



## 2010 QI/UM Program Executive Summary

The following document is a summary of CompCare's Quality and Utilization Management Program for 2010. 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](http://www.compcare.com).

### I. Introduction

Comprehensive Behavioral Care, Inc. (CompCare) is a managed behavioral health care organization (MBHO) with corporate headquarters located in Tampa, Florida. Regional offices are located in Florida and Texas with extended staff in Michigan, and other areas of the country. CompCare maintains a written Quality Improvement and Utilization Management (QI/UM) Program Description (hereafter known as Program), Work Plan and state variances (hereafter known as Variance) to describe its mission, scope, and infrastructure and to outline its quality improvement and utilization management lines of authority and activities. The Program, Work Plan and Variance are confidential and for proprietary use only.

### II. Mission of CompCare

CompCare and its employees are committed to exceed customer expectations through innovative management practices that result in effective and efficient behavioral health care while enhancing value for its shareholders.

### III. Scope of the CompCare Program

The scope of the Program encompasses membership, benefit, eligibility, utilization management, and quality and safety of clinical care to collaborate, educate, review, analyze, and create action plans for continuous quality improvement. This Program defines its responsibilities and procedures in working with health plans, client organizations, community Practitioners/Providers (hereafter known as Provider), relevant stakeholders, and members.

#### *Product Lines*

Management, of behavioral health care and substance abuse care and services, is provided for Commercial, Medicare/Medicare-Medicaid, and Medicaid insurance programs through Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO), Children's Health Insurance Programs (CHIP), and Employee Assistance Programs (EAP).

#### *Services & Programs*

Members in all demographic areas receive treatment in a variety of care settings, to include, but not limited to Inpatient (IP), 23-hour stabilization (23 hours), Partial hospitalization (PHP), Residential Treatment Centers (RTC), Sub-acute Detoxification, Intensive Outpatient Treatment (IOP) and Outpatient (OP), as well as, other specialized settings and approaches; i.e., in-home services, day treatment. Care is delivered by a variety of behavioral healthcare professionals and organizations, to include, but not limited to licensed Psychiatrists, Nurse Practitioners, Psychologists, Master's Prepared Therapists, as well as, Community Mental Health Centers, Psychiatric Hospitals and Medical/Psychiatric Facilities. Services include, but are not limited to Quality and Utilization Management, Claims Processing and Payment, Data Reporting, Provider Network Contracting and Management, Eligibility, Fraud Special Investigation Unit, Compliance, Customer Care and Financial Management. Programs are available for High Risk, PCP concierge, and Prevention, as well as, under The Bridge™ for Integrated Health Care Management and Behavioral Pharmacy Management.



#### **IV. Infrastructure of CompCare**

CompCare is one centralized organization with regional offices and staff complying with the National Committee for Quality Assurance (NCQA) standards while meeting the membership needs of the state or community. Variation from NCQA standards, as required by a more rigorous state or local requirements, is described in the respective Variance and reported to the health plan or client organization as required by contract.

##### *Methodologies & Timeframes for Review*

Using QI/UM tools, indicators, and monitors, CompCare completes tracking, trending, and reporting at scheduled intervals (monthly, quarterly, annually) for qualitative and quantitative measurement, re-measurement, analysis, barrier identification, statistical significance, and comparison of clinical and non-clinical data and activities. From the clinical and non-clinical data and activities, CompCare completes its annual evaluation and next year's Program, Variances, and Work Plan by the end of the calendar year's first quarter. Annual documents or reports are completed, presented, and approved forty-five days after the end of the calendar year's 1st quarter during the next scheduled committee, quarterly documents or reports are completed, presented, and approved forty-five days after the end of each calendar year's quarter during the next scheduled committee, and monthly documents or reports are completed, presented, and approved during the next scheduled committee after the end of the month. CompCare maintains a dynamic work plan that includes activity descriptions and goals/benchmarks. See CompCare's 2010 Work Plan for details not covered in this description.

#### **V. The Lines of Authority over CompCare QI/UM Program**

Quality improvement is not a single tool, technique, event or department, but a company-wide expectation. To that end, QI/UM committees are established and attended to improve member safety, satisfaction, and outcomes. The QI/UM committees receive their endorsement as outlined in the Program. Each committee records its minutes to document attendees, presentations, discussions, and actions, to track open action items, and to provide evidence of oversight by the appropriate governing bodies.

- The Board of Directors (BOD) receives its authority from its shareholders. The BOD meets at least annually, during which time it delegates its direct oversight, direction, and approval of all quality and utilization management activities within the Program, Variances, and Work Plan to the Executive Board.
- The Executive Board Committee receives its authority from the Board of Directors. The Executive Board delegates day-to-day oversight quality and utilization activities to the Quality Advisory Council (QA Council). Throughout the year, QA Council representatives present quality and utilization documents and activities to the Executive Board, during which time the Board provides its oversight and final approval.
- The QA Council receives its authority from the Executive Board. The QA Council is delegated the responsibility of oversight and approval of all quality and utilization activities as outlined in the Program, Work Plan, and Variances. CompCare's Medical Director, a board-certified psychiatrist and VP of Clinical Operations has substantial involvement in QI/UM Program activities and attends the QA Council.
- The bi-annual QI/UM Summit (QI/UMC) receives health plan/client organization, state, and local perspective regarding CompCare activities from its Provider and relevant medical system representative attendees. This regional perspective is reported to the QA Council to incorporate into CompCare's Program. Stakeholder participation includes, but is not limited to activities to select, implement, and evaluate clinical practice guidelines, analyze member satisfaction data, assess and improve access to care and services, and develop preventive and disease management programs. Stakeholder involvement takes the form of committee attendance, verbal or written comments and recommendations responding to material distributed throughout the year, newsletters, site or record review visits, and the website.
- Remaining standing committees include Provider Selection, Credentialing, DCARP/HIPAA, New Technology/Program Development, Policy & Procedure, Peer Review, and IT Steering.



## **VI. Delivery of CompCare Behavioral Health Care and Service**

From the following centralized departments and programs, CompCare delivers its behavioral health care and service to members. Any health plan, state, or local variation is described in the respective Variance. Departments include Account Management, National Service Center, Care Management, Provider Services, Claims, Information Technology, Quality/Compliance, and Sales/Marketing.

## **VII. Ongoing Quality Improvement QI/UM Activities**

Throughout 2010, CompCare will continue to meet standards of NCQA and to comply with federal, state, and health plan/client organization requirements. The Quality and Compliance Department will track, trend, and document associated indicators. Opportunities for improvement identified for 2010 include:

1. Discharge Planning will meet goals by the end of 2010.
2. At least two QI/UM Summits will be held by the end of 2010.
3. GeoAccess reported quarterly to the Provider Services Committees.
4. Host quarterly CompCare Process Provider Education Teleconferences.
5. Increased oversight of After-Hours contracted services to ensure appropriate timeliness of call response.
6. Educate and encourage the Provider Network to submit electronic claims through newsletter and teleconference communications.
7. Improve Call Center Phone statistics to ensure prompt communication with not only members but providers. Provider phone stat compliance should increase by 5% quarterly for calls answered within 30 seconds in 2010.
8. Reportable outcomes for the ICM program on it's effectiveness with at-risk members.
9. Increase the interface with the health plan stake holders for Coordination of Care efforts.
10. IT Front-End Enhancement to streamline processes for the National Call Center and UM Staff.
11. Increase education and outreach effort to members and providers regarding the importance of PCP Communication. Our efforts will result in a 5% increase in overall PCP Communication.