



2008 Behavioral Health
Quality Improvement Program Description
Office of Clinical Resources

APS Healthcare Inc
2008 Behavioral Health Quality Improvement Program

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PURPOSE AND GOALS

This document describes the scope, structure and function of APS Healthcare, Inc. Managed Behavioral Health Quality Improvement Program Description (MBHQIC). The MBHQIC is responsible for accounts managed in its Silver Spring, Maryland office. The purpose of the Quality Improvement Program Description is to provide the operational structure and processes necessary to achieve the goals and objectives established by the APS Board of Directors, other quality oversight committees, and APS management for the MBHQIC

STRUCTURE OF THE QUALITY IMPROVEMENT PROGRAM

A. Authority and Responsibility

The APS Board of Directors, and the CNR Health Partners Board of Directors (for Texas-based risk business only) share the ultimate authority and accountability for the quality of care and service delivered to the related enrollees, and is the highest level of oversight for the Quality Improvement Program. Both Boards of Directors delegate their oversight responsibilities to the APS Corporate Quality Improvement Committee (CQIC). The APS CQIC delegates operational responsibility for the Quality Improvement Program to the Managed Behavioral Health Quality Improvement Committee (MBHQIC).

B. Designated Behavioral Health Care Practitioner

The President, Commercial Programs and Corporate Medical Director directs the implementation of the MBHQIC's quality improvement process. The Director of the Office of Clinical Resources directly manages APS quality improvement programs, committees and activities by:

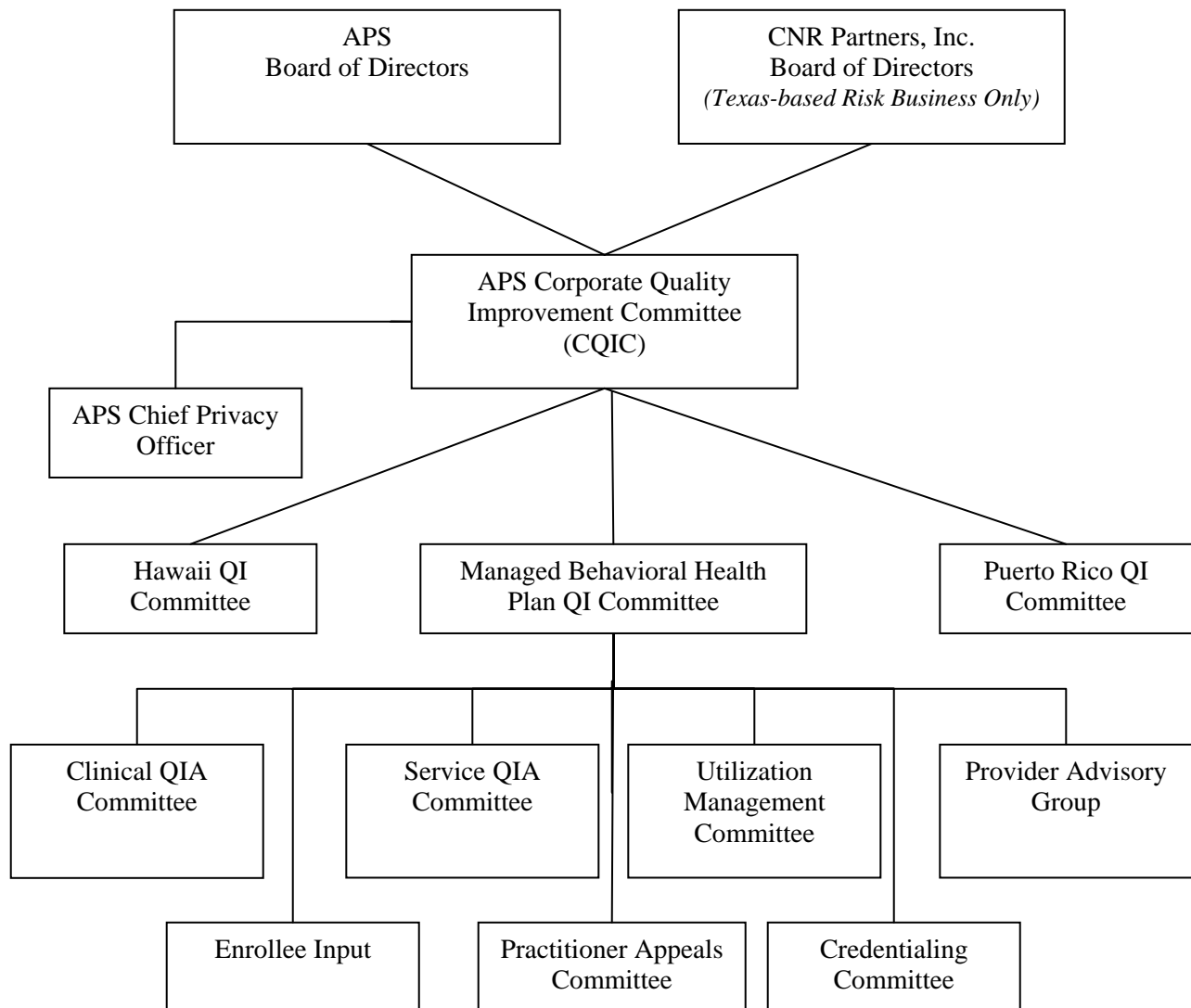
- Supervising the implementation of the QI Work Plan, Program Description and Annual Program Evaluation.
- Supporting the QI Committee and subcommittee(s) structure in conducting activities.
- Tracking identified opportunities for improvement.
- Facilitating and supporting all areas in data collection and analysis, as well as in designing interventions.
- Through the Director of Accreditation, leadership is provided as well as required training to assure completion of external regulatory and accreditation reviews.

The President, Commercial Divisions and Corporate Medical Director is a Licensed Physician (MD). The Director of the Office of Clinical Resources is an individual with a clinical background and experience with quality improvement processes and activities.

c. Committee Structure

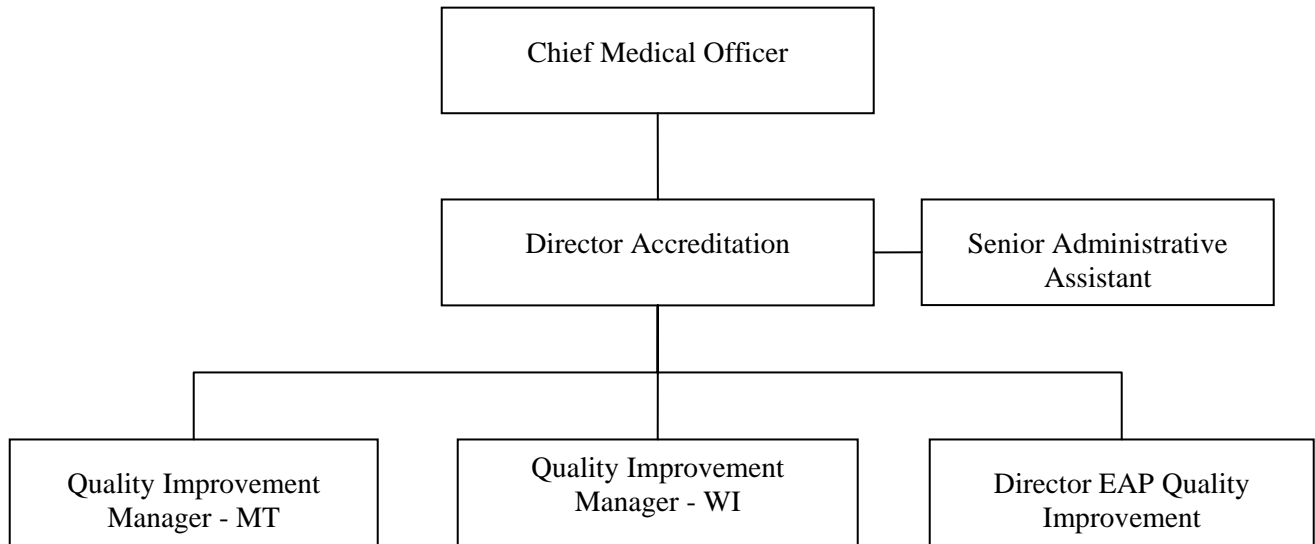
The APS Managed Behavioral Health Quality Improvement Committee structure is summarized in Chart 1.

Chart 1: APS Healthcare Quality Improvement Committee Structure



The following chart shows reporting structure of the Office of Clinical Resources (OCR).

Chart 2: *Office of Clinical Resources*



1. APS Healthcare Board of Directors

The APS Healthcare Board of Directors is the governing body and provides oversight and direction to the QI Program. At least five of the Directors are non-employees of APS. The APS Board of Directors' membership is composed of:

- Chief Executive Officer, APS
- Chief Financial Officer, APS
- APS Legal Counsel
- Directors from External Organizations (5)
- Investor Representative

The APS Board of Directors meets on a quarterly basis, maintains minutes of its meetings, and annually reviews and approves the MBHQIC QI Program.

2. CNR Health Partners Board of Directors

The CNR Health Partners Board of Directors operates only in relation to the Texas-based risk business. It is a 501(a) corporation formed to meet legal requirements governing Innovative Resource Group's (IRG) risk business within the State.

The CNR Health Partners Board of Directors' membership is composed of:

- Physician Board Member (3) – one member will serve as the Board Chairman

The CNR Health Partners Board of Directors delegates its oversight responsibility for the MBHQIC Program to the APS CQIC. The CNR Health Partners Board of Directors regularly reviews reports from the MBHQIC and shares with the APS Board of Directors final responsibility for the operations and performance of MBHQI programs and activities.

3. APS Corporate Quality Improvement Committee (CQIC)

Answerable to the APS Board of Directors and CNR Health Partners Board of Directors, the CQIC:

- Reviews and approves the Behavioral Health QI Program Descriptions, QI Work Plans and the QI Program Evaluations from APS programs/divisions providing behavioral health services annually.
- Supervises all quality improvement activities of subcommittees.
- Monitors allocation of resources needed to achieve APS quality improvement goals.
- Evaluates and authorizes the Utilization Management Program documents and Utilization Management Review Criteria annually.
- Provides final approval of clinical guidelines.
- Assesses and ratifies corporate-wide policy and procedures.
- Facilitates the collection of corporate policies.

Membership:

- Director, Office of Clinical Resources
- President, Behavioral Health Division
- Vice President, Clinical Operations
- Behavioral Health Medical Director,
- APS Senior General Counsel
- Corporate Director, Credentialing
- President, APS Puerto Rico
- QI Director, APS Puerto Rico
- Medical Director for Health & Disease Management (Vacant)
- Vice President Care Management
- Chief Information Officer
- Vice President, Human Resources
- Vice President, Public Sector

The CQIC reports the results of its activities to the APS Board of Directors and CNR Health Partners Board of Directors through an annual submission of the MBHQI Program Description, Work Plan, and Evaluation. At least 50% of the voting members are required for a quorum. A simple majority of voting members present is required for approvals.

4. APS Chief Privacy Officer

The APS Privacy Officer has the primary responsibility for ensuring that the enterprise's privacy policies and procedures are accurate and, as appropriate, integrated into the operations of the business units. The APS Chief Privacy Officer:

- Creates and develops privacy policies and procedures.
- Arranges for responses to all employee questions concerning privacy issues that may or may not be readily answered from this policy.
- Receives, documents, and acts in response to any complaints made by customers, employees, or any other individuals regarding APS' privacy practices and procedures. This may be done directly or through designees.
- Develops training programs and materials that educate employees on the policies and procedures for safeguarding the privacy of PHI.
- Maintains the accuracy of the enterprise's privacy policies. This includes review of federal and state laws and regulations and modifying APS policies and procedures, as necessary and appropriate, to comply with changes in the law.
- Guarantees the accuracy of the Notice of Privacy Practices as set forth in the APS Notice Policy by monitoring and directing any and all changes of practices.
- Generates and endorses mechanisms to oversee the application of privacy policies.
- Identifies opportunities for reducing collection of unnecessary enrollee data or maintaining enrollee anonymity as much as possible.
- Approves levels of authorized use and access to data across the delivery system.
- Analyzes, permits, or denies both internal and external requests to use enrollee data.
- Facilitates appeals process to address enrollee concerns regarding confidentiality of data.
- Oversees mechanisms for adhering to specific requests to limit access to data.
- Authorizes research projects that involve the release of enrollee data.

5. Managed Behavioral Health Plan Quality Improvement Committee (MBHQIC)

Reports directly to the CQIC, the MBHQIC has primary responsibility for the identification and prioritization of opportunities for improvement. Once such opportunities are identified, the MBHQIC manages the development and implementation of all policies and procedures needed to ensure quality improvement. The MBHQIC accomplishes this by:

- Revising and writing the APS Health Plan Behavioral Health QI Program Description annually.
- Reviewing and accepting the evaluation and /or effectiveness of the MBHQIC's implementation of its QI Program Evaluation, and the QI Work Plan each year.
- Evaluating and endorsing APS Behavioral Health Utilization Management Program documents yearly.
- Adopting through the Provider Advisory Group (PAG), the APS Behavioral Health Utilization Management Medical Necessity Review Criteria.
- Supervising all quality improvement activities of committee subcommittees as specified in the Quality Improvement Work Plan.
- Monitoring the findings of the clinical and service performance measurement committees,, and providing oversight to the implementation of corrective actions for improvement as needed.
- Conducting the annual review revision of APS policies and procedures.
- Maintaining an organized system of tracking and storing policies and procedures.
- Overseeing continuity and coordination of care activities.
- Offering recommendations about the content of APS policies and procedures.
- Analyzing results of satisfaction surveys and other performance studies.
- Developing corrective action plans or QI activities based on study results.
- Ensuring that adequate resources and training exist to support the QI Program.
- Guaranteeing compliance with state, federal, and external accreditation bodies.
- Providing final review and supervision of delegated activities.

Membership:

- Director, Office of Clinical Resources
- Corporate Medical Director, Behavioral Health
- Medical Director, Texas
- Vice President, Clinical Operations
- Corporate Director, Credentialing
- Manager, Member Referral/Customer Service
- Vice President, Claims & Appeals
- Director of & Accreditation & Quality Improvement (non-voting staff)
- Quality Improvement Coordinators (non-voting staff)
- Provider Contract Manager (Texas based accounts)
- Associate Legal Counsel
- Director, Client Services

At least 50% of the voting members are required for a quorum. A simple majority of voting members present is required for approvals.

The MBHQIC communicates with the CQIC by providing the approved minutes of all its meetings, which are held at least quarterly. The Quality Improvement Program Description, Work Plan and Program Evaluation are submitted to the CQIC annually. Additional reports and presentations are provided as needed. These are derived from member input which is solicited via the internet, through satisfaction survey results, and direct communication from accounts, providers, and members. Information obtained is then analyzed by MBHQIC members. Further decisions, reports and presentations are based on information provided by the following subcommittees which report directly to MBHQIC.

6. Clinical Quality Improvement Activity Committee (CQIAC)

The CQIAC supports the MBHQIC by gathering and analyzing the data necessary to make improvements in quality of enrollee clinical care. The committee achieves this objective by:

- Identifying potential clinical measurement activities relevant to the MBHQI enrollees.
- Developing clinical monitors and writing data collection specifications for use by health intelligence/reporting staff.
- Reviewing and analyzing data related to clinical quality measurement activities, including clinical studies, clinical practice guidelines, and preventive behavioral health programs.
- Identifying opportunities for improvement.
- Developing and overseeing the implementation of interventions related to clinical quality improvement activities.
- Providing input and recommendations to the MBHQIC related to clinical quality improvement activities.

Membership:

- Director of Accreditation and Quality Improvement (Chair)
- Director Quality Improvement , Georgia Programs
- Corporate Medical Director
- Medical Director for Behavioral Health
- Quality Improvement Analyst (Montana)
- Medical Director (Montana)
- Medical Director (Texas)
- Director Client Services
- Quality Improvement Analyst (Wisconsin)
- Quality Improvement Analyst (Missouri)
- Quality Improvement Analyst (Nevada)

The committee, which meets monthly, submits its meeting minutes to the MBHQIC after they are approved by the CQIAC committee chair. The committee makes its recommendations on clinical quality improvement activities verbally and through presentations as needed.

7. Service Quality Improvement Activity Committee (SQIAC)

The SQIAC seeks ways in which APS can deliver premium service to Managed Behavioral Health enrollees, practitioners and providers. In order to understand the needs of these constituents, the committee constantly refines service measurement protocols, data collection strategies and tools. This is accomplished by:

- Analyzing data from satisfaction surveys, complaints and appeals.
- Reviewing and assessing data related to availability and accessibility of providers/services in enrollee/account preferred geographic areas
- Identifying opportunities for service improvement.
- Developing and overseeing the implementation of interventions related to service quality improvement activities.
- Providing input and recommendations to the MBHQIC related to service quality improvement activities.

Membership:

- Medical Director, Behavioral Health – (Maryland)
- Director of Accreditation and Quality Improvement
- Supervisor, Clinical Utilization Management Operations
- Manager of Complaints and Appeals
- Sr. Vice President, Non-Clinical Operations or designee
- Provider Manager of Contracts
- Other staff as needed, based on activities reviewed

The committee, which meets monthly, submits its meeting minutes to the MBHQIC after they are approved by the CQIAC committee chair. The committee makes its recommendations on service clinical quality improvement activities verbally and through presentations as needed.

8. Utilization Management Committee

Reports to MBHQIC, the UM committee monitors APS' Utilization Management. In this capacity the committee:

- Inspects and updates the APS Behavioral Health Utilization Management Program and reviews the Medical Necessity Utilization Management Review Criteria annually.
- Develops the annual UM Work Plan and UM Evaluation for Managed Behavioral Health programs/activities.
- Reviews and revises utilization management policies and procedures, and submits them to MBHQIC for approval.
- Pinpoints opportunities to improve utilization management processes and support implementation of improvement activities.
- Monitors and evaluates key utilization management indicators.
- Provides input and recommendations to the MBHQIC related to utilization management activities.
- Supports the accreditation process and compliance with State and contract regulations.
- Identifies and prioritizes opportunities for improvement in continuity and coordination of care between behavioral health practitioners and between behavioral health and medical partners.

Membership:

- Regional Behavioral Health Medical Director (Maryland) (Chair)
- Quality Improvement analysts
- Provider Manager for Contract Relations, or designee
- Vice President of Utilization Management Behavioral Health Division (Maryland)
- Manager, Clinical Appeals & Accreditation
- Selected APS program staff as appropriate
- Director of Accreditation and Quality Improvement
- Manager Meber and Customer Services (Maryland)

At least 50% of the voting members are required for a quorum. A simple majority of voting members present is required for approvals.

Meetings are held quarterly, more frequently if necessary. The chair approves all minutes which are sent to MBHQIC. The UM Committee gives presentations and written reports to MBHQIC when necessary.

9. Provider Advisory Group

The Provider Advisory Group (PAG) is a forum by which external practitioners, along with APS practitioners, may contribute to the development and implementation of the APS Behavioral Health QI Program and MBHQI activities. The committee manages this by:

- Supporting the development and monitoring of appropriate clinical practice guidelines (CPG's).
- Considering requests for new technology.
- Reviewing and drafting APS policies and procedures about the practitioner community.

- Advising on the development and assessment of APS utilization management criteria.
- Providing clinical input into the creation of clinical practice guidelines, UM criteria, preventive health, and other quality improvement programs.
- Consulting on the continuity and coordination of behavioral healthcare.
- Assisting in the creation of provider education and communication processes and tools.
- Serving as consultants to APS representing practitioner viewpoints and concerns.
- Analyzing the results of provider satisfaction survey activities.
- Assessing enrollee satisfaction survey results.

Membership:

- Corporate Medical Director, Behavioral Health (Psychiatrist) (Chair)
- Manager, Complaints & Appeals (non-voting/staff)
- Practitioners: Psychology
- Practitioners: Social Work
- Practitioners: Other Masters-level
- Provider: Substance Abuse
- Provider: Mental Health

The APS PAG members are drawn from a variety of APS' networks where APS has health plan business. Practitioners participate via teleconference for the meetings which are held at least annually. The group submits its meeting minutes to MBHQIC along with other reports and makes presentations as requested.

10. Credentialing Committee

This 11-member committee composed of APS executives, staff and network practitioners evaluates the credentials and experience of all APS practitioners and providers to ensure that they comply with APS and accreditation guidelines. In fulfilling its duties the committee:

- Assesses and re-assesses the credentials of practitioners and providers, including inpatient and residential facilities.
- Conducts peer review and approval of network status of practitioners and providers.
- Monitors any practitioner or provider placed on a corrective action plan by Provider Relations to ensure compliance with the plan.
- Makes recommendations on content of credentialing policies and procedures for practitioners and providers.
- Investigates quality of care issues related to individual practitioners or providers and makes recommendations, as appropriate.
- Checks and endorses oversight activities related to delegated credentialing arrangements.

Membership:

- Corporate Medical Director, (Chair)
- Sr. Vice President, Operations
- Corporate Director, Credentialing (non-voting member)
- Credentialing Supervisor (non-voting staff)
- Credentialing Specialist (non-voting staff)
- Network Practitioner: Psychiatrist
- Network Practitioner: Psychologist
- Network Practitioner: Child and Adolescent Practitioner
- Network Practitioner: Social Worker/Other Masters-level
- Network Practitioner: Substance Abuse Counselor
- Network Practitioner: Inpatient Practitioner

Meetings are held monthly, more frequently if necessary. The chair approves all minutes which are sent to MBHQIC. The Credentialing Committee gives presentations and written reports concerning credentialing and re-credentialing decisions to MBHQIC when necessary.

11. Practitioner Appeals Committee

This committee meets only when a practitioner appeals the Credentialing Committee's ruling to modify or terminate his/her network participation. Upon a thorough review of all materials relevant to the practitioner's appeal, the Committee may overturn, overturn with conditions or uphold prior Credentialing Committee decision regarding the practitioner's network participation.

Membership:

- Corporate Medical Director Chair (non-voting member)
- Sr. Vice President, Operations (non-voting staff)
- Corporate Director, Credentialing (non-voting staff)
- Director, Provider Operations (non-voting staff)
- APS Legal Counsel (non-voting staff)
- Director of Clinical Resources (non-voting staff)
- Three or more clinical professionals who are not in direct economic competition with the practitioner under review.
 - For review of physician practitioners, all members will be licensed physicians.
 - For review of non-physician practitioners at least one member will be a physician and at least one member will be in the discipline of the practitioner under review.

Upon making a decision regarding an appeal, the Practitioner Appeals Committee submits all meeting minutes approved by the committee chair and makes both verbal and written presentation of recommendations related to the appeal outcome.

12. Member Input

APS solicits member feedback on its Quality Improvement Program and related materials via the APS website.

Topics of feedback include:

- Identification of key quality indicators affecting consumers.
- Input into consumer versions of clinical practice guidelines.
- Recommendations concerning preventive behavioral health programs.
- Suggestions regarding the clarity and utility of correspondence directed to members.
- Providing member viewpoints and concerns.
- Offering input into enrollee rights and responsibilities.

D. Input from Medical Delivery Systems

The APS MBHQIC includes input and representation from medical delivery systems in a number of ways. These include:

- Participation in Managed Behavioral Health Quality Improvement Committee's (MBHQIC) activities.
- Regular QI workgroups with APS program and QI staff.
- Joint development and implementation of prevention and clinical improvement programs.
- Annual oversight audits by Account partners.

Input from Managed Care Organizations (MCO's) is documented in appropriate committee minutes and focuses on both clinical and service improvement activities.

PROGRAM SCOPE AND CONTENT

The scope of the Quality Improvement Program encompasses the assessment, monitoring, and improvement of all aspects of care and service received by enrollees, including the following:

- Care delivered in inpatient, outpatient, and alternative settings at all acuity levels;
- All types of behavioral health care services delivered by all types of practitioners and providers; and
- Services delivered by APS and its contractors.

The APS Managed Behavioral Health programs implements an annual Quality Improvement Work Plan. This work plan details the specific activities, objectives and performance standards encompassed by the current Quality Improvement Program Description. The Quality Improvement Work Plan includes the specific objectives of the quality improvement activity, including performance goals or standards, the persons accountable for coordinating and ensuring the activity is completed, the critical action steps to complete the activity, and the target date for completion of the activity. An overview of these activities is presented below.

A. Quality Management Methods and Monitors

APS' quality improvement methods include a four-stage process for identifying and improving the quality of clinical care and service rendered by APS and APS practitioners:

- Selection of metrics of important aspects of care and service
- Identification of opportunities for improvement resulting from monitoring clinical care and service
- Implementation of interventions addressing the identified opportunities for improvement, and
- Re-measurement of clinical care and service to determine effectiveness of interventions

B. Clinical Quality Improvement Activities

1. Clinical Studies

Improving Follow-up after Mental Health Hospitalization

Description: Annual measure of the percent of members hospitalized for mental health diagnoses that receive 7 and 30 day follow-up after discharge.

Objective: To improve performance to the rates indicated below:

- 30-day – 75%
- 7-day – 50%

Improving Follow up after Substance Abuse Hospitalization

Description: Annual measure of the percent of members hospitalized for substance related diagnoses that receive 7- and 30-day follow up after discharge.

Objective: To improve performance to the rates indicated below:

- 30-day – 70%
- 7-day – 45%

Improving Family Assessments for Children and Adolescents in Behavioral Health Treatment

Description: Annual measurement of the percent of members under the age of 18 in outpatient treatment for a behavioral health diagnosis who have a family assessment within 60 days of the initial evaluation.

Objective: To improve performance to 85%.

Psychiatric Evaluation for Members with Moderate or Severe Major Depression

Description: Annual measurement of the percent of enrollees with severe or moderate major depression in treatment with a non-MD practitioner who received a psychiatric evaluation within 60 days of the initial evaluation.

Objective: To improve the rate of enrollees with moderate or severe major depression that receives the psychiatric evaluation to 55%.

2. Clinical Practice Guideline Monitoring and Improvement

The Treatment of Major Depression in Adults

Description: Annual monitoring of the following elements across all products:

- Monitor initial treatment adequacy and maintenance treatment adequacy.

Objective: To identify any opportunities for improvement as appropriate. For existing monitors:

- The percent of enrollees with depression, moderate, unspecified who have a psychiatric evaluation within 60 days of initiating outpatient treatment to 60%.
- The percent of enrollees in maintenance depression treatment who have four treatment sessions in 12 months to 75%.

The Treatment of ADHD

Description: Annual monitoring of the following elements across all products:

- Percent of patients diagnosed with ADHD who continue to have psychiatric management six months after initial session or discharge from an inpatient episode.

- Percent of patients diagnosed with ADHD that are in psychotherapy for at least six months after the initial session.

Objective: To improve performance as identified below:

- To increase the rates to 50% and 75% respectively.

3. Preventive Behavioral Health Programs (Delivered only to Health Plan clients in BH Division)

Attention Deficit Hyperactivity Disorder in Children: Parenting Skills Training

Description: Program for parents of children 12 years of age and younger diagnosed with ADHD. The program goals are to:

- Prevent or minimize stress-related symptoms in parents developed as a consequence of parenting a difficult child.
- Prevent additional psychiatric co-morbidity resulting from dysfunctional parent-child interactions due to ADHD symptoms.
- Reduce the disability associated with ADHD in children.

Objective: To improve the following aspects of the program:

- Improve the effectiveness of the program by providing emerging, detailed ADHD information on an ongoing basis to all parents of children currently in treatment for ADHD.

Education and Treatment Compliance for Adults with Depression

Description: Program for adults diagnosed with depression. The program goals are to:

- Reduce the length of the symptomatic period through compliance with treatment.
- Reduce the prevalence of major depressive disorder in the population.

Objective: To improve the following aspects of the program:

- Improve the effectiveness of the program by providing information/materials about medication topics.
- Evaluate possible methods of expanding the program to reach out to enrollees not in treatment with screening, referral and educational activities.

Postpartum Depression (Coventry of Iowa only)

Description: Program for mothers of newborns who may be at risk of postpartum depression. The program goals are:

- Educate enrollees about postpartum depression.
- Help enrollees identify symptoms and to seek treatment.
- Instruct patients in how to get treatment that leads to a reduction in the length of the symptomatic period.
- Reduce the prevalence of postpartum depression in the population.

Objective: To improve the following aspects of the program:

- To increase the percent of MCO partners that are participating in the education and screening activities of the program.
- To increase the screening tool return rate.

4. Assessment of Continuity and Coordination of Care

Two types of continuity and coordination of care are monitored: those between behavioral health practitioners and providers and those between behavioral health practitioners and general medical care.

Assessing the Exchange of Information Across All Levels of Behavioral Health Care and Between Behavioral Healthcare Practitioners and Provider Types

Description: Assessment of whether behavioral health practitioners and/or providers forward relevant information to each other.

- Annual clinical treatment record review.
- Annual provider coordination of care chart audits (elements 1–5).
- Annual assessment of clinical guidelines.
- Treatment of Depression in Adults.

Objective: To improve the performance on the following monitors:

- Improvement in practitioners attempting to obtain consent to communicate with other behavioral health practitioners to 80%.
- Improvement in providers attempting to communicate and communicating with other behavioral health practitioners to (Measure #4–60%, Measure #5–80%, and Measure #6–60%, Measure #7–60%).

Participation in Medical Delivery System Quality Committees

Description: APS participates in the client MCO quality committees:

Objective: To continue to attend MCO quality committees and to promote collaboration with QI activities

Assessing the Exchange of Information Between Behavioral Health Care Practitioners, Providers and Primary Care Physicians (PCPs) and other Medical Providers

Description: Assessment of whether behavioral health practitioners forward relevant information to PCPs using the following data sources:

- Provider coordination of care chart audits.
- Clinical treatment record review.

- Annual assessment of clinical guidelines.
- Annual practitioner satisfaction survey.
- Annual enrollee satisfaction survey.

Objective: To improve the performance on the following monitors:

- #2– Percentage of provider charts with evidence consent was obtained to communication with PCP or other medical practitioners/providers to 50%.
- #3– Percentage of provider charts with evidence of communication with PCP or other medical practitioners/providers to 50%.
- #4– Percentage of provider charts where communication with PCP or other medical practitioner/providers took place within 7 days of discharge to 50%.
- #5– Percentage of clinical treatment records with evidence the BH practitioner obtained consent to communicate with the PCP or other medical practitioner/provider to 80%.

Assessing the Appropriate Diagnosis, Treatment and Referral of Behavioral Health Disorders Commonly Seen in Primary Care.

Description: Complete the following activities:

- Annual studies to assess access and follow-up with practitioners.
- Regular meetings with MCO quality improvement staff to coordinate joint programs and activities.
- Development and distribution of practice guidelines applicable to conditions frequently treated in primary care.
- Development and distribution of educational articles relevant to the treatment of behavioral health disorders seen in primary care.
- Distribution of the PCP Depression Screening Toolkit.

Objective: To improve the performance on the following monitors:

- Distribute APS guidelines applicable to conditions frequently treated in primary care to MCOs.
- Distribute the APS PCP Depression Toolkit to MCOs.

Collaboration to Increase the Appropriate Use of Psychopharmacological Medications

Description: Complete the following activities:

- Review MCO formularies for inclusion of appropriate psychopharmacological medications.
- Participation in MCO Pharmacy and Therapeutics Committees.
- Development of new technology reviews related to psychopharmacological medications.

- Review of clinical care guidelines addressing appropriate use of medications.
- Conceptualize annual studies to assess access and follow-up with practitioners.
- Collaborate, when appropriate, with MCOs on the identification and investigation of individual quality of care issues related to pharmaceutical use.

Objective: To improve the performance on the following monitors:

- 31– Increase distribution on APS clinical guidelines addressing appropriate use of medication to 100% of MCOs.

Management of Treatment Access and Follow-up for Co-Existing Medical and Behavioral Health Disorders

Description: APS implements the following activities to ensure coordination of care for members with co-existing health problems:

- Collaboration with MCO Care Managers to improve outcomes for enrollees with co-existing medical disorders.

Objective: To collect data on measures related to this aspect of care coordination.

5. Treatment Record Documentation

Monitoring of Treatment Records for Compliance with APS Record-Keeping Standards

Description: Annual monitoring of treatment records for sampled practitioners

Objective: To improve compliance with the following record keeping standards:

- #8 – Consent for treatment forms signed to 80%.
- #15 – Assessment of severity and imminence of potential harm to self or others is completed and documented at least once and then as often as appropriate to 80%.
- #25 – Mental status exam is completed that includes assessment and documentation of the patient’s affect, speech, mood, thought content, judgment, insight, attention or concentration, memory or impulse control to 80%.
- #31– Informed consent for medication is documented and the patient’s understanding of the treatment plan is documented (prescribing practitioners only) to 80%.
- #34 – Treatment record provides evidence of practitioner attempting to obtain consent to communicate with other behavioral health providers or practitioners to 80%.
- #36 – Treatment record provides evidence of practitioner attempting to obtain consent to communicate with primary care physician (PCP) or other ancillary providers, when appropriate, to 80%.

- #39 – For children and adolescents, prenatal, and perinatal events are documented to 80%.
- #40 – For children and adolescents, complete developmental history is documented to 80%.

6. Improving Patient Safety

Supporting patient Safety through monitoring of clinical record documentation practices and review of facility safety plans

Description: Monitoring of clinical record keeping practices that support patient safety. Monitoring of facility submitted safety plans. The following documentation elements are monitored:

- Existence of safety plan in contracted network facilities.
- Medication allergies or adverse reactions, or lack of, are clearly noted.
- The medical record is legible.
- Assessment of severity and imminence of potential harm to self or others is completed and tracked.
- Relevant medical conditions are listed, prominently identified and revised.

Objective: To increase the percent of records with documentation of:

- Medication allergies and adverse reactions to 80%.
- Assessment of severity and imminence of potential harm to self or other to 80%.

Identifying and Investigating Individual Quality of Care Issues and Adverse Incidents Impacting Patient Safety

Description: Identify, investigate, resolve, and track individual quality of care issues and adverse incidents that impact patient safety.

Objective: To continue to identify, investigate and resolve individual quality of care issues within processing standards.

Ensuring Patient Education on Medication Side Effects

Description: Annual enrollee satisfaction survey which measures the percent of enrollees reporting who in the last 12 months were advised to be aware of medication side effects.

Objective: To continue to monitor the percent of enrollees that report being informed about medication side effects promoting ease of referral for psychiatric evaluation

Description: Annual practitioner satisfaction survey, which measures the percent of non-MD practitioners who were satisfied with the ease with which they could refer to a psychiatrist for an evaluation.

Objective: To increase the percent of practitioners reporting they were satisfied with the ease of referral to a psychiatrist for evaluation to 80%.

Enrollee Education about Patient Safety Issues

Description: Research, development, and distribution of educational articles regarding patient safety issues in APS enrollee newsletters or other direct enrollee mailings.

Objective: To distribute at least one educational article related to medication safety to enrollees annually.

C. Service Quality Improvement Activities

1. Complaints and Appeals

Capture of Enrollee and Provider Complaints

Description: Ensure appropriate collection of enrollee and provider complaints:

Objective: To improve the rate of enrollee and provider complaint capture and identify areas that impacts the accurate collection of complaints.

2. Availability and Accessibility

Monitoring the Availability of Behavioral Health Practitioners and Providers

Description: Completion of the following activities:

- Measurement of performance against cultural availability needs of the membership.
- Annual measurement of performance against numeric and geographic standards for the availability of practitioners and providers.

Providing Enrollees with Appropriate Access to Care

Description: Annual assessment of member access to non-life threatening emergency care, urgent care and routine care.

3. Claims Processing

Improve the Timeliness of Claim Processing

Description: Monthly measurement of the following:

- Percent paid within 30 days.

Objective: To improve the percent of claims paid within 30 days to 90%.

4. Satisfaction Surveys

Enrollee Satisfaction Survey

Description: APS conducts an annual enrollee satisfaction survey to measure overall satisfaction with APS MBH programs/activities, and to determine overall satisfaction with:

- APS services.
- APS utilization management processes.
- Accessibility and availability.
- Treatment quality.
- Patient safety issues.
- Continuity and coordination of care.
- Cultural availability and accessibility.

Objective: To improve performance of the following satisfaction measurements:

- Increase to 50% the percent of enrollees who reported that they received information on self help or support groups.
- Increase to 85% the percent of enrollees who reported that they were given information about their rights as a patient.

Practitioner Satisfaction Survey

Description: APS conducts an annual practitioner satisfaction survey measuring overall satisfaction with APS and satisfaction with:

- APS utilization management processes
- APS customer services
- APS network
- APS provider relations services
- PCP communication

Objective: To improve performance of the following satisfaction measurements:

- Improve to 80% satisfaction with the ease of referring to a psychiatrist for an evaluation.
- Improve to 80% satisfaction with the timeliness and accuracy of claims payment.
- Improve to 80% satisfaction with the number of sessions authorized.
- Improve to 80% satisfaction with the time it takes APS to notify practitioners of their network status.

D. Routine Monitors

On at least a quarterly basis, data is compiled and reviewed by the MBHQIC for the following routine monitors:

- Utilization management statistics
- Credentialing performance indicators
- Member complaints processing
- Practitioner complaints processing
- Appeals processing
- Care management quality assurance audits
- Customer service representative quality assurance audits
- Telephone performance for member services and practitioner/provider services
- Quality monitors (adverse incidents/sentinel events, quality of care complaints)

RESOURCES DEDICATED TO QUALITY IMPROVEMENT

A. Human Resources Dedicated to Quality Improvement

Quality improvement is an ongoing and integrative process at APS. APS provides quality improvement support and involvement at all levels of the corporate organization. Tables V.1.a and V.1.b illustrate resources APS dedicates to quality improvement activities.

Table V.1.a: Quality Improvement Resources – Office of Clinical Resources

APS Position	FTE Equivalent
President Commercial Programs and Chief Medical Officer	1.0
Regional Medical Director, Behavioral Health	1.0
Director of Accreditation & Quality Improvement	1.0
Quality Improvement Analysts/Directors	3.0
Vice President of Client Services	1.0
Corporate Medical Director, Behavioral Health	1.0
Director of Employee Assistance Programs	1.0
TOTAL	9.0

Table V.1.b: APS Corporate Quality Improvement Resources

APS Position	FTE Equivalent
Corporate Medical Director, Behavioral Health	1.0
Operations	4.0
Chief Privacy Officer	.50
APS Legal Counsel	.25
Corporate Director, Credentialing	1.0
TOTAL	6.75
Consultants/Vendors	
Survey Vendor: NCQA Certified Survey Vendor: Enrollee Satisfaction Survey–Market Facts	Conduct 2007 enrollee satisfaction survey
Survey Vendor: Practitioner Satisfaction	Conduct 2007 practitioner satisfaction survey
TOTAL	1

B. Data and Information Systems Supporting Quality Improvement

APS requires access to a wide range of data to carry out its quality improvement activities. APS must also manage data required to support measurement and evaluation of its quality improvement activities. Table V.2.a shows the data and information systems that support quality improvement activities at APS.

Table V.2.a: Data and Information Systems Supporting Quality Improvement

System/Database	Data Source/Function
FACETS	Utilization and Case Management System, Claims Payment, Eligibility, Network Information, Customer Service Logs.
Non-Cert/Appeals/complaint Access Database	Denial, appeal, tracking, and reporting.
QA Module Database	Tracks and reports complaints and individual quality of care issues.
GeoAccess Software	Reports on geographic availability of practitioners and providers.
Credentialer	Tracking system for key credentialing and re-credentialing activities. Reports provider and practitioner specific information for re-credentialing.

DELEGATION

In April 2007, the Managed Behavioral Health Plan program delegated monitoring of sanctions to Aperture Inc., an NCQA certified CVP. APS CQIC is ultimately accountable for the oversight of all work done by Aperture. The CQIC delegates the review of detailed aspects of delegation oversight to MBHQIC. The MBHQIC reports information on their oversight activities to the CQIC.

The MBHQI program implements procedures to ensure that requirements of the APS delegation policy are met. The MBHQI program performs pre-assessment and ongoing evaluations, including annual reviews of each delegated entity. Delegates that are certified or accredited by the National Committee for Quality Assurance (NCQA) are not required to receive a pre-delegation assessment or annual review; however, APS does monitor the ongoing performance of the delegate. APS conducts appropriate pre-delegation and annual reviews of any non-certified elements delegated to a certified delegate.

CONFIDENTIALITY

APS Healthcare, its subsidiaries and affiliates are committed to ensuring that privacy practices regarding individually identifiable health information comply with industry best practices, covenants given to its clients (“Covered Entities and Business Associates”) and, as applicable, all federal and state laws and regulations including but not limited to the Standards for Privacy of Individually Identifiable Health Information promulgated pursuant to the Health Insurance Portability and Accountability Act (“HIPAA”) (“the HIPAA Privacy Rule” or “the Privacy Rule”). Consequently, APS is committed to maintaining an administrative structure, reporting procedures, due diligence procedures, training programs and other methodologies of an effective compliance program relative to the use and disclosure of its customers’ protected health information (“PHI”). The APS Chief Privacy Officer is responsible for development and implementation of APS confidentiality policies and procedures.

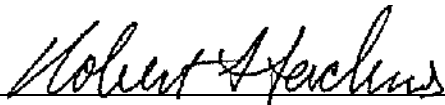
EVALUATION AND UPDATE

An evaluation of the effectiveness of the Managed Behavioral Health QI Program is prepared annually. Key components include:

- Summary of quality assessment activities
- Summary of quality improvement activities, projects and focus studies
- Evaluation of the overall effectiveness of the Quality Improvement Program
- Progress toward improving safe clinical practices throughout the network

The evaluation is reviewed and approved by the MBHQIC. The evaluation is forwarded to the APS CQIC for review and final acceptance.

The Managed Behavioral Health Plan Division Quality Improvement Program Description is reviewed and updated as appropriate throughout the year. The updated Managed Behavioral Health Quality Improvement Program Description is approved by the MBHQIC. Following approval by the MBHQIC, the program description is forwarded to the CQIC for review and final acceptance. Required reviews and approvals are reflected in the minutes of each of the appropriate committees.



Robert Sack, MD
Corporate Medical Director

2/28/08

Date