2013 Quality Management Program
Behavioral Health Provider Summary
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The Massachusetts Behavioral Health Partnership (MBHP) manages mental health and substance use disorder services for more than 400,000 MassHealth Members across the Commonwealth. Working collaboratively with Members, their families, advocates, state agencies, and providers, MBHP has created a community-based system of care that joins behavioral health and primary care for Members. MBHP is committed to making sure that our Members receive clinically appropriate, high quality, accessible health care.

In order to strengthen and integrate medical and behavioral health services and improve the general healthcare status of our Members, MBHP also manages the Primary Care Clinician (PCC) Management Support Services (PCC Plan MSS) program, which is a comprehensive, clinically focused management program that monitors, measures, and analyzes health care provided to PCC Plan Members by primary care clinicians (PCCs) with a panel size of 180 or more Members.
Our Vision

The Massachusetts Behavioral Health Partnership will provide its Members with the highest quality behavioral health care as the state's preeminent leader in helping people lead healthier lives by addressing the thoughts, feelings, and behaviors that are central to good health.
MBHP Overview: MBHP Mission

MBHP strives to continually help the people we serve live their lives to the fullest potential and improve the quality of behavioral health care for the people we serve by:

- Exceeding the expectations of consumers and their families in meeting their behavioral health needs as they define them; ensuring access to services that promote their rehabilitation and recovery
- Effectively and efficiently managing state resources to meet all contractual obligations and state requests
- Facilitating linkages, consensus building, and collaboration among state agencies, consumers, and other public policy makers
- Actively seeking and implementing consumer, provider, and other stakeholder involvement in the design and delivery of MBHP services
- Strengthening links between behavioral and other medical services
- Increasing health care innovations and best practices
**MBHP Overview: MBHP Core Values**

**Clinical Excellence** - We are committed to a comprehensive, flexible, and integrated system of care management that increases access, improves quality of care, expands services, and achieves the best possible outcomes for Members where recovery principles are fully integrated.

**Communication** - We believe in frequent and open communication to provide appropriate, consistent, and accurate information about business decisions and day-to-day operations. We foster effective communication through active listening, sharing ideas, cooperative problem-solving, tact, and courtesy.

**Compassion and Respect** - We are united by our commitment to our Members/customers and to each other. We demonstrate respect to all of those we serve - treating them fairly and with dignity, listening to their ideas and feedback, and valuing their contributions.

**Focus** - We strive to always exceed the expectations of our internal and external customers. Interaction and communication with our customers is always professional, courteous, and responsive and is conducted in a manner which underscores our commitment to world-class service.

**Supporting and Developing our People** - Every one of us contributes to the success of MBHP and ValueOptions®. We are committed to providing a work environment that fosters learning and development, recognition for best work, work-life balance, and effective leadership.
Inclusion and Diversity - We all participate in creating a supportive environment where each of us feels a sense of belonging and where inclusion is encouraged. In this environment, we can grow, celebrate one another's successes, and embrace and channel diversity of personal experience, talent, and opinion with a collective focus towards achieving our mission.

Innovation - We value the exchange of new and diverse ideas. We are creative and embrace initiative and thoughtful risk-taking in continuously improving our services and sustaining an enduring leadership position in the marketplace.

Integrity - We conduct ourselves in an honest and ethical manner, striving for the highest ethical standards in all that we do. We approach our work with a dedication to quality, meeting and exceeding customer expectations, being accountable, and delivering on every promise.

Operational Excellence - We take pride in the highest level of quality and discipline in our work with a sense of urgency and a focus on results. We are centered on improving performance, building strong leaders, and enhancing organizational effectiveness.

Partnership - We focus on common goals through collaboration, teamwork, and consensus-building and are committed to building strong, long-term relationships. We all have a mutual stake in our success.
The MBHP Quality Management (QM) Program serves as a unifying structure for all quality management activities across all clients and ensures and improves the quality of service provided to Members across behavioral health and medical care. MBHP recognizes a responsibility to demonstrate a solid commitment to superior clinical quality and service that is consumer-focused, clinically appropriate, cost effective, data-driven, and culturally competent. This is achieved through our company-wide, systematic, and well-coordinated QM Program that involves input from and coordination with all stakeholders including clients, Members, providers, functional areas, and clinical staff.

Each year, MBHP formulates a QM Program Work Plan that includes goals and the actions that are necessary to achieve our goals. Monitors of almost every aspect of our operation are developed and maintained. The collection of data for each measure is begun after consistent data collection methodology has been established. This approach allows MBHP to track and trend progress towards our goals.

MBHP also conducts an annual QM Program Evaluation to assess the overall effectiveness of the QM Program, including the effectiveness of the committee structure, the adequacy of the resources, practitioner and leadership involvement, the strengths and accomplishments of the program, and MBHP’s performance in quality of clinical care and quality of service initiatives. Based on the evaluation results, MBHP revises the QM Program.

In this 2013 Quality Management Program Summary, you will find information on our QM Program Evaluation results for 2012 as well as a description of our QM Program, including our QM Work Plan goals for 2013.
MBHP maintains a quality committee structure to aid in the implementation of its QM Program. MBHP works in partnership with our providers to improve quality of care and services. MBHP Quality Committees give MBHP providers an opportunity to provide input into the QM Program. Providers participate on such committees as the Behavioral Health Clinical Advisory Council, the PCC Plan Clinical Advisory Committee, and the Local Credentialing Committee. Through these committees, providers:

- provide input into the MBHP Clinical Criteria;
- review, evaluate, and make recommendations for credentialing and recredentialing;
- provide peer review and feedback on proposed practice guidelines, clinical quality monitors and indicators, and any critical issues regarding MBHP’s policies and procedures; and
- review quality improvement activities and make recommendations for plans to improve quality of clinical care and service.

If you interested in participating on a quality committee or council, please contact the MBHP Quality Department at 1-800-495-0086 (TTY: 1-877-509-6981).
As part of the Quality Management Program and Evaluation, we track our progress in meeting our goals. Some of the data MBHP monitors include:

- Member, PCC, and behavioral health provider satisfaction
- Member grievances and Members appeals
- Member safety
- Timely access to behavioral health appointments
- Timely access to MBHP Clinical and Community Relations staff
- Availability of behavioral health network providers
- Ability of behavioral health network providers to meet cultural and linguistic needs and preferences of our Members
- Coordination of behavioral health care with medical care
- Preventive behavioral health care
- Health record documentation
- Provider use of behavioral health clinical practice guidelines

For 2012, 98% of all QM Program goals were met. A portion of these data are reported in this QM Program Summary. For additional results, please contact MBHP at 1-800-495-0086 (TTY: 1-877-509-6981).
MBHP has adopted clinical practice guidelines from nationally recognized sources for behavioral health disorders relevant to our population based on review of claims and utilization data.

Prior to the adoption and dissemination of our guidelines, the relevant scientific literature was reviewed by a multidisciplinary team that included a board-certified psychiatrist and multiple licensed clinicians. MBHP reviews and approves clinical practice guidelines at least every two years and updates them as needed. As part of our routine monitoring of adherence to generally accepted standard clinical practice, we monitor at least two important aspects of two guidelines annually. For more information on the guidelines, please see your provider manual. Guidelines adopted in 2013 are:

- **Generalized Anxiety Disorder in Adolescents** developed by the American Academy of Child and Adolescent Psychiatry (AACAP)
- **Opioid Related Disorders** from the Substance Abuse and Mental Health Services Administration (SAMHSA) guideline: *Treatment Improvement Protocol (TIP) 43: Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs*
- **Major Depressive Disorder** adopted from the American Psychiatric Association’s (APA) guideline entitled *Treatment of Patients with Major Depressive Disorder* for the assessment and treatment of major depression
MBHP annually evaluates behavioral health provider satisfaction, including provider satisfaction with the Utilization Management (UM) process, using the analyses from data collected from our provider satisfaction survey. MBHP assesses results and identifies potential areas for improvement in provider satisfaction annually.

The 2012 performance goal for overall provider satisfaction with MBHP’s management of services and care was 83% very satisfied or satisfied, a 9.2% increase from 2011.
On an annual basis, MBHP evaluates Members’ access to behavioral health services and care. In 2012:

• **100%** of Members were able to access one hospital within 60 miles or 60 minutes travel time from their home, whichever required less travel time.

• **100%** of Members were able to access outpatient services within 30 miles or 30 minutes’ travel time from their home residence, whichever required less travel time.

• MBHP staff answered the 800 number, on average, in approximately **8 seconds**.

• MBHP redistributed our standards regarding the available appointment times for emergency, urgent, and routine care and added measurements of access against these standards. **Our performance standard is that Members be able to access emergency care in 1 hour, urgent care in 48 hours, and routine care in 10 business days.**
It is the policy of MBHP to:

- make standard and expedited medical necessity determinations and notifications promptly after a request is received, and
- ensure that all standard and expedited Internal Member Appeals are reviewed and processed in a thorough and timely manner.

MBHP maintains ongoing systems for tracking and monitoring compliance with applicable timelines for all levels of care managed. The 2012 results were as follows:

<table>
<thead>
<tr>
<th>Request Type</th>
<th>MBHP Standard Timeline for Resolution</th>
<th>Percent Processed Timely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard denials</td>
<td>90% within 5 calendar days</td>
<td>100%</td>
</tr>
<tr>
<td>Expedited denials</td>
<td>90% within 24 hours</td>
<td>100%</td>
</tr>
<tr>
<td>Standard appeals</td>
<td>90% within 30 calendar days</td>
<td>100%</td>
</tr>
<tr>
<td>Expedited appeals</td>
<td>90% within 72 hours</td>
<td>100%</td>
</tr>
</tbody>
</table>
One way that MBHP providers are involved in our QM program and quality improvement activities is through their participation in health record audits. MBHP licensed clinicians perform health record audits across all levels of care and as needed for specific initiatives. Inpatient provider records must score greater than 80% on each data element, with outpatient providers having a greater than 75% performance standard for each data element. Providers are given a written audit report, and a corrective action plan is required for all areas not meeting the performance standard. Network Management staff assist with follow-up and monitoring of corrective actions.

**Health record audits were completed for the following in 2012:**

- Statewide level of care review: Acute Treatment Services providers
- Statewide level of care review: MBHP Psychiatric inpatient hospital facilities
- Outpatient providers, on-site review
- Outpatient providers, in-office review
MBHP has a defined procedure for the identification, investigation, resolution, and monitoring of behavioral health quality-of-care and service issues and trends. Quality-of-care and service issues and trends are those that decrease the likelihood of desired health outcomes and that are inconsistent with current professional knowledge of behavioral health. MBHP has a number of Quality of Care and service measures but they are primarily identified via Grievances (i.e., complaints) from MBHP Members and Adverse Incidents from providers.

**Adverse Incidents**
MBHP requires all 24-hour level of care providers to report each occurrence that represents actual or potential serious harm to the well-being of a Member, or to others by the actions of a Member. Reporting requirements for non-24-hour providers are limited to the deaths of MBHP Members, serious injuries requiring urgent or emergent treatment that occurred while a Member was receiving services from the providers of MBHP Covered individuals, and any serious attempted suicides that occur during the time span that a Member is receiving services from the provider, during and outside a treatment session. In 2012, MBHP met our performance goal of investigating and resolving all adverse incidents within established timeframes of 180 calendar days of receipt of the incident.

**Grievances**
Members, their guardians, or their authorized representatives have a right to file a grievance with MBHP about any aspect of their participation in MBHP or the services received by MBHP. Sources of dissatisfaction can include any aspect of MBHP’s services as well as access of care and the quality of care received from network providers. In 2012, 100% of grievances were resolved by MBHP’s quality specialists within 30 calendar days of the date that the original grievance was received.
MBHP is committed to improving the quality in all aspects of our Member’s lives. We believe that preventive health care services are an important part of our Members’ overall behavioral health care. As part of our preventive health programming, MBHP offers services such as:

- **Educational Materials** on relevant behavioral health topics including depression, consumer information guides, and articles in our Member newsletter
- **Integrated Care Management**
- **The Children’s Behavioral Health Initiative (CBHI)** which is helping make it easier for families to find and access appropriate services and to ensure that families feel welcome, respected, and receive services that meet their needs, as defined by the family
- **The Community Support Program (CSP)** which uses tracking forms that monitor key preventive health screening tests initially identified as lacking and reports completion of screenings at the time of discharge from CSP services
• **The PCC Plan MSS**, a comprehensive, clinically focused management program that monitors, measures, and analyzes health care provided to PCC Plan Members by primary care clinicians (PCCs) with a panel size of 180 or more Members. Preventive health measures such as well-child visits, mammograms, and screening for behavioral health issues are included and provided to all PCCs. Additional information on the PCC Plan MSS initiatives is noted in the PCC Plan MSS section of this document.

• **Health Highlights** is published two times a year and addresses health and wellness issues, such as diabetes care and quitting smoking. This publication is mailed directly to PCC Plan Members by MBHP on behalf of the PCC Plan. This is a bilingual (English/Spanish) publication.

• **Preventive Health Programs** that are designed to prevent the occurrence of, ensure early identification and treatment of, and reduce impairment of behavioral health disorders. Programs are reviewed and updated annually. MBHP providers are encouraged to use our preventive health programs with our Members and to provide input into our prevention programs.
• **Relapse prevention for Members with substance use disorders** assists Members discharged from inpatient detoxification services (Acute Treatment Services, or ATS), who are at high risk for relapse, get linked with aftercare services that will help them maintain their sobriety and prevent relapse. MBHP has continued a quality improvement program that connects Members who are being discharged from ATS with a Community Support Provider (CSP), who is available to help them successfully transition back to the community. CSPs can provide transportation to aftercare appointments, facilitate attendance at 12-step meetings, and connect Members to other community-based resources. MBHP developed a preventive health brochure that educates Members about the signs and symptoms that can lead to a relapse and encourages them to seek support if they believe that their sobriety is in jeopardy. CSPs provide this brochure to all Members at the time of discharge from ATS and refer to the brochure during their work with Members.

• **Using the CRAFFT screening tool with adolescents who are at risk for substance use disorders** is an important component in identifying and treating substance use disorders for this age group. The CRAFFT is the most frequently used substance use disorder screening tool in Massachusetts.

The CRAFFT is a mnemonic acronym made up of the first letters of key words used in the six screening questions and is used to screen for high-risk alcohol and other drug use
disorders simultaneously. The CRAFFT continues to be one of the MassHealth-approved behavioral health screening tools mandated for use by primary care clinicians. MBHP developed a preventive health initiative that focuses on expanding the use of the CRAFFT to a behavioral health venue. Members who are between the ages of 14-21 and who receive Intensive Care Coordination (ICC) services as part of CBHI, are screened for alcohol and other drug use using the CRAFFT Screening Tool. The results of the screening tool can be used by ICC service providers to facilitate a referral to appropriate treatment. For more information about our preventive health programs, please see your provider manual. We will review and update preventive health services annually. We encourage MBHP providers to use our preventive health programs with our Members. We also encourage our providers to provide input into our prevention programs.
Integration of behavioral health care and primary care is an important aspect of the PCC Plan Management Support Services (PCC Plan MSS) program. To fulfill the program objectives, in 2012, MBHP assisted PCCs by:

- producing reports that measure and monitor quality of care provided to Members and assisting PCCs in understanding their overall performance;
- promoting quality improvement via site visits to PCC practices during which PCC Plan MSS staff encourage PCCs to develop action plans and interventions to address clinical areas in need of improvement;
- conducting regional educational webinars for PCCs that target information and training relevant to clinical areas;
- providing a resource for information and assistance to PCCs through the availability of the PCC Plan Hotline;
- developing and implementing activities that promote integration of behavioral health care and primary care;
- developing and disseminating health education support materials that assist PCCs in providing clinical care and in educating Members about relevant health issues; and
- undertaking initiatives and analyses that provide the PCC Plan with information to manage the PCC Plan and PCC Plan MSS.
1. One of the primary goals of MBHP’s QM Program is to continuously improve care and services.

2. Data are collected for quality improvement projects, and activities are frequently related to key industry measures of quality that tend to focus on high-volume diagnoses or services and high-risk diagnoses, services, or special populations.

3. MBHP’s PCC Plan MSS Program quality initiatives focus on the coordination of care activities across medical and behavioral health care.

4. In addition to implementing improvement activities designed to help MBHP meet or exceed our measures for behavioral health and the PCC Plan MSS Program, MBHP implements special projects each year intended to help improve the system of care.

5. In 2012, MBHP completed the following projects:
   - Increasing Adult Member Satisfaction with Access to Urgent Outpatient Services
   - Increasing the Rate of Access to Community-Based Crisis Services for Children and Adolescents Under Age 19 Years
   - Decreasing the Rate of Adult Recidivism for Acute Detoxification Discharges
Each year, MBHP formulates a QM Program work plan that includes goals and the actions that are necessary to achieve those goals. Monitors of almost every aspect of our operation are developed and maintained. This allows MBHP to track and trend progress towards QM Program goals.

The following are MBHP’s QM Program goals for 2013:

- HEDIS measurement implemented
- Assess the Integrated Care Management Program (ICMP)
- Identify opportunities for integrated medical and behavioral health quality initiatives
- Provide delegation oversight of McKesson
- Meet delegation requirements for all delegated functions
- Implement three Clinical Practice Guidelines
- Implement required initiatives as needed based on contract needs
- NCQA Managed Behavioral Healthcare Organization accreditation preparation
- Implement a Work Plan for NCQA Special Needs Plan, measure compliance, as required
- Continue to focus on access to care
- Monitoring of key performance indicators
- Quality improvement activity implementation and monitoring
- Utilize the 2012 QM Work Plan and Evaluation as a strategic planning foundation for the 2013 Work Plan with the goal of measuring integration initiatives, integrating quality management, quality assurance, quality improvement recovery principles, network management, integrated care management, and utilization management topics.
If you have any questions or are interested in more information about our Quality Management Program, please contact:

MBHP Quality Department
1-800-495-0086
(TTY: 1-877-509-6981)

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