



2009 QI/UM Program Evaluation Executive Summary

The following document is a summary of CompCare's Quality and Utilization Management Evaluation for 2009. CompCare requests that stakeholders involved in the care and services of CompCare's memberships review and submit feedback. For details and discussion of CompCare's Program Description and/or Evaluation, stakeholders are encouraged to contact CompCare's Quality or Utilization staff through its toll-free number (800) 688-6885 or our website at www.compcare.com.

I. Introduction

Comprehensive Behavioral Care, Inc. (CompCare) is a managed behavioral health care organization (MBHO) dedicated to quality improvement and compliance and guided by the National Committee for Quality Assurance (NCQA) standards, as well as, if more rigorous federal, state, or health plan regulations. This Program evaluation analyzes, identifies, and makes recommendations on CompCare's 2009 successes and opportunities for improvement.

The CompCare 2009 Quality Improvement and Utilization Management (QI/UM) Evaluation is confidential and for proprietary use only. Benchmarks, goals, and department targets are incorporated from various accrediting and regulatory agencies and trended from internal data as a guide to quality improvement activities. More rigorous state and/or health plan/client organizational variations are detailed within separate 2009 QI/UM Program Evaluations (CE-Central, MA-Mid-Atlantic, NE-Northeast, SE-Southeast, or SW-Southwest) Health Plan/Client Organization Variances.

CompCare reports its activities and receives direction and feedback from community providers and practitioners (hereafter known as Provider), and relevant stakeholders through their participation in quality committees and from responses to newsletters, distributed information, website comments, and surveys. As a result, CompCare implemented improvement activities to its processes during 2009.

II. Status of Improvement Opportunities Targeted for 2009

Clinical

1. Monitor Follow up to Discharge through the QA Council ⇒ CAP was ongoing throughout 2009 and QA Council continues to monitor and support further interventions. There is a positive trend in follow up to discharge compliance.
2. Monitor Access to Care CAP through the QA Council ⇒ CAP was reinstated mid-year 2009 and remains an open item in QA Council. The Committee continues to monitor interventions and stats.
3. Monitor OTR Timeliness within 15 calendar days at 85% compliance through the QA Council ⇒ Quarterly reports were presented and the goal was met by end of 2009.
4. Implement provider educational activities (and other projected interventions) planned to support improvement in the clinical quality initiatives. ⇒ See individual quality improvement activity (QIA) documents.
5. Review all clinical initiative indicators meeting goal to determine value of continuation and develop new indicators where appropriate. ⇒ See individual quality improvement activity (QIA) documents.
6. Increased education and training of National Service Center Staff and Care Management Staff on appropriate communication through Active Listening techniques as well as Certificate of Coverage interpretations. ⇒ Care Managers provided trainings to Call Center Staff through their weekly staff meetings throughout 2009. There were 3 instances of cross training with other departments regarding active listening and appropriate communication that also occurred. Staff educations and trainings are an ongoing effort in 2010.
7. Increased oversight of After-Hours contracted services to ensure appropriate timeliness of call response. ⇒ The UM Department had targeted discussions with after hours to ensure the call response rates were compliant with the work plan standards. There were several meetings throughout 2009 to discuss and provide feedback on timeliness standards. As a result, the call abandonment rate has decreased and calls answered within 30 seconds have increased. However continued monitoring in 2010 will continue to ensure consistency with compliance.

Operational

1. IT Steering Committee to meet monthly (at least ten times a year). ⇒ The Committee was absorbed by another IT committee that is departmental based. They still receive input from other departments, but there is a lack of representation with other departments.
2. Customer Services Committee. ⇒ Customer Service committee has modified it's meeting schedule due to the decrease in daily issues. The committee met a minimum of 1x per week beginning midyear 2009. However, more member participation is needed in order to bring forth operational issues and concerns. Ongoing monitoring in 2010 to ensure the committee is productive for all represented departments.
3. Geo-Access reported quarterly to the Provider Services Committee by mid-year. ⇒ Completed by the end of Q2 in 2009.
4. At least two QI/UM Summits will be held by the end of 2009. ⇒ This goal was not met in 2009 and will continue in 2010.
5. Increase Provider Communication specifically with quarterly teleconferences. ⇒ The goal was almost met in 2009. There were three specific instances of targeted provider teleconferences. CompCare staff educated providers on CompCare processes, especially when new implementation of health plans. This is an ongoing effort in 2010.
6. Educate and encourage the Provider Network to submit electronic claims through newsletter and teleconference communications ⇒ CompCare provided quarterly newsletters, faxblasts, and education through the provider teleconferences regarding the electronic claims submission process. Results indicate an increase in electronic claims submission, which is a positive result of the education efforts. Efforts will continue in 2010.
7. Educate and encourage the Provider Network on the functionality of CompCare's website through newsletter and teleconference communication. ⇒ CompCare provided quarterly newsletters, fax blasts, and education through the provider teleconferences regarding the enhanced website functionality. An informational message was added to all Call Center and Care management's staff's outbound emails to assist with additional communication. A steady increase in providers obtaining access to specific website services increased throughout 2009, which has decreased the amount of paper process. Education regarding the website will continue in the 2010 provider teleconferences.
8. Intellicred management system enhancements and revisions for monitoring credentialing/recredentialing timeframes. ⇒ A joint effort beginning midyear 2009 commenced to strategize on revising Intellicred to all for more productive management and reporting of provider services process. Continued efforts will occur in 2010.

Opportunities for improvement were identified through feedback from health plans and providers.

1. Coordination of Care Efforts. ⇒ CompCare's Health Plan partners identified a greater need for coordination with behavioral health. Thus CompCare became very interactive at various points throughout 2009 with many different coordination projects. There were implementations of coordination meetings and some pilot projects.
 - a. One in particular focused on pre-natal and peri-natal screenings and behavior health follow up for women.
 - b. Health Risk Assessment. ⇒ Health Plans were completing these assessments and there was not a stable process to migrate the members to CompCare if a member answers yes to any of the questions related to behavioral health. CompCare is now involved with outreach calls to educate the members on behavior health, provide referrals, and depending on level of need; provide follow up to see if the interventions is successful. In addition, we continue to complete outreach calls when a member is identified by a health plan that is in need of intensive care management. We complete outreach calls, send any additional information and provide follow up with the member.
 - c. SNP Member Coordination – There are designated members that meet the strict criteria to be a part of a SNP. We have an integrated process to follow them through our Intensive Case Management program throughout all levels care. One health plan in particular, we coordinate more closely by having access to their system to incorporate our behavioral health interventions through their treatment plans. We also have access to any health issues and provide feedback to assist the member.
 - d. Presentations to health plans about coordination efforts especially with co morbid disease states.
 - e. Other internal projects focused on enhancing high risk care management. Thus a metamorphosis of Intensive Case Management occurred. This is beneficial to members who have multiple hospitalizations for intensive services that need case management assistance.



2. **Clinical Rounds.** CompCare experience a significant increase in health plan participation with clinical rounds. This further enhances the coordination efforts between medical and behavioral. Rounds are typically a minimum of a weekly teleconference. This resulted in the clinical teams on both the medical and behavioral being more fluid. This has opened more productive communication and resulted in the health plan being able to intervene more quickly because of the cross identification process. We have experienced that the initial clinical round meetings have resulted in training activities with the health plan staff to better understand the behavioral health disease process.

III. Committees

Executive Committee: As delegated from the 2009 annual meeting of the Board of Directors, the Executive Committee met to review, approve QI and UM documents and to ensure adequate resources and appropriate level of staff were made available for QI and UM activities.

Quality Advisory Council: As delegated in 2009 by the Executive Committee, the Quality Advisory Council (QA Council) met its goal to hold at least 10 committees, by meeting in all months, except for August 2009 and September 2009 to review, recommend, implement, and approve CompCare's QI and UM documents and activities. The QA Council reviewed, received regional QI/UM community, Provider, health plan, and organizational client perspective, discussed, made recommendations, and gave approval to 2009 QI/UM activities.

Regional QI/UM Committees: CompCare receives local stakeholder perspective (provider, health plan/client organization, and state) regarding CompCare activities through participation in health plan committees and through conducting the bi-annual QI/UM Summit (QI/UMC). CompCare was not successful in conducting two QI/UM Summits with community stakeholders in 2009.

CompCare did, however, attend health plan and organizational clients' QI/UM committees at least quarterly as planned, receiving local input (including providers) of relevant documents and programs. Representatives from CompCare; i.e., National Account Management, Quality, and/or UM, attended QI/UM committees for twelve of CompCare's health plans located in FL, MI, and TX. Additionally, CompCare practitioners attended and provided feedback at CompCare's Credentialing and Peer Review Committees. Provider comments were also received through CompCare's website in response to mail-outs and site visits, the Provider 800 number line, and satisfaction surveys.

Provider Selection Committee: The Provider Selection Committee met its goal to hold at least 10 committee meetings to review requests to join the network, assess needs based on annual GeoAccess, address staff identified gaps, and approve re-credentialing lists based on authorizations activity to submit for approval to the Credentialing Committee. The Provider Selection Committee discontinued the Provider Profiling Task Force, but any provider-related activities are housed in the provider profile and reviewed as appropriate in accordance with CompCare Policies and Procedures.

The Provider Selection Committee requested quarterly GeoAccess reports from Information Technology (IT). IT provided GeoAccess reports for the Provider Selection Committee through the VP of Provider Services to ensure network needs are assessed based on the most current data on member populations and the provider network. Activities by this committee were brought through the QA Council.

The Credentialing Committee: The Credentialing Committee met its goal to hold 10 committees. It was implemented in late 2008 that bimonthly meetings were to occur. The Credentialing Committee met bimonthly throughout 2009 to review 1) credentialing information of new Providers to approve into CompCare's network and 2) re-credentialing information of current network Providers to approve their remaining in the network. The Credentialing Committee was comprised of a variety of licensure types and of CompCare's clinical staff, community Providers, and chaired by CompCare's Medical Director who verified that each of the approved Providers had a "clean file." Detailed discussions and recommendations were made on Providers with sanctions and/or limitations noted during primary source verification. It should be noted that CompCare used a NCQA certified credentialing verification organization (CVO) to complete primary source verification. Activities by this committee were brought through the QA Council.

IT Steering Committee. The Committee was absorbed by another IT committee that is departmental based. They still receive input from other departments, but there is a lack of representation with other departments. It did not meet the goal of holding at least 10 meetings per year.



The Disaster Continuity and Recovery Program (DCARP) and Health Information Portability Accessibility and Accountability (HIPAA) Committee: This committee met the established goal to meet one time in 2009 to review CompCare's systems as it related to disaster planning and HIPAA compliance. The committee noted that there were no interruptions of service during the year. The Committee did focus on fire safety and the disaster recovery protocols. Each department implemented a plan in case of a fire-related event.

Additionally, the committee reviewed the annual office disaster plans, an alternative call center site to maintain operations, and ensured that each department maintained a list of staff contact information for purposes of notification and maintaining CompCare services. Activities by this committee were brought through the QA Council.

CompCare implemented Breach Notification Policies and Procedures in Q4 2009 to be compliant with the HITECH Act. Staff training on HIPAA breaches and associated fines were given to all staff. A HIPAA log was created and documentation began as of 9/24/09 for all HIPAA breaches. CompCare did not have any intentional breaches. However there were unintentional breaches that were handled on an individualized basis with appropriate education and monitoring of activities. There were 21 unintentional breaches.

The New Technology and Program Review and Development Committee: This committee did not meet the goal by meeting once during 2009 to review new technologies or program development. Continued efforts to re-establish this committee will be monitored by the QA Council. Activities by this committee were brought through the QA Council.

The Policy and Procedure Committee: The Policy and Procedure Committee met goal by meeting once to approve all policies and procedures at least annually. Each department was tasked to review their own department's policies and procedures against the most current state, federal, or health plan standards and/or requirements. During the annual committee, all departments reviewed all CompCare policies and procedures to ensure compliance from all regulatory bodies. Review and revision dates were added to each policy effective from the time of the 2009 annual committee. Additional meetings were held to accommodate state, federal, and health plan policy and procedure revisions; i.e., Medicare denials, appeals revision for the Center for Medicare and Medicaid (CMS) updates for 2010. In 2010, CompCare will continue to review its policies and procedures at least annually and as needed to comply with state, federal, and health plan requirements. Activities by this committee were brought through the QA Council.

The Peer Review Committee: The Peer Review Committee did not meet its goal to meet 4 times. However the committee was reestablished in Q3 2009 and did meet 2 times in 2009. In addition to reviewing clinical records submitted as a result of adverse occurrences and Credentialing referrals, the committee also completed an annual review of CompCare's Level of Care Guidelines, Clinical Practice Guidelines, and Preferred Practice Guidelines. Their recommendations were made to the QA Council. Activities by this committee were brought through the QA Council. Multidisciplinary community providers from varied locations participated and made recommendations, under the direction of CompCare's physician advisor, in the review of quality of care issues.

During 2009, there were 37 adverse occurrences noted by clinical staff with 3 cases brought before the Peer Review Committee to discuss and make recommendations. The committee's recommendations included educational follow up, consultation, targeted record reviews and more oversight of the provider/facility. CompCare did experience a loss of the psychologist who participated on the committee and therefore continues to recruit for another psychologist. The Committee also added an LCSW and a LMSW from Michigan in 2009.

The Disaster Continuity and Recovery Program (DCARP) and Health Information Portability Accessibility and Accountability (HIPAA) Committee: This committee met the established goal to meet one time in 2009 to review CompCare's systems as it related to disaster planning and HIPAA compliance. The committee noted that there were no interruptions of service during the year. There were no receipt of complaints regarding possible violations of HIPAA security or confidentiality policies and procedures. Additionally, the committee reviewed the annual office disaster plans, an alternative call center site to maintain operations, and ensured that each department maintained a list of staff contact information for purposes of notification and maintaining CompCare services. In Q4 2009 the DCARP and HIPAA Committee convened additional meetings to review targeted disaster recovery processes and to ensure accuracy of contact information in the event of a disaster. Activities by this committee were brought through the QA Council.



IV. Delivery of Care and Service

CompCare monitors clinical and service indicators against annually set goals and, where applicable, benchmarks. Indicators are selected and modified to provide clear picture of important aspects of delivery of care and service. Indicators are monitored to ensure compliance to CompCare standards, to NCQA standards and to federal and state regulations.

Indicators are assessed on a company wide basis. Where useful, results are broken out by product and region. Individual state indicators are addressed in accompanying regional variance evaluations when necessary.

Indicators are assessed for compliance by appropriate departmental staff and by quality committees. Barriers are identified to resolve or explain non-compliance, and interventions are planned for improvement.

V. 2009 Improvement/Continued Opportunity Summary

Committees	At least two QI / UM Summits will be held.
Geo-Access	Geo-Access will be reported quarterly to the Provider Services Committee. Explore network gaps and engage in targeted recruitment to ensure adequacy.
Complaint Management	Continue to provide training at least annually to ensure documentation and presentation of complaints is accurate and timely and maintain the incentive program that rewards staff for identifying complaints.
Member Satisfaction	Continue to be consistent with providing accurate information and ensuring network adequacy.
Provider Satisfaction	Education, training, and follow up with the internal staff and the provider community. Continue enhancements of the national network.
Care Management	Continue clinical rounds with Health plans who are not currently participating to ensure better coordination and collaboration. For Medicaid: monitor appropriate usage of outpatient care based on their clinical needs.
Discharge Planning	Continue to monitor Follow Up to Discharge compliance through the CAP and enhance services with staff as appropriate. In addition, regular HEDIS reviews of follow up to discharge to be presented at the QA Council in order to implement strategies to increase compliance
Access to Care	Monitor specific markets and geographic areas to ensure timely access to care for members. .
OTR	Continuous monitoring of OTR timeliness and continue to encourage providers to submit OTRs electronically.
Denials and Appeals	Continue to monitor and oversight through quarterly random audits.
Credentialing	Enhance provider services with Intellicred updates for better monitoring of network activity and ensure reporting accuracy.
Population Analysis	Integrate ICM where possible to assist the high volume disease states to ensure appropriate interventions.
Practice Guidelines	Care management will assess by mid-year if additional Practice Guidelines are necessary based upon the new membership. Results to be presented to the QA Council for 2010 recommendations.
Inter-Rater Reliability	Conduct quarterly chart reviews to ensure adherence to the level of care guidelines.
Clinical QIA's	See QIAs mid-year.