016 |
| Access and Availability | | | | | | | |
| Assess provider appointment availability to ensure member access to care. | Number of positive responses for urgent appointment availability/number of providers surveyed. | 90% | Quarterly and Annually | | Amy Patterson/ Kelley Grayson | QIC | |
| Assess provider appointment availability to ensure member access to care. | Number of positive responses for initial routine appointment availability/number of providers surveyed. | 90% | Quarterly and Annually | | Amy Patterson/ Kelley Grayson | QIC | |
| Assess provider appointment availability to ensure member access to care. | Number of positive responses for follow-up routine appointment availability/number of providers surveyed. | 90% | Quarterly and Annually | | Amy Patterson/ Kelley Grayson | QIC | |
| Assess Access to EPC Network Providers and Practitioners | Geo Access Analysis of proximity to providers/practitioners. | > 95% | Quarterly and Annually | | Kelley Grayson | QIC | |
| Assess Access to EPC Network Providers and Practitioners | Geo Access Analysis of member to provider/practitioner ratios. | 1 provider/practitioner to every 2000 members. | Annually | | Kelley Grayson | QIC | |
| Access: Call Center - Abandonment Rate | Number of calls abandoned/total number of calls. | < 5% | Monthly and Quarterly | | Agnes Ponce | QIC | |
| Access: Call Center - Average Speed of Answer | Time for calls answered/total number of calls. | < 30 seconds | Monthly and Quarterly | | Agnes Ponce | QIC | |
| Access: Call Center - Service Level | Total of all service level measures/total number of all calls. | > 90% | Monthly and Quarterly | | Agnes Ponce | QIC | |
| Access: Call Center - Average Hold Time | Average hold time performance target: | > 2 minutes | Monthly and Quarterly | | Agnes Ponce | QIC | |
| Outbound Reach Rate | % of members with a completed IHA who were referred during the quarter and EPC successfully reached. | 30% | | | Sue Schon | QIC | |
| Access: Call Center - Blockage Rate | % of incoming telephone calls not completed because switching or transmission capacity is not available/total number of calls encountered. | < 5% | Monthly and Quarterly | | Sue Schon | QIC | |
| Nurse Advice Line – Time to RN Accessibility | The number of minutes from CCP transferred the call until RN answered the transferred call. | <30 minutes | Quarterly | Uptivity | Sue Schon | QIC | |
| Nurse Advice Line – Reduce Average Triage Callback Time | Total callback time for triage or health education calls in callers receiving a callback/total calls receiving a callback for triage or health education (Average Callback time) | <30 minutes | Quarterly | Uptivity | Sue Schon | QIC | |
| Nurse Advice Line – Triage Outliers | % of calls that the first attempt to contact a member is greater than 30 minutes from when the member called to speak with a nurse (in the queue on hold). | <30 minutes | Quarterly | Uptivity | Sue Schon | QIC | |
| Member Experience | | | | | | | |
| Complete member and provider satisfaction surveys. | Use trends in survey responses to identify areas for system improvement. Total number of positive responses/total number of responses. | 85% satisfaction rate | Annually | Member Satisfaction Survey | Mari Bilderback | QIC | |
| Participant Satisfaction- Graduation | Improve satisfaction with overall service received from the program | 20% return rate; 85% or higher satisfaction level | Quarterly | Member Satisfaction Survey | Mari Bilderback | QIC | |
| Participant Satisfaction – TeleCare Management Active Enrollment | Improve satisfaction with overall service received from the program | 20% return rate; 85% or higher satisfaction level | Quarterly | Member Satisfaction Survey | Mari Bilderback | QIC | |
| Participant Satisfaction – Smoking Cessation | Improve satisfaction with overall service received from the program | 20% return rate; 85% or higher satisfaction level | Quarterly | Member Satisfaction Survey | Mari Bilderback | QIC | |
| Satisfaction with Health Information Line | Individual overall satisfaction with the health information line. | 85.00% | Annually | Member Satisfaction Survey | Mari Bilderback | QIC | |
| Patient Activation Measure | Participant Satisfaction-Participant's perceived ability to self-manage their disease/condition. | 85.00% | Quarterly | Physician Satisfaction Survey | Mari Bilderback | QIC | |

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| Credentialing | | | | | | | |
| Ensure timely review and approval of credentialing provider and practitioner. | Improve processing time of initial credentialing applications. | ≤ 30 days | Quarterly | | Irene Armendariz | QIC | Q4 2016 |
| Ensure timely review and approval of recredentialing of providers and practitioners. | Improve processing time of recredentialing applications. | ≤ 2 years in Massachusetts; 3 years in all other markets (36 months). | Quarterly | | Irene Armendariz | QIC | Q4 2016 |
| Ensure timely processing of provider and practitioner credentialing and recredentialing files. | Improve credentialing staff production. | ≥ 20 complete and clean applications per staff member, per week | Quarterly | | Irene Armendariz | QIC | Q4 2016 |
| Operations | | | | | | | |
| Improve Client Satisfaction | Improve satisfaction with overall services received from EPC. | 85.00% | Annual | Client Satisfaction Survey | Mari Bilderback/ Kirsty Bloom | QIC | Q1 2017 |
| Increase auto-adjudication rates. | Meet or exceed auto-adjudication rate. | >85% | Quarterly | | Jason McBride | | Q4 2016 |
| Process claims within contractual TAT. | Process claims within 30 days or less. | > 90% | Quarterly | | Jason McBride | | Q4 2016 |
| DM Participants Communication Needs | Ensure education materials are available in languages of the major population groups served. | Pass/Fail | Annual | Language Report; Special Needs Report; Education Materials Report | Director, Member Communication & Engagement; Director, QI | QIC | Q1 2017 |
| Nurse Advice Line Communication Needs | Report the utilization of translation services by language to QIC. An evaluation of the overall effectiveness of the QI program. | List of top 10 alternative languages with percentages | Annual | Voiance; HOLA; clinical data system | | QIC | 2016 |
| Assessment Completion | % of eligible 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. | 90% | Quarterly | MicroStrategy | Devan Cross | QIC | |
| Follow-up to Direct Referrals | % of eligible participants that are identified via Direct Referrals should receive their 1 st Attempt to Contact (ATC) within 3 business days of the referral. | 90% | Quarterly | MicroStrategy | Devan Cross | QIC | |
| Patient Activation Measure-Readiness to Change | % of members completing a baseline call and are at a Readiness to Change stage of "Contemplative or Action" have a goal documented in their clinical record. | 95% | Quarterly | MicroStrategy | Devan Cross | QIC | |
| Participant Participation Rates | Measure & report participants' participation rates in the EPC DM Program Evaluation. | 30% | Annual | MicroStrategy | Devan Cross | QIC | |
| Assessment Timeliness | % of participants that had follow-up visits during the measurement year and those follow-up visits were conducted in accordance with their identified intensity level or the appropriate numbers of ATC were conducted in accordance with existing policy. | 90% | Quarterly | MicroStrategy | Devan Cross | QIC | |
| Decline Rates | % of participants who disenrolled after completing an assessment. | ≤15% | Quarterly | MicroStrategy | Devan Cross | QIC | |
| Follow-up with Referrals | % of health coaches that follow-up on referrals on the next call/Total # of referrals made | 100% | Quarterly | MicroStrategy | Devan Cross | QIC | |
| Access to Health Information Line | % of health information email requests responded to by clinical staff within 24 hours of receipt/Total # of health information email requests received | 100% | Monthly/ Quarterly | Uptivity | Sue Schon | QIC | |
| Health Education Communication | % of health education requests responded to by clinical staff within 24 hours of receipt/Total # of health education requests received | 100% | Quarterly | Uptivity | Sue Schon | QIC | |
| Non-emergent 1 st Call Resolution | % of non-emergent calls that were resolved on the first call/Total # of non-emergent calls | 95% | Quarterly | Uptivity | Sue Schon | QIC | |