

2020 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, Sr. 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	<p>There was a mixture of met and not meet targets as reported in the final Annual Evaluation 2020 PIR: Abandonment rates exceeded targets in all but one line of business in one quarter (Q1 2020); average speed to answer suffered the most in Q3 2020 and for non-affiliate CA risk business for the entire year; clinical queues and regulatory targets were prioritized over provider queues in 2020, out of necessity. Call Center services had the most to overcome as a result of the pandemic and work from home shifts.</p> <p>Conclusion: Call Center persevered during a pandemic that required an immediate shift to work from home for traditionally in-office function along with an increase in requests for behavioral health services. Monitoring performance at the current frequency and targets is still necessary. Continue next year.</p>

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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 2020 PIR, satisfaction rates met targets throughout the year with the exception of Problem Resolution which fell below target in Q1 and the target to obtain a 15% or higher response rate was only met in one quarter (Q3 2019) for both lines of business. Conclusion: Overall, members are satisfied with the services and outcomes with the exception of Problem Resolution which may be revealing an issue with lack of EAP appointment follow through or expectations

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	that EAP should resolve all problems. Monitoring performance at the current frequency with the newly approved response rate target is still necessary. Continue next year and limit to EAP members only.
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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 screening and tracking of members with these risk ratings through to appointment confirmation. Implement performance improvement plan (PIP) if needed.		
Activity Owner(s)	Lee Tulumello, Director Clinical Services (PIP) Maya Cashman, QI Director & Yefei Cai, Data Analyst II (Report)		
Activity Frequency	Reported Quarterly		
Outcome Status	Objectives Met; Activities Met		
Status/Comments	<p>MHN QIUMC does not monitor Medi-Cal lines of business for LTE and Non-LTE as the county responsibility. As reported in the final Annual Evaluation 2020 PIR, MHN met timeliness targets for all urgent, LTE and non LTE appointment requests received in 2020.</p> <p>Conclusion: Despite provider and member satisfaction survey results that show gaps in timely appointment access, every time a member called MHN in 2020 with an urgent or emergent need, MHN was able to arrange timely services (immediately, within 6 hours or within 48 hours). Monitoring performance at the current frequency and targets is still necessary. Continue next year.</p>		

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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, Vice President 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 2020 PIR, MHN met timeliness targets for all authorization requests received in 2020. Conclusion: MHN made great improvements in 2020 resolving the issues in 2019 with post service review authorization delays that jeopardized overall compliance. Monitoring performance at the current frequency and targets is still necessary. Continue next year.

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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	<p>As reported in the final Annual Evaluation 2020 PIR, MHN missed the timeliness resolution of one (1) PQI resulting in missing the timeliness target for one line of business in quarter 1 2020, due to late-forwarding of case for investigation. MHN did not miss any target for resolving 95% of untoward events timely in 2020.</p> <p>Conclusion: Coordination with other Health Plans to receive potential quality issues for investigation is the greatest barrier however sometimes the providers also do not respond to MHN investigation outreach too. For both reasons, monitoring performance at the current frequency and targets is still necessary. Continue next year.</p>		

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Objective Type	6. Performance Indicator: Member and Practitioner Complaints/Disputes
Program Objectives	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 complaints, grievances and report patterns or trends quarterly. Implement PIP if needed.
Activity Owner(s)	Lisa Howerton, Manager, Claims-Provider Disputes (Trends) Debora Peverada, A&G Manager (Trends &/or PIP) Melinda Shaw, Senior Director Provider Network Operations (Trends) Maya Cashman, QI Director & Yefei Cai, Data Analyst II (Report)
Activity Frequency	Reported Quarterly
Outcome Status	Objectives Partially Met; Activities Met
Status/Comments	<p>As reported in the final Annual Evaluation 2020 PIR, MHN met the timely resolution targets for 2020 provider complaints. However, member grievances did not meet timely resolution targets in two lines of business due to one (1) case which was confirmed to have been resolved within the regulatory standard.</p> <p>Conclusion: MHN A&G routinely meets these targets however, as was the case in 2020, sometimes there are data entry errors that can result in non-compliance. Fortunately in this case, the result of the data entry error did not risk regulatory compliance (only policy compliance). Monitoring performance at the current frequency and targets is still necessary. Continue next year.</p>

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Objective Type		7. Performance Indicator: Credentialing
Program Objectives	Initial MD/DO: Maintain at least 90% completion rates at 60-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 Director of 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	<p>As reported in the final Annual Evaluation 2020 PIR, MHN PR met all re-credentialing targets and missed targets Q1-Q3 2020 for initial credentialing for six (6) lines of business. This was the first full year of the lower initial credentialing target of 60 days (from 90 days).</p> <p>Conclusion: MHN PR changed the standard for initial credentialing to 60 days (from 90 days) in late 2019 at the same time engaging a vendor for credentialing services and has been experiencing technical issues jeopardizing compliance starting in Q2 2020. Monitoring performance at the current frequency and targets is still necessary. Continue next year.</p>	

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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)	Melinda Shaw, Senior Director of 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	<p>As reported in the final Annual Evaluation 2020 PIR, MHN missed network availability targets for more lines of business than met: Commercial and Cal MediConnect had no (0) issues in 2020; Arizona, Washington, and Oregon Medicare lines of business saw declines in availability for all provider types (MDs, Psychologists, Master Level, Facilities) to below targets; Medi-Cal lines of business did not meet targets after aligning reports method with the annual network certification standards which target 100% and base performance on data points (not where members are); by year end, ABA providers were available in required time and distance standards for all lines of business except suburban and rural areas of Oregon and Washington; CDI regulated EPO availability was below target in late 2020 performance reports. The pandemic led to exponential expansion of providers offering telehealth services however network availability reports are not able to include telehealth providers at this time.</p> <p>Conclusion: Network availability issues persist where there are no willing or available providers. In some cases, the Regulator requires we assess availability for prospective members (Medi-Cal and CA PPO for example) which can be used as a guide for recruiting but not indicative of an access issue. Combined with</p>

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	other sources of possible network access issues, monitoring performance at the current frequency and targets is still necessary. Continue next year.
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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)	Melinda Shaw, Senior Director of 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	<p>As reported in the final Annual Evaluation 2020 PIR, MHN met all affiliate commercial & medicare, non-affiliate commercial and CalMediconnect adequacy targets. MHN did not meet all 2020 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).</p> <p>Conclusion: Network adequacy is one of the sources for monitoring possible access issues however it does not reflect the location or availability of the providers and should not be viewed in isolation. Monitoring performance at the current frequency and targets is still necessary. Continue next year.</p>

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Objective Type	10. Quality Improvement Project: Follow Up After Hospitalization for Mental Illness (HEDIS: FUH)									
Program Objectives	Increase the % of members who attend an aftercare appointment within 7 days of discharge. January 2021 Preliminary FUH7 Rates:									
	<table border="1"> <thead> <tr> <th data-bbox="485 492 926 638">Line of Business</th> <th data-bbox="936 492 1167 638">FINAL HEDIS MY2018 Baselines (n<30)</th> <th data-bbox="1178 492 1409 638">ROAR RATES January 2021 (n<30)</th> <th data-bbox="1419 492 1713 638">Change from Baseline</th> <th data-bbox="1724 492 1913 638">GOAL:</th> </tr> </thead> </table>					Line of Business	FINAL HEDIS MY2018 Baselines (n<30)	ROAR RATES January 2021 (n<30)	Change from Baseline	GOAL:
	Line of Business	FINAL HEDIS MY2018 Baselines (n<30)	ROAR RATES January 2021 (n<30)	Change from Baseline	GOAL:					
	Commercial									
	AZCH MKT	30.00	40.23*	+10.23	59.82					
	HNCA COM HMO/POS	44.18	41.85	-2.33	59.82					
	HNCA COM HMO/HSP MKT	40.12	36.36	-3.76	59.82					
	HNCA COM HMO-UC	25.29	48.09	+22.80	59.82					
	HNCA COM EPO/PPO (off exch.)	38.64	34.88	-3.76	59.82					
	HNOR COM EPO	n/a	n/a	--	59.82					
	HNOR COM POS	71.43	n/a	--	59.82					
	HNOR COM PPO	44.44	100.00	+55.56	59.82					
	Medicare									
	AZCH MCR 9287	30.00	55.56*	+25.56	59.82					
	AZCH MCR 0351	26.00	22.22*	-3.78	59.82					
	AZCH MCR 5590	45.00	43.90*	-1.10	59.82					
	HNCA MCR HMO H0562 & H3561	26.21	22.18	-4.03	59.82					
	n/a denominator=0 Red text indicates decrease Green text indicates increase *November 2020 rates Goal met									

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	Goal: 80% of the Highest Regional Commercial Percentiles for each LOB or 59.82%, by the end of the QIP cycle in 2022
Program Activities	<ol style="list-style-type: none"> 1. Continue CM member outreach calls to members discharging from all acute inpatient levels of care. 2. Continue to enhance, promote and implement telehealth opportunities. 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. Market and implement "May is Mental Health Month" educational awareness campaign 6. Continue use and promotion of myStrength mobile application for customized, on demand mental health and wellness info.
Activity Owner(s)	Kelli Lesser, Senior QI Specialist Maya Cashman, QI Director
Activity Frequency	Ongoing
Outcome Status	Objectives not met; activities partially met; telehealth became a large central focus in 2020 because of COVID-19 restrictions.
Status/Comments	For the most part, results for FUH7 throughout MY2020 decreased from the baseline for most lines of business. Six out of 10 LOBs, where members fell into the FUH metric denominator, showed a decrease from the start of the QIP. However, all decreases were less than 5 percentage points while all of the improvements over baseline rates were greater than 10 percentage points. HNCA COM HMO-UC line of business continues to score in the high 40s. The HNOR COM PPO LOB achieved and surpassed the QIP goal but there was only one member in the denominator.

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Objective Type	11. Quality Improvement Project: Provider Directory Accuracy (PDA)										
Program Objectives	Increase accuracy of provider information in MHN provider directories. Q1 2021 rates (<i>claims from 1/1/20-6/30/20</i>):										
	LINE OF BUSINESS	2019 Baseline: MD	Q1 2021: MD	Change from Baseline	2019 Baseline: PhD	Q1 2021: PhD	Change from Baseline	2019 Baseline: Master's Level	Q1 2021: Master's Level	Change from Baseline	GOAL
	California Commercial (Affiliate HMO and PPO and MHN Standalone)	54.96%	60.88%	+5.92	39.82%	56.15%	+16.33	40.38%	56.53%	+16.15	+20
	Medi-Cal	50.69%	50.66%	-0.03	53.99%	58.25%	+4.26	46.59%	50.05%	+3.46	+20
	California Health & Wellness (Medi-Cal)	12.70%	18.75%	+6.05	23.21%	15.15%	-8.06	52.34%	44.61%	-7.73	+20
	Medicare (OR, CA, AZ)	44.46%	35.06%	-9.40	31.42%	24.80%	-6.62	34.49%	17.12%	-17.37	+20
	AZCH Commercial	48.85%	45.88%	-2.97	40.83%	35.96%	-4.87	39.44%	30.82%	-8.62	+20
	HNOR Commercial (includes WA)	20.99%	19.12%	-1.87	25.62%	18.23%	-7.39	15.63%	11.47%	-4.16	+20
Red text indicates a decrease from baseline											

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Objective Type	11. Quality Improvement Project: Provider Directory Accuracy (PDA)
	<p>Green text indicates an increase from baseline Black text indicates no change from baseline</p> <p>Goal: Achieve an increase of 20 percentage points in accuracy of provider information in 3 years</p>
Program Activities	<ol style="list-style-type: none"> 1. Implement MHN Provider Services phone queue 2. Implement system enhancements to increase ease of updating provider information 3. Complete rate analysis; increase provider rates where possible 4. Create and utilize provider directory audit tool 5. Create policy/procedure outlining frequency and content of provider directory audits 6. Ensure ongoing QA processes to maintain accuracy over time
Activity Owner(s)	<p>Kelli Lesser, Senior QI Specialist Maya Cashman, QI Director</p>
Activity Frequency	<p>Ongoing</p>
Outcome Status	<p>Objectives not met; activities partially met. Provider Services Phone Queue successfully launched, some system enhancements were completed in 2020, but enhancements are ongoing. MHN PR will be using an external vendor starting in January 2021 to improve and maintain provider directory accuracy so it was decided to not utilize the provider directory audit survey tool at this time.</p>
Status/Comments	<p>For this Q1 2021 remeasurement, we extracted claims data from January 1, 2020 through June 30, 2020, so this is the first measurement taken after the COVID-19 pandemic hit. While this remeasurement shows the first impacts of COVID on provider directory data, it does not show the impact of our new external partner, LexisNexis, since our work with them didn't begin until January 2021.</p> <p>Once again, CA Commercial lines of business are doing relatively well across all provider disciplines, showing improvements over the baseline. Medi-Cal improved over the baseline for PhD and Master's level providers, but decreased for MDs/DOs. Results were also mixed for California Health and Wellness, improving for MDs/DOs but falling for both PhDs and Master's level providers. Results decreased across the board for all disciplines in Medicare (OR, CA, AZ), AZCH Commercial and HNOR Commercial lines of business.</p>

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Objective Type	11. Quality Improvement Project: Provider Directory Accuracy (PDA)
	MHN PR is also working on implementing an annual provider directory assessment that identifies areas for improvement and the actions taken on those opportunities. The first report is scheduled to be presented to the QIUMC in September 2021.

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Objective Type	
12. Quality Improvement Initiative: Support Undertaking initiatives as they pertain to behavioral health metrics	
Program Objectives	UT #13i -Improve CA OPA stars measure for CA PPO and EPO for behavioral health to 3 stars 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 Met; Activities Met
Status/Comments	In 2020, MHN continued outreach/improvement efforts for FUH and IET and implemented new member and provider outreach programs for ADD and the 2020-2021 HNL OPA stars for BH reached the target. Conclusion: MHN obligation to this undertaking is no longer applicable. Monitoring performance is no longer necessary. Discontinue next year.

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Objective Type	13. Service Experience: Language Assistance Program
Program Objectives	Improve access and quality for limited English proficient members by complying with requirements described in DMHC-approved Language Assistance Program Description
Program Activities	Monitor utilization, performance, activities and trends (and take and track action) through the Language Assistance Program Compliance Monitoring Committee; obtain QIUMC approval of program description updates and review of annual performance.
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	<p>MHN LAP Program Description and Annual Evaluation of 2019 was presented and approved by the MHN QIUMC in 2020. MHN QI maintained oversight of all program requirements chairing 2 Language Assistance Program Compliance Monitoring Committee meetings covering 2019 utilization and performance for DMHC and CDI standalone business covered in our LAP Program Description.</p> <p>Conclusion: Language Assistance is critical to quality and access to care and unmonitored processes, even with the best intentions, can become unruly or broken. Monitoring performance at the current frequency and targets is still necessary. Continue next year.</p>

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Objective Type	
14. 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	<p>Practitioner Survey executed, results analyzed and report presented and approved by the MHN QIUMC in December 2020.</p> <p>Conclusion: Provider satisfaction surveying is a critical tool in understanding what works and what does not work for MHN providers, helping us identify what to improve and what do expand. Additionally, we use this survey to ask treating providers about important topics like telehealth after the pandemic or reasons why members might be dropping in satisfaction with problem resolution. Monitoring performance at the current frequency and targets is still necessary. Continue next year.</p>

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Objective Type	
15. 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	<p>MY2019 results/report submitted to DMHC timely and presented to MHN QIUMC in June 2020 along with results of the applied behavioral analysis access survey results.</p> <p>Conclusion: Monitoring provider appointment availability is not only necessary to understand the member's experience and improve access, it is also a regulatory requirement in California. Monitoring performance at the current frequency and targets is still necessary. Continue next year with enhancements to the final report that include other sources of appointment access (member complaints, survey results, etc.) to make conclusions and plans for improvement.</p>

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Objective Type	
16. 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. Conclusion: Annual review is required. Monitoring performance at the current frequency and targets is still necessary. Continue next year.

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Objective Type	
17. Service Experience: Member Satisfaction Survey & Barrier Analysis	
Program Objectives	Review members satisfaction survey (AMBHSS) results to ensure access, coordination and effectiveness of service and produce a barrier analysis and action plan with the results
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 & Kelli Lesser, Sr. QI Specialist (Reports) Committee (Action Items)
Activity Frequency	Annually (December)
Outcome Status	Objectives Met; Activities Met
Status/Comments	<p>Member Satisfaction Survey executed, results analyzed and barriers and actions to take identified reports presented and approved by the MHN QIUMC in December 2020.</p> <p>Conclusion: Member satisfaction surveying is a critical tool in understanding what works and what does not work for our members, helping us identify what to improve and what do expand. Monitoring performance at the current frequency and targets is still necessary. Continue next year and migrate non-affiliate managed care members to a similar annual survey to ensure future compliance with DMHC and/or NCQA requirements applicable to managed care members only.</p>

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Objective Type	
18. Service Experience: Client Satisfaction Survey	
Program Objectives	Review commercial client satisfaction survey results to ensure satisfaction with Account Management, Reporting and MHN Services
Program Activities	Administer survey to clients and report accordingly.
Activity Owner(s)	Rachael Febus, QI Data Analyst III & Maya Cashman, QI Director (Report) Committee (Action Items)
Activity Frequency	Annually (June)
Outcome Status	Objectives Met; Activities Met
Status/Comments	<p>Client Satisfaction Survey executed, results analyzed and report presented by MHN QI for the first time and approved by the MHN QIUMC in June 2020.</p> <p>Conclusion: Client satisfaction surveying is a critical tool in understanding what works and what does not work for our clients, helping us identify what to improve and what do expand. Monitoring performance at the current frequency and targets is still necessary. Continue next year.</p>

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Objective Type	
19. 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 2020 QI Program Description and Committee Charter, Work Plan and Annual Evaluation reviewed and approved by MHN QIUMC in March 2020. Conclusion: Annual infrastructure evaluation is necessary to ensure there are enough resources and support for the next year. Monitoring program performance at the current frequency and targets is still necessary. Continue next year.