

2019 Quality Improvement Work Plan Evaluation

Objective Type	1. Performance Indicator: Telecom Metrics
Program Objectives	Abandon Rate: Maintain no more than 5% ATTA: Maintain less than or equal to 30 seconds to answer Provider Queue: Maintain no more than 5% Claims Queue: Maintain no more than 5% Clinical Queue: Less than or equal to 30 minutes to answer Customer Service Queue: Less than or equal to 10 minutes to answer
Program Activities	Monitor telecom statistic on abandonment, ATTA and Provider Queue and Claims Queue by region and line of business quarterly. Implement PIP if needed.
Activity Owner(s)	Alicia Baker, Director Call Center (PIP) Lee Tulumello, Director Clinical Operations (PIP) Maya Cashman, QI Director & Yefei Cai, Data Analyst II (Report)
Activity Frequency	Reported Quarterly
Outcome Status	Objectives Partially Met; Activities Met
Status/Comments	There was a mixture of met and not meet targets as reported in the final Annual Evaluation 2019 PIR: Q1 2019 showed the most amount of targets missed across lines of business with improvements thereafter. Even though overall improvement was gain by end of year, Q3 2019 was the only quarter where all targets were met for all lines of business.

2019 Quality Improvement Work Plan Evaluation

Objective Type	2. Performance Indicator: Member Satisfaction
Program Objectives	Maintain at least 85% satisfaction level for all items and at least 15% response rate <u>SATISFACTION</u> Provider Appointment Availability Overall quality of provider Ease of access to MHN Overall experience with MHN <u>OUTCOMES</u> Job Marital/Family Happiness/Well Being Problem Resolution <u>RESPONSE RATE</u> Greater than or equal to 15%
Program Activities	Administer survey to non-affiliate members (Commercial Post-Treatment Survey). Implement performance improvement plan (PIP) if needed.
Activity Owner(s)	Maya Cashman, QI Director & Yefei Cai, Data Analyst II (Survey and PIP)
Activity Frequency	Reported Quarterly
Outcome Status	Objectives Partially Met; Activities Met
Status/Comments	As reported in the final Annual Evaluation 2019 PIR, satisfaction rates met targets throughout the year. In Q4 2019, the Problem Resolution outcome rate did not meet target and the target to obtain a 15% or higher response rate was only met in one quarter (Q4 2019) for the CA Risk non-affiliate line of business.

2019 Quality Improvement Work Plan Evaluation

Objectives Type	3. Performance Indicator: Appointment Accessibility by Risk
Program Objectives	Life Threatening Emergent (LTE) - Goal 100% Non LTE – Goal greater than 90% Urgent – Goal greater than 90%
Program Activities	Administer survey to non-affiliate members (Commercial Post-Treatment Survey). Implement performance improvement plan (PIP) if needed.
Activity Owner(s)	Lee Tulumello, Director Clinical Operations (PIP) Maya Cashman, QI Director & Yefei Cai, Data Analyst II (Report)
Activity Frequency	Reported Quarterly
Outcome Status	Objectives Met; Activities Met
Status/Comments	As reported in the final Annual Evaluation 2019 PIR, MHN met timeliness targets for all urgent, LTE and non LTE appointment requests received in 2019.

2019 Quality Improvement Work Plan Evaluation

Objective Type	4. Performance Indicator: Authorization Decision Timeliness
Program Objectives	Maintain at least 95% overall authorization timeliness by LOB Concurrent Urgent - Within 1 day Post-Service - Within 30 days Post-Service with Medical Record Received (Within 15 days after medical records received) Post Service without Medical Record Received (Within 15 days after 45 day waiting period if records requested and not received) Pre-Service Non-Urgent - Within 5 days Pre-Service Urgent - Within 1 day
Program Activities	Monitor length of time for authorization decisions for a requested behavioral health appointment.
Activity Owner(s)	Jessie Blake, Regional Director Clinical Operations (PIP) Maya Cashman, QI Director & Yefei Cai, Data Analyst II (Report)
Activity Frequency	Reported Quarterly
Outcome Status	Objectives Partially Met; Activities Met
Status/Comments	As reported in the final Annual Evaluation 2019 PIR, MHN missed some targets for three lines of business in early 2019. MHN improved performance (and reporting capabilities) to meet all targets for all lines of business in Q3 and Q4 2019.

2019 Quality Improvement Work Plan Evaluation

Objective Type	5. Performance Indicator: Potential Quality Indicators (PQI) and Untoward Events
Program Objectives	% of PQIs resolved within 30 Days % of Untoward Events resolved within 60 days
Program Activities	Monitor PQIs and untoward events and report patterns or trends quarterly. Implement PIP if needed.
Activity Owner(s)	Heidi Garthwaite, Senior Care Manager (PIP) Maya Cashman, QI Director & Yefei Cai, Data Analyst II (Report)
Activity Frequency	Reported Quarterly
Outcome Status	Objectives Partially Met; Activities Met
Status/Comments	As reported in the final Annual Evaluation 2019 PIR, MHN missed the timeliness resolution of several PQIs resulting in missing targets for some lines of business in three of the four quarters. All late resolutions were due to late-forwarding of cases for investigation. MHN did not miss any target for resolving 95% of untoward events timely in 2019.

2019 Quality Improvement Work Plan Evaluation

Objective Type	6. Performance Indicator: Provider Disputes, Member Grievances and Practitioner Complaints
Program Objectives	Disputes - % Resolved within MHN Timeliness Standards Goal greater than or equal to 95% Grievances - % Resolved within 30 days Goal greater than or equal to 95% Complaints - % Resolved within 30 days Goal greater than or equal to 95%
Program Activities	Monitor disputes, complaints, grievances and report patterns or trends quarterly. Implement PIP if needed.
Activity Owner(s)	Lisa Howerton, Manager, Claims-Provider Disputes (PIP) Debora Peverada, A&G Supervisor (PIP) Melinda Shaw, Senior Director Provider Network Operations (PIP) Maya Cashman, QI Director & Yefei Cai, Data Analyst II (Report)
Activity Frequency	Reported Quarterly
Outcome Status	Objectives Partially Met; Activities Met
Status/Comments	As reported in the final Annual Evaluation 2019 PIR, MHN met the timely resolution targets for 2019 member grievances. However, provider disputes and provider complaints did not meet their timely resolution targets for most lines of business for each quarter, with the exception of Q3 2019, when PR resolved 97% of the provider complaints in Q3 2019, beating the target of 95%.

2019 Quality Improvement Work Plan Evaluation

Objective Type		7. Performance Indicator: Credentialing
Program Objectives	Initial MD/DO: Maintain at least 90% completion rates at 90-days of the completed files Recredentialing: Maintain at least 90% completion rates within 3 years	
Program Activities	Monitor initial and re-credentialing and report quarterly. Implement PIP if needed.	
Activity Owner(s)	Melinda Shaw, Senior Provider Network Operations Director (PIP) Maya Cashman, QI Director & Yefei Cai, Data Analyst II (Report)	
Activity Frequency	Reported Quarterly	
Outcome Status	Objectives Partially Met; Activities Met	
Status/Comments	As reported in the final Annual Evaluation 2019 PIR, MHN PR met all re-credentialing targets and missed targets in Q1 and Q2 for credentialing for four lines of business. Not only did PR improve credentialing timeliness in late 2019, PR concurrently lowered the target, for initial credentialing, to 60 days.	

2019 Quality Improvement Work Plan Evaluation

Objective Type	8. Performance Indicator: Network Availability
Program Objectives	For Urban, Suburban or Rural counties- Maintain at least 95% compliance with the standard for all practitioner levels For Medi-Cal Dense, Medium, Small counties- Maintain at least 100% compliance with the standard for all practitioner levels
Program Activities	Monitor network availability by discipline and region target quarterly. Implement PIP if needed.
Activity Owner(s)	Kristine Baldwin, Senior Manager Provider Relations (PIP) Maya Cashman, QI Director & Yefei Cai, Data Analyst II (Report)
Activity Frequency	Reported Quarterly
Outcome Status	Objectives Partially Met; Activities Met
Status/Comments	As reported in the final Annual Evaluation 2019 PIR, MHN met network availability targets for non-CDI, non-CHW, and non-ABA Provider types in 2019. MHN did not meet targets for having a mental health or substance use disorder facility close enough for all Primary EPO (CDI) members; did not meet targets for CHW members having at least one physician and non-physician provider close enough in a non-Dense county; and rural and suburban ABA provider type availability in CA and OR did not always meet the target.

2019 Quality Improvement Work Plan Evaluation

Objective Type	9. Performance Indicator: Network Adequacy
Program Objectives	See performance indicator report for specific standards
Program Activities	Monitor network availability by discipline and region target quarterly. Implement PIP if needed.
Activity Owner(s)	Kristine Baldwin, Senior Manager Provider Relations (PIP) Maya Cashman, QI Director & Yefei Cai, Data Analyst II (Report)
Activity Frequency	Reported Quarterly
Outcome Status	Objectives Partially Met; Activities Met
Status/Comments	As reported in the final Annual Evaluation 2019 PIR, MHN met all affiliate commercial, non-affiliate commercial and CalMediconnect adequacy targets. MHN did not meet all 2019 adequacy targets for HN Medi-Cal or CHW physician and psychologists (Physician target was missed every reported quarter for both HN Medi-Cal and CHW).

2019 Quality Improvement Work Plan Evaluation

Objective Type	10. Quality Improvement Project: Follow Up After Hospitalization for Mental Illness (HEDIS: FUH)
Program Objectives	<p>Increase the % of members who attend an aftercare appointment within 7 days of discharge. Benchmarks for Commercial & Medicare LOBs (HEDIS MY2015 FUH7 Rates):</p> <ul style="list-style-type: none"> AZ COM HMO - 42.86 AZ COM HMO MKT - 52.94 AZ COM PPO - 44.78 AZ COM PPO MKT - 45.10 CA COM HMO/POS - 47.16 CA COM HMO/HSP MKT - 38.14 AZ MCR HMO - 32.97 CA MCR HMO - 24.23 OR MCR HMO - 29.03 OR MCR PPO - 25.00 <p>Goal: reach 50th National Percentile per LOB</p>
Program Activities	<ol style="list-style-type: none"> 1. Continue to enhance, promote and implement telehealth opportunities. 2. Continue collaboration with Care Bridge to provider in-home post discharge services to qualified members. 3. Implementation of HealthCrowd text messaging for appointment reminders and to enhance communication with members. 4. Assess FUH pilot project in SR and HB to determine next steps. 5. Finalize "Circulation" transportation contract to help members attend FUH appointments. 6. Market and implement "May is Mental Health Month" educational awareness campaign 7. Continue use and promotion of myStrength mobile application for on demand mental health and wellness info.
Activity Owner(s)	<p>Kelli Lesser, Senior QI Specialist Maya Cashman, QI Director</p>

2019 Quality Improvement Work Plan Evaluation

Activity Frequency	Ongoing; FUH QIP is being continued throughout the next URAC accreditation cycle																																										
Outcome Status	Objectives Not Met; Activities Partially Met																																										
Status/Comments	<p>Final 2016-2019 QIP Measurement for FUH7 Rates:</p> <table border="1"> <thead> <tr> <th>FUH7 HEDIS SCORES LINE OF BUSINESS</th> <th>HEDIS MY2015 BASELINES</th> <th>FINAL HEDIS MY2018/RY2019~</th> <th>GOAL: 2016 NATIONAL 50TH PERCENTILES</th> </tr> </thead> <tbody> <tr> <td>AZ COM HMO</td> <td>42.86</td> <td>43.92</td> <td>58.69</td> </tr> <tr> <td>AZ COM HMO MKT</td> <td>52.94</td> <td>43.92</td> <td>58.69</td> </tr> <tr> <td>AZ COM PPO</td> <td>44.78</td> <td>40.00~</td> <td>49.14</td> </tr> <tr> <td>CA COM HMO/POS</td> <td>47.16</td> <td>44.18</td> <td>48.64</td> </tr> <tr> <td>CA COM HMO/HSP MKT</td> <td>38.14</td> <td>40.12</td> <td>58.69</td> </tr> <tr> <td>AZ MCR HMO</td> <td>32.97</td> <td>35.09[^]</td> <td>30.80</td> </tr> <tr> <td>CA MCR HMO</td> <td>24.23</td> <td>26.21*</td> <td>30.80</td> </tr> <tr> <td>OR/WA MCR HMO</td> <td>29.03</td> <td>42.59</td> <td>30.80</td> </tr> <tr> <td>OR/WA MCR PPO</td> <td>25.00</td> <td>23.08</td> <td>33.89</td> </tr> </tbody> </table> <p>~If final MY2018/RY2019 rates were unavailable Final MY2018 ROAR rates are shown Bold text indicates QIP Goal was met [^]H9287/H0351 contracts combined *H0562/H3561 contracts combined</p> <p>Two LOBs achieved the QIP goal, AZ MCR HMO and OR/WA MCR HMO; 5 of the 9 LOBs improved over the QIP baseline (including those 2 that met the QIP goal). Note that the QIP baselines include bridge appointments and this final remeasurement does not because of changes to the metric specifications itself.</p> <p>As of March 2019, MHN discontinued worked with Care Bridge to provide in-home services to members in the FUH denominator. The "Post Discharge Follow-Up Appointment" specialty in our searchable provider directory has been discontinued because we couldn't ensure the information was current or accurate.</p>			FUH7 HEDIS SCORES LINE OF BUSINESS	HEDIS MY2015 BASELINES	FINAL HEDIS MY2018/RY2019~	GOAL: 2016 NATIONAL 50 TH PERCENTILES	AZ COM HMO	42.86	43.92	58.69	AZ COM HMO MKT	52.94	43.92	58.69	AZ COM PPO	44.78	40.00~	49.14	CA COM HMO/POS	47.16	44.18	48.64	CA COM HMO/HSP MKT	38.14	40.12	58.69	AZ MCR HMO	32.97	35.09 [^]	30.80	CA MCR HMO	24.23	26.21*	30.80	OR/WA MCR HMO	29.03	42.59	30.80	OR/WA MCR PPO	25.00	23.08	33.89
FUH7 HEDIS SCORES LINE OF BUSINESS	HEDIS MY2015 BASELINES	FINAL HEDIS MY2018/RY2019~	GOAL: 2016 NATIONAL 50 TH PERCENTILES																																								
AZ COM HMO	42.86	43.92	58.69																																								
AZ COM HMO MKT	52.94	43.92	58.69																																								
AZ COM PPO	44.78	40.00~	49.14																																								
CA COM HMO/POS	47.16	44.18	48.64																																								
CA COM HMO/HSP MKT	38.14	40.12	58.69																																								
AZ MCR HMO	32.97	35.09 [^]	30.80																																								
CA MCR HMO	24.23	26.21*	30.80																																								
OR/WA MCR HMO	29.03	42.59	30.80																																								
OR/WA MCR PPO	25.00	23.08	33.89																																								

2019 Quality Improvement Work Plan Evaluation

	<p>Members being discharged from an inpatient psychiatric hospitalization can now be enrolled in the HealthCrowd SMS Texting program for FUH to get appointment reminders.</p> <p>Facility visits in both Northern and Southern California are ongoing. These visits have been successful at cultivating relationships between our clinical operations team and the facility staff that work directly with our members to help plan for their discharge and coordinate aftercare.</p>
--	---

2019 Quality Improvement Work Plan Evaluation

Objective Type	11. Quality Improvement Project: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence (HEDIS: IET-AOD)
Program Objectives	<p>Increase the % of members who have a follow-up appointment within 14 days of AOD diagnosis. Benchmarks for Commercial & Medicare LOBs (HEDIS MY2015 Total Initiation Rates): AZ COMM HMO - 25.16 AZ COMM HMO MKT - 18.35 AZ COMM PPO MKT - 29.65 CA COMM HMO - 24.12 CA COMM HMO/POS - 23.31 CA COMM HMO MKT - 19.17 AZ MCR HMO - 26.50 CA MCR HMO - 13.14 OR MCR HMO - 23.02 OR MCR PPO - 26.18 Goal: reach 50th National Percentile per LOB</p>
Program Activities	<ol style="list-style-type: none"> 1. Implement revised IET Provider Pilot incentive program. 2. Implement HealthCrowd text messaging capabilities to improve initiation and engagement and enhance communication with members. 3. Joint HN/MHN webinar on 'Motivational Interviewing' will be offered in May 2019 to train PCPs on engaging members with SA issues. 4. Generate list of MHN network specialists within a 5-10 mile radius of high-volume medical groups to simplify referrals from medical providers to BHPs 5. Market and implement "May is Mental Health Month" educational awareness campaign 6. Continue use and promotion of myStrength mobile application for on demand mental health and wellness info.
Activity Owner(s)	<p>Kelli Lesser, Senior QI Specialist Maya Cashman, QI Director</p>

2019 Quality Improvement Work Plan Evaluation

Objective Type	11. Quality Improvement Project: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence (HEDIS: IET-AOD)																																															
Activity Frequency	QIP cycle completed in 2019, Closed.																																															
Outcome Status	Objectives met; Activities Partially Met																																															
Status/Comments	<p>Final QIP Measurement for IET Total Initiation Rates</p> <table border="1" data-bbox="485 500 1820 1084"> <thead> <tr> <th data-bbox="485 500 869 613">TOTAL INITIATION HEDIS SCORES LINE OF BUSINESS</th> <th data-bbox="871 500 1213 613">QIP BENCHMARK</th> <th data-bbox="1215 500 1514 613">FINAL HEDIS MY2019</th> <th data-bbox="1516 500 1820 613">GOAL: 2016 50TH NATIONAL PERCENTILE</th> </tr> </thead> <tbody> <tr> <td data-bbox="485 662 869 695">AZ COMM HMO</td> <td data-bbox="871 662 1213 695">25.16</td> <td data-bbox="1215 662 1514 695">24.39</td> <td data-bbox="1516 662 1820 695">32.77</td> </tr> <tr> <td data-bbox="485 703 869 735">AZ COMM HMO MKT</td> <td data-bbox="871 703 1213 735">18.35</td> <td data-bbox="1215 703 1514 735">39.12</td> <td data-bbox="1516 703 1820 735">32.77</td> </tr> <tr> <td data-bbox="485 743 869 776">AZ COMM PPO MKT</td> <td data-bbox="871 743 1213 776">29.65</td> <td data-bbox="1215 743 1514 808">Discontinued product line</td> <td data-bbox="1516 743 1820 776">32.77</td> </tr> <tr> <td data-bbox="485 816 869 849">CA COMM HMO</td> <td data-bbox="871 816 1213 849">24.12</td> <td data-bbox="1215 816 1514 849">38.38</td> <td data-bbox="1516 816 1820 849">32.77</td> </tr> <tr> <td data-bbox="485 857 869 889">CA COMM HMO/POS</td> <td data-bbox="871 857 1213 889">23.31</td> <td data-bbox="1215 857 1514 889">26.79</td> <td data-bbox="1516 857 1820 889">32.77</td> </tr> <tr> <td data-bbox="485 898 869 930">CA COMM HMO MKT</td> <td data-bbox="871 898 1213 930">19.17</td> <td data-bbox="1215 898 1514 930">30.99</td> <td data-bbox="1516 898 1820 930">32.77</td> </tr> <tr> <td data-bbox="485 938 869 971">AZ MCR HMO</td> <td data-bbox="871 938 1213 971">26.50</td> <td data-bbox="1215 938 1514 971">25.97[^]</td> <td data-bbox="1516 938 1820 971">31.44</td> </tr> <tr> <td data-bbox="485 979 869 1011">CA MCR HMO</td> <td data-bbox="871 979 1213 1011">13.14</td> <td data-bbox="1215 979 1514 1011">15.75[*]</td> <td data-bbox="1516 979 1820 1011">31.44</td> </tr> <tr> <td data-bbox="485 1019 869 1052">OR MCR HMO</td> <td data-bbox="871 1019 1213 1052">23.02</td> <td data-bbox="1215 1019 1514 1052">33.78</td> <td data-bbox="1516 1019 1820 1052">31.44</td> </tr> <tr> <td data-bbox="485 1060 869 1092">OR MCR PPO</td> <td data-bbox="871 1060 1213 1092">26.18</td> <td data-bbox="1215 1060 1514 1092">36.40</td> <td data-bbox="1516 1060 1820 1092">34.66</td> </tr> </tbody> </table> <p data-bbox="485 1092 945 1125">*H3561/H0562 contracts combined [^]H9287/H0351 contracts combined Bold indicates QIP goal was met</p> <p data-bbox="485 1255 2024 1369">Four LOBs met the QIP Goal, AZ COMM HMO MKT, CA COMM HMO and OR MCR HMO and PPO. Two LOBs decreased from the baseline, AZ COMM HMO and AZ MCR HMO. Out of the 9 LOBs offered at the end of the QIP, 7 of them increased over the baseline.</p>				TOTAL INITIATION HEDIS SCORES LINE OF BUSINESS	QIP BENCHMARK	FINAL HEDIS MY2019	GOAL: 2016 50 TH NATIONAL PERCENTILE	AZ COMM HMO	25.16	24.39	32.77	AZ COMM HMO MKT	18.35	39.12	32.77	AZ COMM PPO MKT	29.65	Discontinued product line	32.77	CA COMM HMO	24.12	38.38	32.77	CA COMM HMO/POS	23.31	26.79	32.77	CA COMM HMO MKT	19.17	30.99	32.77	AZ MCR HMO	26.50	25.97 [^]	31.44	CA MCR HMO	13.14	15.75 [*]	31.44	OR MCR HMO	23.02	33.78	31.44	OR MCR PPO	26.18	36.40	34.66
TOTAL INITIATION HEDIS SCORES LINE OF BUSINESS	QIP BENCHMARK	FINAL HEDIS MY2019	GOAL: 2016 50 TH NATIONAL PERCENTILE																																													
AZ COMM HMO	25.16	24.39	32.77																																													
AZ COMM HMO MKT	18.35	39.12	32.77																																													
AZ COMM PPO MKT	29.65	Discontinued product line	32.77																																													
CA COMM HMO	24.12	38.38	32.77																																													
CA COMM HMO/POS	23.31	26.79	32.77																																													
CA COMM HMO MKT	19.17	30.99	32.77																																													
AZ MCR HMO	26.50	25.97 [^]	31.44																																													
CA MCR HMO	13.14	15.75 [*]	31.44																																													
OR MCR HMO	23.02	33.78	31.44																																													
OR MCR PPO	26.18	36.40	34.66																																													

2019 Quality Improvement Work Plan Evaluation

Objective Type	11. Quality Improvement Project: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence (HEDIS: IET-AOD)
	<p>Provider incentive program never gained traction despite various iterations and revisions, including higher incentives. This was mostly due to logistical reasons on site at the provider group locations; participating doctors didn't have the time to complete/submit the consent forms.</p> <p>Members in the IET denominator do now have use of the HealthCrowd SMS texting program for substance use disorder appointment reminders</p> <p>Letters that will include lists of nearby substance abuse treatment specialists have been created, plan to start sending those letters to medical provider in Q1 2020.</p> <p>The IET HEDIS metric QIP will be discontinued as of 2019.</p>

2019 Quality Improvement Work Plan Evaluation

Objective Type	12. Quality Improvement Project: Metabolic Monitoring for Children and Adolescents on Antipsychotics (HEDIS: APM)
Program Objectives	<p>Increase the % of members ages 6-17 who are prescribed antipsychotics that have completed metabolic testing.</p> <p>Benchmarks for Commercial LOBs (HEDIS MY2015):</p> <p><u>Ages: 6-11</u></p> <p>AZ COMM HMO - 28.57 AZ COMM PPO - 10.00 CA COMM HMO - 23.64 CA COMM HMO/POS - 21.88 CA COMM PPO - 35.00 OR COMM PPO - 50.00</p> <p><u>Ages 12-17</u></p> <p>AZ COMM HMO - 36.84 AZ COMM PPO - 34.15 CA COMM HMO - 34.54 CA COMM HMO/POS - 32.34 CA COMM PPO - 31.94 OR COMM PPO - 33.33</p> <p>Goal: reach 75th National Percentile per LOB</p>
Program Activities	<ol style="list-style-type: none"> 1) Continue distribution of quarterly letters to prescribing providers with member information included as a reminder to order and complete annual metabolic testing for their young patients prescribed antipsychotic medications. 2) Continue with 'care alert' member and provider letters. 3) Continue educating prescribing providers about HEDIS metric and metabolic testing best practices in provider newsletters.
Activity Owner(s)	Kelli Lesser, Senior QI Specialist

2019 Quality Improvement Work Plan Evaluation

Objective Type	12. Quality Improvement Project: Metabolic Monitoring for Children and Adolescents on Antipsychotics (HEDIS: APM)																																																											
	Maya Cashman, QI Director																																																											
Activity Frequency	QIP cycle completed in 2019, Closed.																																																											
Outcome Status	Objectives Partially Met; Activities Met																																																											
Status/Comments	<p>Final QIP Measurement for APM</p> <table border="1" data-bbox="485 548 1503 1333"> <thead> <tr> <th data-bbox="485 548 800 699">AGE GROUP: 6-11 YEARS</th> <th data-bbox="800 548 1010 699">HEDIS MY2015 (BASELINE)</th> <th data-bbox="1010 548 1304 699">FINAL HEDIS MY2018/R2019 *Unless Otherwise Noted</th> <th data-bbox="1304 548 1503 699">GOAL: 2016 75TH NATIONAL PERCENTILE</th> </tr> </thead> <tbody> <tr> <td>AZ COM HMO</td> <td>28.57</td> <td>100.00*</td> <td>44.32</td> </tr> <tr> <td>AZ COM PPO</td> <td>10.00</td> <td><i>n/a</i></td> <td>34.87</td> </tr> <tr> <td>CA COM HMO</td> <td>23.64</td> <td>34.62*</td> <td>44.32</td> </tr> <tr> <td>CA COM HMO/POS</td> <td>21.88</td> <td>37.50</td> <td>33.33</td> </tr> <tr> <td>CA COM PPO</td> <td>35.00</td> <td>22.22</td> <td>34.87</td> </tr> <tr> <td>OR COM PPO</td> <td>50.00</td> <td>50.00*</td> <td>34.87</td> </tr> <tr> <th data-bbox="485 954 800 1105">AGE GROUP: 12-17 YEARS</th> <th data-bbox="800 954 1010 1105">HEDIS MY2015 (BASELINE)</th> <th data-bbox="1010 954 1304 1105">FINAL HEDIS MY2018/R2019 *Unless Otherwise Noted</th> <th data-bbox="1304 954 1503 1105">GOAL: 2016 75TH NATIONAL PERCENTILE</th> </tr> <tr> <td>AZ COM HMO</td> <td>36.84</td> <td>25.00*</td> <td>47.57</td> </tr> <tr> <td>AZ COM PPO</td> <td>34.15</td> <td>0.00*</td> <td>38.46</td> </tr> <tr> <td>CA COM HMO</td> <td>34.54</td> <td>37.86*</td> <td>47.57</td> </tr> <tr> <td>CA COM HMO/POS</td> <td>32.34</td> <td>39.88</td> <td>41.15</td> </tr> <tr> <td>CA COM PPO</td> <td>31.94</td> <td>38.46</td> <td>38.46</td> </tr> <tr> <td>OR COM PPO</td> <td>33.33</td> <td>0.00*</td> <td>38.46</td> </tr> </tbody> </table>				AGE GROUP: 6-11 YEARS	HEDIS MY2015 (BASELINE)	FINAL HEDIS MY2018/R2019 *Unless Otherwise Noted	GOAL: 2016 75 TH NATIONAL PERCENTILE	AZ COM HMO	28.57	100.00*	44.32	AZ COM PPO	10.00	<i>n/a</i>	34.87	CA COM HMO	23.64	34.62*	44.32	CA COM HMO/POS	21.88	37.50	33.33	CA COM PPO	35.00	22.22	34.87	OR COM PPO	50.00	50.00*	34.87	AGE GROUP: 12-17 YEARS	HEDIS MY2015 (BASELINE)	FINAL HEDIS MY2018/R2019 *Unless Otherwise Noted	GOAL: 2016 75 TH NATIONAL PERCENTILE	AZ COM HMO	36.84	25.00*	47.57	AZ COM PPO	34.15	0.00*	38.46	CA COM HMO	34.54	37.86*	47.57	CA COM HMO/POS	32.34	39.88	41.15	CA COM PPO	31.94	38.46	38.46	OR COM PPO	33.33	0.00*	38.46
AGE GROUP: 6-11 YEARS	HEDIS MY2015 (BASELINE)	FINAL HEDIS MY2018/R2019 *Unless Otherwise Noted	GOAL: 2016 75 TH NATIONAL PERCENTILE																																																									
AZ COM HMO	28.57	100.00*	44.32																																																									
AZ COM PPO	10.00	<i>n/a</i>	34.87																																																									
CA COM HMO	23.64	34.62*	44.32																																																									
CA COM HMO/POS	21.88	37.50	33.33																																																									
CA COM PPO	35.00	22.22	34.87																																																									
OR COM PPO	50.00	50.00*	34.87																																																									
AGE GROUP: 12-17 YEARS	HEDIS MY2015 (BASELINE)	FINAL HEDIS MY2018/R2019 *Unless Otherwise Noted	GOAL: 2016 75 TH NATIONAL PERCENTILE																																																									
AZ COM HMO	36.84	25.00*	47.57																																																									
AZ COM PPO	34.15	0.00*	38.46																																																									
CA COM HMO	34.54	37.86*	47.57																																																									
CA COM HMO/POS	32.34	39.88	41.15																																																									
CA COM PPO	31.94	38.46	38.46																																																									
OR COM PPO	33.33	0.00*	38.46																																																									

2019 Quality Improvement Work Plan Evaluation

Objective Type	12. Quality Improvement Project: Metabolic Monitoring for Children and Adolescents on Antipsychotics (HEDIS: APM)
	<p>*If final MY2018/RX2019 rates were unavailable Final MY2018 ROAR rates are shown n/a means denominator was zero <i>Italics indicate the denominator was less than 30</i> Bold text indicates Goal was met</p> <p>The results for the lifetime of this QIP for both age cohorts was mixed. It is also important to note that, at times, the denominators for some lines of business were very small, especially in the 6-11 year old age group, making it difficult to assess the impact of our interventions consistently. Therefore, even if we showed overall improvement, the denominators were so small it was difficult to determine any trends. Taking into account that when tests were ordered and completed, that was clinically a positive result at the individual member level since it indicates that the prescribing physicians were in fact proactively monitoring their young patients on antipsychotic medications for early signs of metabolic syndrome.</p> <p>For the 6-11 age group; 3 of the 5 LOBs in this age group increased over the baseline and 3 LOBs met the QIP goal, one LOB, OR COM PPO, remained unchanged from the start of the QIP. One LOB decreased from the baseline (CA COM PPO).</p> <p>For the 12-17 age cohort; half of the LOBs decreased and half increased from the baselines. Only 1 LOB, CA COM PPO just achieved the QIP goal</p> <p>This is the final measurement for the APM QIP, it will not be continued for the next accreditation cycle.</p>

2019 Quality Improvement Work Plan Evaluation

Objective Type	13. Quality Improvement Initiative: Support Undertaking initiatives as they pertain to behavioral health metrics
Program Objectives	1. UT #23 - Improve CA OPA stars measure for CA Comm HMO/POS for behavioral health to 3 stars by end of 2019. 2. UT #13i -Improve CA OPA stars measure for CA PPO and EPO for behavioral health to 3 stars by RY 2020. 3. UT #13b - Improve Total HEDIS score for CA PPO and EPO to 26.7 by RY 2020.
Program Activities	Focusing on improving HEDIS measures Follow Up After Hospitalization 7 days (FUH7). And, collaborating with HNQI on improving Initiation and Engagement of Treatment for Alcohol and Other Drugs (IET-AOD), Antidepressant Medication Management (AMM) and Follow Up Care For Children Prescribed ADHD medication (ADD).
Activity Owner(s)	Kelli Lesser, Senior QI Specialist Maya Cashman, QI Director
Activity Frequency	Ongoing
Outcome Status	Objectives Partially Met; Activities Partially Met
Status/Comments	UT #13b was met previously. MHN continues to increase intervention and member and provider outreach efforts to improve HN behavioral health star ratings but still falls below target. OPA changed their star rating system to 5 star – HNL PPO is currently a 3 out of 5 star plan for behavioral health (Good) and HNCA HMO is

2019 Quality Improvement Work Plan Evaluation

Objective Type	13. Quality Improvement Initiative: Support Undertaking initiatives as they pertain to behavioral health metrics
	currently a 2 out of 5 star plan for behavioral health (Fair). HN QI acknowledges some improvements but not enough to meet the objectives. Some activities or interventions were discontinued due to lack of engagement or effectiveness.

Objective Type	14. Service Experience: Language Assistance Program
Program Objectives	Review cultural and linguistic appropriateness of services (CLAS), including access and compliancy
Program Activities	Monitor trends related to CLAS. Identify patterns and trends to intervene upon through the Language Assistance Program (LAP)
Activity Owner(s)	Kathy To, Quality Improvement Specialist II Maya Cashman, QI Director
Activity Frequency	Annually (March)
Outcome Status	Objectives Met; Activities Met
Status/Comments	MHN LAP Program Description was presented and approved by MHN QIUMC and DMHC in 2019. MHN QI ensured compliance with all program requirements including chairing 3 Language Assistance Program Compliance Monitoring Committee meetings covering 2019 utilization and performance for DMHC and CDI standalone business covered in our LAP Program Description.

2019 Quality Improvement Work Plan Evaluation

Objective Type	15. Service Experience: Practitioner Satisfaction
Program Objectives	Review satisfaction survey results of providers to ensure access, coordination and effectiveness of service
Program Activities	Administer survey to providers and report accordingly. Implement PIP if needed.
Activity Owner(s)	Maya Cashman, QI Director & Rachael Febus, QI Data Analyst III (Report) Committee (Action Items)
Activity Frequency	Annually (December)
Outcome Status	Objectives Met; Activities Met
Status/Comments	Practitioner Survey executed, results analyzed and report presented and approved by the MHN QIUMC in December 2019.

2019 Quality Improvement Work Plan Evaluation

Objective Type	
16. Service Experience: Practitioner Appointment Availability	
Program Objectives	Review appointment availability survey results of CA providers to ensure timely access to routine appointments.
Program Activities	Administer survey to providers and report accordingly. Implement PIP if needed.
Activity Owner(s)	Maya Cashman, QI Director & Rachael Febus, QI Data Analyst III (Report) Committee (Action Items)
Activity Frequency	Annually (June)
Outcome Status	Objectives Met; Activities Met
Status/Comments	MY2018 results/report submitted to DMHC timely and presented to MHN QIUMC in June 2019.

2019 Quality Improvement Work Plan Evaluation

Objective Type	
17. Service Experience: Clinical Practice Guidelines, MHN Position Statements and Level of Care (LOC) Criteria	
Program Objectives	QIUMC to review and approve any new Clinical Practice Guidelines, MHN Position Statements and/or LOC criteria
Program Activities	Bring to the QIUMC any Clinical Practice Guidelines, MHN Position Statements and/or LOC criteria needing review and approval
Activity Owner(s)	Dr. Andrei Jaeger, Senior Medical Director
Activity Frequency	Quarterly
Outcome Status	Objectives Met; Activities Met
Status/Comments	Clinical Practice Guidelines and LOC criteria presented and approved by MHN QIUMC by end of year.

2019 Quality Improvement Work Plan Evaluation

Objective Type	
18. Service Experience: Member Satisfaction Survey	
Program Objectives	Review members satisfaction survey (AMBHSS) results to ensure access, coordination and effectiveness of service
Program Activities	Administer survey to members and report accordingly. Implement PIP if needed.
Activity Owner(s)	Maya Cashman, QI Director & Rachael Febus, QI Data Analyst III (Report) Committee (Action Items)
Activity Frequency	Annually (December)
Outcome Status	Objectives Met; Activities Met
Status/Comments	Member Satisfaction Survey executed, results analyzed and report presented and approved by the MHN QIUMC in December 2019.

2019 Quality Improvement Work Plan Evaluation

Objective Type	
19. Service Experience: Client Satisfaction Survey	
Program Objectives	Review commercial client satisfaction survey results to ensure satisfaction with Account Management, Reporting, MHN Services and Management Consultation
Program Activities	Administer survey to clients and report accordingly.
Activity Owner(s)	Jessica Cooper, Sr. Director Account Management (Report) Committee (Action Items)
Activity Frequency	Annually (June)
Outcome Status	Objectives Met; Activities Met
Status/Comments	Client Satisfaction Survey executed, results analyzed and report presented and approved by the MHN QIUMC in June 2019.

2019 Quality Improvement Work Plan Evaluation

Objective Type	
20. Service Experience: QI Committee Infrastructure	
Program Objectives	Review committee structure, reporting and membership to ensure effective oversight of program
Program Activities	Review, revise and approve the annual program description, work plan and evaluation to ensure optimal participation and oversight.
Activity Owner(s)	Maya Cashman, QI Director (Report) Committee (Action Items)
Activity Frequency	Annually (March)
Outcome Status	Objectives Met; Activities Met
Status/Comments	MHN 2019 QI Program Description and Committee Charter reviewed and approved by MHN QIUMC in March 2019.

2019 Quality Improvement Work Plan Evaluation

Objective Type	
21. Service Experience: Quality Improvement Projects (QIPs)	
Program Objectives	Review Quality Improvement Project (QIP) proposals and other interventions for effective oversight
Program Activities	Review, revise and approve QIP and other intervention activities to ensure optimal participation and oversight.
Activity Owner(s)	Maya Cashman, QI Director & Kelli Lesser, Senior QI Specialist (Report) Committee (Action Items)
Activity Frequency	Annually (March)
Outcome Status	Objectives Met; Activities Met
Status/Comments	MHN QIPs reviewed and approved by MHN QIUMC in March 2019 and September 2019.