

## 2020 Quality Improvement Work Plan

<b>Objective Type</b>	<b>1. Performance Indicator: Telecom Metrics</b>
<b>Program Objectives</b>	<ol style="list-style-type: none"> <li>1. Abandon Rate: Maintain no more than 5%</li> <li>2. ATTA: Maintain less than or equal to 30 seconds to answer</li> <li>3. Provider Queue: Maintain no more than 5%</li> <li>4. Claims Queue: Maintain no more than 5%</li> <li>5. Clinical Queue: Less than or equal to 30 minutes to answer</li> <li>6. Customer Service Queue: Less than or equal to 10 minutes to answer</li> </ol>
<b>Program Activities</b>	Monitor telecom statistics on abandonment, ATTA and Provider Queue and Claims Queue by region and line of business quarterly. Implement PIP if needed.
<b>Activity Owner(s)</b>	Alicia Baker, Director Call Center (PIP) Lee Tulumello, Director Clinical Operations (PIP) Maya Cashman, QI Director & Yefei Cai, QI Data Analyst II (Report)
<b>Activity Frequency</b>	Reported Quarterly
<b>Outcome Status</b>	
<b>Status/Comments</b>	

## 2020 Quality Improvement Work Plan

Objective Type	2. Performance Indicator: Member Satisfaction
<b>Program Objectives</b>	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%
<b>Program Activities</b>	Administer survey to non-affiliate members (Commercial Post-Treatment Survey). Implement performance improvement plan (PIP) if needed.
<b>Activity Owner(s)</b>	Maya Cashman, QI Director & Rachael Febus QI Data Analyst III & Yefei Cai, QI Data Analyst II (Survey and PIP)
<b>Activity Frequency</b>	Reported Quarterly
<b>Outcome Status</b>	
<b>Status/Comments</b>	

## 2020 Quality Improvement Work Plan

<b>Objectives Type</b>		<b>3. Performance Indicator: Appointment Accessibility by Risk</b>	
<b>Program Objectives</b>	Life Threatening Emergent (LTE) - Goal 100% Non LTE – Goal greater than 90% Urgent – Goal greater than 90%		
<b>Program Activities</b>	Monitor timeliness of appointments for members who call with Urgent and Emergent needs		
<b>Activity Owner(s)</b>	Lee Tulumello, Director Clinical Operations (PIP) Maya Cashman, QI Director & Yefei Cai, QI Data Analyst II (Report)		
<b>Activity Frequency</b>	Reported Quarterly		
<b>Outcome Status</b>			
<b>Status/Comments</b>	MHN does not monitor Medi-Cal LOBs for LTE or Non-LTE; Emergency appointment availability is the responsibility of the County		

## 2020 Quality Improvement Work Plan

<b>Objective Type</b>	<b>4. Performance Indicator: Authorization Decision Timeliness</b>
<b>Program Objectives</b>	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
<b>Program Activities</b>	Monitor length of time for authorization decisions for a requested behavioral health appointment.
<b>Activity Owner(s)</b>	Jessie Blake, Regional Director Clinical Operations (PIP) Maya Cashman, QI Director & Yefei Cai, QI Data Analyst II (Report)
<b>Activity Frequency</b>	Reported Quarterly
<b>Outcome Status</b>	
<b>Status/Comments</b>	

## 2020 Quality Improvement Work Plan

Objective Type	5. Performance Indicator: Potential Quality Indicators (PQI) and Untoward Events
<b>Program Objectives</b>	% of PQIs resolved within 30 Days % of Untoward Events resolved within 60 days
<b>Program Activities</b>	Monitor PQIs and untoward events and report patterns or trends quarterly. Implement PIP if needed.
<b>Activity Owner(s)</b>	Heidi Garthwaite, Senior Care Manager (PIP) Maya Cashman, QI Director & Yefei Cai, QI Data Analyst II (Report)
<b>Activity Frequency</b>	Reported Quarterly
<b>Outcome Status</b>	
<b>Status/Comments</b>	

## 2020 Quality Improvement Work Plan

<b>Objective Type</b>	
<b>6. Performance Indicator: Member and Practitioner Complaints/Disputes</b>	
<b>Program Objectives</b>	Grievances - % Resolved within 30 days Goal greater than or equal to 95% Complaints - % Resolved within 30 days Goal greater than or equal to 95%
<b>Program Activities</b>	Monitor complaints/disputes and report patterns or trends quarterly. Implement PIP if needed.
<b>Activity Owner(s)</b>	Lisa Howerton, Manager, Claims - Provider Disputes (Trends) Debora Peverada, A&G Supervisor (Trends &/or PIP) Alicia Baker, Director Call Center (Trends) Melinda Shaw, Senior Director Provider Network Operations (PIP) Maya Cashman, QI Director & Yefei Cai, QI Data Analyst II (Report)
<b>Activity Frequency</b>	Reported Quarterly
<b>Outcome Status</b>	
<b>Status/Comments</b>	

## 2020 Quality Improvement Work Plan

<b>Objective Type</b>		<b>7. Performance Indicator: Credentialing</b>	
<b>Program Objectives</b>	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		
<b>Program Activities</b>	Monitor initial and re-credentialing and report quarterly. Implement PIP if needed.		
<b>Activity Owner(s)</b>	Melinda Shaw, Senior Provider Relations Network Operations (PIP) Maya Cashman, QI Director & Yefei Cai, QI Data Analyst II (Report)		
<b>Activity Frequency</b>	Reported Quarterly		
<b>Outcome Status</b>			
<b>Status/Comments</b>			

## 2020 Quality Improvement Work Plan

<b>Objective Type</b>		<b>8. Performance Indicator: Network Availability</b>	
<b>Program Objectives</b>	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		
<b>Program Activities</b>	Monitor network availability by discipline and region target quarterly. Implement PIP if needed.		
<b>Activity Owner(s)</b>	Melinda Shaw, Senior Director Provider Network Operations (PIP) Maya Cashman, QI Director & Yefei Cai, QI Data Analyst II (Report)		
<b>Activity Frequency</b>	Reported Quarterly		
<b>Outcome Status</b>			
<b>Status/Comments</b>			



## 2020 Quality Improvement Work Plan

<b>Objective Type</b>		<b>9. Performance Indicator: Network Adequacy</b>	
<b>Program Objectives</b>	See performance indicator report for specific standards		
<b>Program Activities</b>	Monitor network availability by discipline and region target quarterly. Implement PIP if needed.		
<b>Activity Owner(s)</b>	Melinda Shaw, Senior Director Provider Network Operations (PIP) Maya Cashman, QI Director & Yefei Cai, QI Data Analyst II (Report)		
<b>Activity Frequency</b>	Reported Quarterly		
<b>Outcome Status</b>			
<b>Status/Comments</b>			

## 2020 Quality Improvement Work Plan

Objective Type	10. Quality Improvement Project: Follow Up After Hospitalization for Mental Illness (HEDIS: FUH)																										
<p><b>Program Objectives</b></p>	<p>Increase the % of members who attend an aftercare appointment within 7 days of discharge. Baselines for Commercial &amp; Medicare LOBs (HEDIS MY2018 FUH7 Rates):</p> <table border="1" data-bbox="489 492 1297 1084"> <thead> <tr> <th data-bbox="489 492 1087 643">Line of Business</th> <th data-bbox="1087 492 1297 643">FINAL HEDIS FUH7 MY2018 Baselines (<i>n</i>&lt;30)</th> </tr> </thead> <tbody> <tr> <td data-bbox="489 643 1087 678"><b>COMMERCIAL:</b> AZCH MKT</td> <td data-bbox="1087 643 1297 678">30.00</td> </tr> <tr> <td data-bbox="489 678 1087 714">HNCA COM HMO/POS</td> <td data-bbox="1087 678 1297 714">44.18</td> </tr> <tr> <td data-bbox="489 714 1087 750">HNCA COM HMO/HSP MKT</td> <td data-bbox="1087 714 1297 750">40.12</td> </tr> <tr> <td data-bbox="489 750 1087 786">HNCA COM HMO-UC</td> <td data-bbox="1087 750 1297 786">25.29</td> </tr> <tr> <td data-bbox="489 786 1087 821">HNCA COM EPO/PPO (off exch.)</td> <td data-bbox="1087 786 1297 821">38.64</td> </tr> <tr> <td data-bbox="489 821 1087 857">HNOR COM EPO</td> <td data-bbox="1087 821 1297 857"><i>n/a</i></td> </tr> <tr> <td data-bbox="489 857 1087 893">HNOR COM POS</td> <td data-bbox="1087 857 1297 893">71.43</td> </tr> <tr> <td data-bbox="489 893 1087 928">HNOR COM PPO</td> <td data-bbox="1087 893 1297 928">44.44</td> </tr> <tr> <td data-bbox="489 928 1087 964"><b>MEDICARE:</b> AZCH MCR 9287</td> <td data-bbox="1087 928 1297 964">30.00</td> </tr> <tr> <td data-bbox="489 964 1087 1000">AZCH MCR 0351</td> <td data-bbox="1087 964 1297 1000">26.00</td> </tr> <tr> <td data-bbox="489 1000 1087 1036">AZCH MCR 5590</td> <td data-bbox="1087 1000 1297 1036">45.00</td> </tr> <tr> <td data-bbox="489 1036 1087 1071">HNCA MCR HMO H0562 &amp; H3561</td> <td data-bbox="1087 1036 1297 1071">26.21</td> </tr> </tbody> </table> <p data-bbox="489 1203 814 1230"><i>n/a</i> - denominator was zero</p> <p data-bbox="489 1256 1961 1328">Goal: 80% of the Highest Regional Commercial Percentiles for each LOB or 59.82%, by the end of the QIP cycle in 2022</p>	Line of Business	FINAL HEDIS FUH7 MY2018 Baselines ( <i>n</i> <30)	<b>COMMERCIAL:</b> AZCH MKT	30.00	HNCA COM HMO/POS	44.18	HNCA COM HMO/HSP MKT	40.12	HNCA COM HMO-UC	25.29	HNCA COM EPO/PPO (off exch.)	38.64	HNOR COM EPO	<i>n/a</i>	HNOR COM POS	71.43	HNOR COM PPO	44.44	<b>MEDICARE:</b> AZCH MCR 9287	30.00	AZCH MCR 0351	26.00	AZCH MCR 5590	45.00	HNCA MCR HMO H0562 & H3561	26.21
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<p><b>Program Activities</b></p>	<p>1. Continue to enhance, promote and implement telehealth opportunities.</p>																										

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	<ol style="list-style-type: none"> <li>2. Explore contracting with new in-home service provider, Help Therapist, to provide in-home post discharge services to qualified members.</li> <li>3. Ongoing use of HealthCrowd text messaging for appointment reminders and to enhance communication with members.</li> <li>4. Ongoing facility visits by both the San Rafael and Cypress teams to cultivate better discharge planning and coordination with facility treatment teams.</li> <li>5. Pilot telephonic conference call between MHN, member and UR staff while the member is in the facility (before discharge).</li> <li>6. Explore possibility of MHN CM assessment as FUH-7 appointment</li> <li>7. Continue use and promotion of myStrength mobile application for on demand mental health and wellness info.</li> <li>8. Identify and implement additional interventions.</li> </ol>
<b>Activity Owner(s)</b>	Kelli Lesser, Senior QI Specialist Maya Cashman, QI Director
<b>Activity Frequency</b>	Ongoing
<b>Outcome Status</b>	
<b>Status/Comments</b>	The FUH HEDIS metric was prior quality improvement project for the 2016-2019 URAC accreditation cycle. Since original goals were not met and because of the University of CA contract stretch goal for FUH, this will be an ongoing QIP for the next 2019-2022 URAC accreditation cycle.

## 2020 Quality Improvement Work Plan

Objective Type	<b>11. Quality Improvement Project: Provider Directory Accuracy</b>																																							
<b>Program Objectives</b>	<p>Increase accuracy of provider information in MHN provider directories. 2019 Baselines:</p> <table border="1" data-bbox="596 423 1906 862"> <thead> <tr> <th></th> <th>2019 Baseline: <b>MD/DO Providers</b></th> <th>2019 Baseline: <b>PhD/PsyD Providers</b></th> <th>2019 Baseline: <b>Master's Level Providers</b></th> <th><b>GOAL</b></th> </tr> </thead> <tbody> <tr> <td><b>California Commercial</b> (Affiliate HMO and PPO and MHN Standalone)</td> <td>54.96%</td> <td>39.82%</td> <td>40.38%</td> <td></td> </tr> <tr> <td><b>Medi-Cal</b></td> <td>50.69%</td> <td>53.99%</td> <td>46.59%</td> <td></td> </tr> <tr> <td><b>California Health &amp; Wellness</b> (Medi-Cal)</td> <td>12.70%</td> <td>23.21%</td> <td>52.34%</td> <td><b>+20%</b></td> </tr> <tr> <td><b>Medicare</b> (OR, CA, AZ)</td> <td>44.46%</td> <td>31.42%</td> <td>34.49%</td> <td></td> </tr> <tr> <td><b>AZCH Commercial</b></td> <td>48.85%</td> <td>40.83%</td> <td>39.44%</td> <td></td> </tr> <tr> <td><b>HNOR Commercial</b> (includes WA)</td> <td>20.99%</td> <td>25.62%</td> <td>15.63%</td> <td></td> </tr> </tbody> </table> <p>Goal: Achieve an increase of 20% information accuracy in 3 years</p>						2019 Baseline: <b>MD/DO Providers</b>	2019 Baseline: <b>PhD/PsyD Providers</b>	2019 Baseline: <b>Master's Level Providers</b>	<b>GOAL</b>	<b>California Commercial</b> (Affiliate HMO and PPO and MHN Standalone)	54.96%	39.82%	40.38%		<b>Medi-Cal</b>	50.69%	53.99%	46.59%		<b>California Health &amp; Wellness</b> (Medi-Cal)	12.70%	23.21%	52.34%	<b>+20%</b>	<b>Medicare</b> (OR, CA, AZ)	44.46%	31.42%	34.49%		<b>AZCH Commercial</b>	48.85%	40.83%	39.44%		<b>HNOR Commercial</b> (includes WA)	20.99%	25.62%	15.63%	
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<b>Program Activities</b>	<ol style="list-style-type: none"> <li>1. Implement MHN Provider Services phone queue</li> <li>2. Implement system enhancements to increase ease of updating provider information</li> <li>3. Complete rate analysis; increase provider rates where possible</li> <li>4. Create and utilize provider directory audit tool</li> <li>5. Create policy/procedure outlining frequency and content of provider directory audits</li> <li>6. Ensure ongoing QA processes to maintain accuracy over time</li> </ol>																																							
<b>Activity Owner(s)</b>	Kelli Lesser, Senior QI Specialist Maya Cashman, QI Director																																							

## 2020 Quality Improvement Work Plan

<b>Objective Type</b>	
<b>11. Quality Improvement Project: Provider Directory Accuracy</b>	
<b>Activity Frequency</b>	New, Ongoing
<b>Outcome Status</b>	
<b>Status/Comments</b>	This item was newly selected as a focus for a new quality improvement project for the next URAC accreditation cycle because of the long standing and ongoing issues with our provider roster as reported by both members and providers.

## 2020 Quality Improvement Work Plan

<b>Objective Type</b>	
<b>12. Quality Improvement Initiative: Support Undertaking initiatives as they pertain to behavioral health metrics</b>	
<b>Program Objectives</b>	UT #13i -Improve CA OPA stars measure for CA PPO and EPO for behavioral health to 3 stars by RY 2020.
<b>Program Activities</b>	Focusing on improving HEDIS measures Follow Up After Hospitalization 7 days (FUH7) and member and provider satisfaction. 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).
<b>Activity Owner(s)</b>	Kelli Lesser, Senior QI Specialist Maya Cashman, QI Director
<b>Activity Frequency</b>	Ongoing
<b>Outcome Status</b>	
<b>Status/Comments</b>	

## 2020 Quality Improvement Work Plan

<b>Objective Type</b>	
<b>13. Service Experience: Language Assistance Program</b>	
<b>Program Objectives</b>	Improve access and quality for limited English proficient members by complying with requirements described in DMHC-approved Language Assistance Program Description
<b>Program Activities</b>	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.
<b>Activity Owner(s)</b>	Kathy To, Quality Improvement Specialist II Maya Cashman, QI Director
<b>Activity Frequency</b>	Annually (March)
<b>Outcome Status</b>	
<b>Status/Comments</b>	

## 2020 Quality Improvement Work Plan

<b>Objective Type</b>		<b>14. Service Experience: Practitioner Satisfaction</b>
<b>Program Objectives</b>	Review satisfaction survey results of providers to ensure access, coordination and effectiveness of service	
<b>Program Activities</b>	Administer survey to providers and report accordingly. Implement PIP if needed.	
<b>Activity Owner(s)</b>	Maya Cashman, QI Director & Rachael Febus, QI Data Analyst III (Report) Committee (Action Items)	
<b>Activity Frequency</b>	Annually (December)	
<b>Outcome Status</b>		
<b>Status/Comments</b>		



## 2020 Quality Improvement Work Plan

<b>Objective Type</b>		<b>15. Service Experience: Practitioner Appointment Availability</b>
<b>Program Objectives</b>	Review appointment availability survey results of CA providers to ensure timely access to routine appointments.	
<b>Program Activities</b>	Administer survey to providers and report accordingly. Implement PIP if needed.	
<b>Activity Owner(s)</b>	Maya Cashman, QI Director & Rachael Febus, QI Data Analyst III (Report) Committee (Action Items)	
<b>Activity Frequency</b>	Annually (June)	
<b>Outcome Status</b>		
<b>Status/Comments</b>		

## 2020 Quality Improvement Work Plan

<b>Objective Type</b>	
<b>16. Service Experience: Clinical Practice Guidelines, MHN Position Statements and Level of Care (LOC) Criteria</b>	
<b>Program Objectives</b>	QIUMC to review and approve any new Clinical Practice Guidelines, MHN Position Statements and/or LOC criteria
<b>Program Activities</b>	Bring to the QIUMC any Clinical Practice Guidelines, MHN Position Statements and/or LOC criteria needing review and approval
<b>Activity Owner(s)</b>	Dr. Andrei Jaeger, Chief Medical Director (MHN) & Dr. Rafik Sidrak, Chief Medical Director (MHNCA)
<b>Activity Frequency</b>	Quarterly
<b>Outcome Status</b>	
<b>Status/Comments</b>	

## 2020 Quality Improvement Work Plan

<b>Objective Type</b>	
<b>17. Service Experience: Member Satisfaction Survey</b>	
<b>Program Objectives</b>	Review members satisfaction survey (AMBHSS) results to ensure access, coordination and effectiveness of service
<b>Program Activities</b>	Administer survey to members and report accordingly. Implement PIP if needed.
<b>Activity Owner(s)</b>	Maya Cashman, QI Director, Rachael Febus, QI Data Analyst III & Kelli Lesser, Senior QI Specialist (Report & Barrier Analysis) Committee (Action Items)
<b>Activity Frequency</b>	Annually (December)
<b>Outcome Status</b>	
<b>Status/Comments</b>	

## 2020 Quality Improvement Work Plan

<b>Objective Type</b>		<b>18. Service Experience: Client Satisfaction Survey</b>
<b>Program Objectives</b>	Review commercial client satisfaction survey results to ensure satisfaction with Account Management, Reporting, MHN Services and Management Consultation	
<b>Program Activities</b>	Administer survey to clients and report accordingly.	
<b>Activity Owner(s)</b>	Maya Cashman, QI Director & Rachael Febus, QI Data Analyst III (Report) Committee (Action Items)	
<b>Activity Frequency</b>	Annually (June)	
<b>Outcome Status</b>		
<b>Status/Comments</b>		

## 2020 Quality Improvement Work Plan

<b>Objective Type</b>	
<b>19. Service Experience: QI Committee Infrastructure</b>	
<b>Program Objectives</b>	Review committee structure, reporting and membership to ensure effective oversight of program
<b>Program Activities</b>	Review, revise and approve the annual program description, work plan and evaluation to ensure optimal participation and oversight.
<b>Activity Owner(s)</b>	Maya Cashman, QI Director (Report) Committee (Action Items)
<b>Activity Frequency</b>	Annually (March)
<b>Outcome Status</b>	
<b>Status/Comments</b>	

## 2020 Quality Improvement Work Plan

<b>Objective Type</b>	
<b>20. Service Experience: Quality Improvement Projects (QIPs)</b>	
<b>Program Objectives</b>	Review Quality Improvement Project (QIP) proposals and other interventions for effective oversight
<b>Program Activities</b>	Review, revise and approve QIP and other intervention activities to ensure optimal participation and oversight.
<b>Activity Owner(s)</b>	Maya Cashman, QI Director & Kelli Lesser, Senior QI Specialist (Report) Committee (Action Items)
<b>Activity Frequency</b>	Annually (March)
<b>Outcome Status</b>	
<b>Status/Comments</b>	