

Section 11: BHI Quality Improvement Work Plan for FY15

| Project Title | Goal(s) | Action(s) | Target Date |
|---|---|--|-------------|
| Member Population | | | |
| Penetration Rates | Increase overall penetration rate by 2% from 11.64%. | Calculate penetration rates for each CMHC in the BHI catchment area on an annual basis | 6/30/15 |
| Network Adequacy | | | |
| Network Adequacy – Ensuring Availability | Meet the geographical needs of members by assuring provider availability | Continue to assess provider network availability against BHI standards and respond to the needs of the ever-growing Medicaid population. | 6/30/15 |
| Network Adequacy – Cultural Needs and Preferences | Meet the cultural, ethnic, and linguistic needs of members by assuring diverse provider network | Implement facility update form to capture cultural information from facility providers | 1/1/15 |
| Access to Services | | | |
| Access to routine, urgent, and emergency services | Provide access to covered services as required by the Medicaid contract | Increase provider education efforts about access to care standards and referrals to BHI | 6/30/15 |
| | Improve member satisfaction with Access to Care by 5% | Continue to conduct secret shopper calls for all providers | |
| | | Educate members about definitions of routine, urgent, and emergent appointments and the associated standards | |
| Access to medication evaluations | Improve compliance with 30-day standard to 90% | Assist providers in barrier analyses to identify opportunities to improve access to medication evaluations. | 6/30/15 |
| Focal point of behavioral health services | Continue to perform at or above the statewide BHO average | Continue to monitor clients' accessibility to services | 6/30/15 |
| Compliance Monitoring | | | |
| External Quality Review Organization (EQRO) audit | Continue to score at or above the previous year's performance | Coordinate with HSAG to comply with review activities conducted in accordance with federal EQR regulations 42 C.F.R. Part 438 and the CMS mandatory activity protocols | 6/30/15 |
| State-wide Performance Improvement Project | Coordinate with ABC and RCCO partners to improve transitions in care | Participate in the HCPF statewide Performance Improvement Project (PIP) and meet all requirements. | 6/30/15 |
| Encounter Data Validation (411) Audit | Improve provider claims review to a compliance score of 90% or higher | Continuing to train providers on proper billing and documentation practices | 6/30/15 |
| | Maintain or improve inter-rater reliability with HSAG | Continuing to train audit team on the USCS Manual | |
| Delegation Oversight | Oversee the quality of activities delegated to any subcontractor | Continue to monitor the activities delegated to Colorado Access as our Administrative Service Organization through Delegation Oversight Audits | 6/30/15 |
| Provider claim/record audits | Improve provider documentation and reduce waste and abuse in billing practices | Implement quarterly clinical documentation trainings | 6/30/15 |
| | | Initiate a minimum of 10 provider audits | |

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|--|--|---|-------------|
| Performance Measures | | | |
| Monitoring over- and under-utilization | Continue to perform at or above the statewide BHO average for performance measures | Continue to measure performance indicators quarterly to monitor for patterns and trends across services | 6/30/15 |
| | | Continue to monitor specific member utilization for targeted member interventions | |
| Member Health and Safety | Perform at or above the statewide BHO average for performance measures | Implement polypharmacy medication project | 10/1/15 |
| Coordination of Care – Follow-up after hospital discharge | Increase performance to meet internal benchmarks (90% and 95%) | BHI will continue to monitor this measure quarterly and implement targeted interventions | 6/30/15 |
| Coordination of Care – Improving physical healthcare access | Continue to improve coordination of care | Continue to develop the Care Management Program | 6/30/15 |
| | Improve measurement of coordination of care | Fully implement PCP measure for Quarterly Performance Report Card | 1/1/15 |
| Improving Member Functioning | Continue to measure and monitor performance | Cooperate with HCPF on the calculation of performance measures | 6/30/15 |
| Information Systems Capabilities Assessment Tool (ISCAT) audit | Continue to achieve 100% compliance on the audit | Continue to monitor and assess each aspect of the performance measure calculation process and adjusting accordingly | 6/30/15 |
| Clinical Practice Guidelines and Evidence-Based Practices | | | |
| Clinical Practice Guidelines | Develop and implement practice guidelines to meet the clinical needs of members | Create and review all identified practice guidelines per NCQA standards | 1/1/15 |
| | | Create and distribute member information materials about practice guidelines | |
| Compliance with Clinical Practice Guidelines | Monitor providers' compliance with BHI clinical practice guidelines | Monitor compliance with RAD guideline via encounter and pharmacy claims | 6/30/15 |
| | | Monitor compliance with Risk Assessment guideline via clinical record review | 6/30/15 |
| | | Monitor compliance with Atypical Antipsychotic guideline via member survey | 6/30/15 |
| | Increase provider education about guidelines | Provide education about each clinical practice guideline through the Provider Bulletin | 6/30/15 |
| Evidence-based and Promising Practices | Provide optimal care for members using well-researched clinical practice | Refine and implement EBP reporting process | 1/1/15 |
| Member and Family Input into the QI Program | | | |
| Member Satisfaction Surveys | Meet or exceed satisfaction results from FY14 | Support OBH and the Department on implementation of the ECHO survey | 6/30/15 |
| Grievances and Appeals | Improve process by which members and family have a means of providing feedback | Continue to collect and analyze grievance and appeal data through the quarterly Performance Report Card | 6/30/15 |
| Quality of Care Concerns | Address any potential member safety issue | Continue to trend QOCCs by provider and by category and address any patterns | 6/30/15 |
| | | Continue to work with individual providers on corrective actions if a QOCC is substantiated | |
| Critical Incident Reporting | Address any potential member safety issue | Continue to trend critical incidents by provider and by category and address any patterns | 6/30/15 |
| | Increase compliance with critical incident reporting | Outreach providers and provide education about the critical incident reporting process | |