

2021 Quality Improvement Work Plan

Objective Type	1. Performance Indicator: Telecom Metrics
Program Objectives	<ol style="list-style-type: none"> 1. Abandon Rate: Maintain no more than 5% 2. ATTA: Maintain less than or equal to 30 seconds to answer 3. Provider Queue: Maintain no more than 5% 4. Claims Queue: Maintain no more than 5% 5. Clinical Queue: Less than or equal to 30 minutes to answer 6. Customer Service Queue: Less than or equal to 10 minutes to answer
Program Activities	Monitor telecom statistics 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, QI Data Analyst II (Report)
Activity Frequency	Reported Quarterly
Outcome Status	
Status/Comments	



2021 Quality Improvement Work Plan

Objective Type	2. Performance Indicator: Member Satisfaction
Program Objectives	Maintain at least 85% satisfaction level for all items and at least 12% 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 12%
Program Activities	Administer survey to EAP members (Commercial Post-Treatment Survey). Implement performance improvement plan (PIP) if needed.
Activity Owner(s)	Maya Cashman, QI Director & Rachael Febus QI Data Analyst III & Yefei Cai, QI Data Analyst II (Survey and PIP)
Activity Frequency	Reported Quarterly
Outcome Status	
Status/Comments	

2021 Quality Improvement Work Plan

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	Monitor timeliness of appointments for members who call with Urgent and Emergent needs		
Activity Owner(s)	Lee Tulumello, Director Clinical Operations (PIP) Maya Cashman, QI Director & Yefei Cai, QI Data Analyst II (Report)		
Activity Frequency	Reported Quarterly		
Outcome Status			
Status/Comments	MHN does not monitor Medi-Cal LOBs for LTE or Non-LTE; Emergency appointment availability is the responsibility of the County		

2021 Quality Improvement Work Plan

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, QI Data Analyst II (Report)
Activity Frequency	Reported Quarterly
Outcome Status	
Status/Comments	

2021 Quality Improvement Work Plan

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, QI Data Analyst II (Report)
Activity Frequency	Reported Quarterly
Outcome Status	
Status/Comments	

2021 Quality Improvement Work Plan

Objective Type	6. Performance Indicator: Member and Practitioner Complaints/Disputes
Program Objectives	Member Grievances - % Resolved within 30 days Goal greater than or equal to 95% Provider Complaints - % Resolved within 30 days Goal greater than or equal to 95% Provider Disputes – Monitor Trends
Program Activities	Monitor complaints/disputes 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) Alicia Baker, Director Call Center (Trends &/or PIP) Melinda Shaw, Senior Director Provider Network Operations (PIP) Maya Cashman, QI Director & Yefei Cai, QI Data Analyst II (Report)
Activity Frequency	Reported Quarterly
Outcome Status	
Status/Comments	

2021 Quality Improvement Work Plan

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 Provider Relations Network Operations (PIP) Maya Cashman, QI Director & Yefei Cai, QI Data Analyst II (Report)		
Activity Frequency	Reported Quarterly		
Outcome Status			
Status/Comments			

2021 Quality Improvement Work Plan

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 Provider Network Operations (PIP) Maya Cashman, QI Director & Yefei Cai, QI Data Analyst II (Report)		
Activity Frequency	Reported Quarterly		
Outcome Status			
Status/Comments			

2021 Quality Improvement Work Plan

Objective Type		9. Performance Indicator: Network Adequacy	
Program Objectives		Maintain the ratio of providers to members within standard	
Program Activities		Monitor network availability by discipline and region target quarterly. Implement PIP if needed.	
Activity Owner(s)		Melinda Shaw, Senior Director Provider Network Operations (PIP) Maya Cashman, QI Director & Yefei Cai, QI Data Analyst II (Report)	
Activity Frequency		Reported Quarterly	
Outcome Status			
Status/Comments			

2021 Quality Improvement Work Plan

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. January 2021 Preliminary FUH7 Rates:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; padding: 5px;">Line of Business</th> <th style="text-align: center; padding: 5px;">FINAL HEDIS MY2018 Baselines <i>(n<30)</i></th> <th style="text-align: center; padding: 5px;">ROAR RATES January 2021 <i>(n<30)</i></th> <th style="text-align: center; padding: 5px;">Change from Baseline</th> <th style="text-align: center; padding: 5px;">GOAL:</th> </tr> </thead> <tbody> <tr> <td colspan="5" style="padding: 5px;">Commercial</td> </tr> <tr> <td style="padding: 5px;">AZCH MKT</td> <td style="text-align: center; padding: 5px;">30.00</td> <td style="text-align: center; padding: 5px; color: green;">40.23*</td> <td style="text-align: center; padding: 5px; color: green;">+10.23</td> <td style="text-align: center; padding: 5px;">59.82</td> </tr> <tr> <td style="padding: 5px;">HNCA COM HMO/POS</td> <td style="text-align: center; padding: 5px;">44.18</td> <td style="text-align: center; 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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. 																																																																											

2021 Quality Improvement Work Plan

Objective Type	10. Quality Improvement Project: Follow Up After Hospitalization for Mental Illness (HEDIS: FUH)
	<ol style="list-style-type: none"> 3. Explore contracting with new in-home service provider, Help Therapist, to provide in-home post discharge services to qualified members; pending COVID restrictions. 4. Ongoing use of HealthCrowd for text messaging and to introduce email outreach for appointment reminders and other wellness information. 5. Ongoing facility visits by both the San Rafael and Cypress teams to cultivate better discharge planning and coordination with facility treatment teams; pending COVID restrictions. 6. Continue with "warm handoff" pilot project at 3-4 facilities where MHN, member and UR staff speak via phone while member is still in facility. 7. Explore possibility of MHN CM assessment and submitting pseudo-claims as FUH-7 appointment. 8. Continue use and promotion of myStrength mobile application for customized, on demand mental health and wellness info. 9. Leverage data in Plan's Admission/Discharge/Transfer reports to improve follow up care after inpatient psychiatric hospitalizations
Activity Owner(s)	Kelli Lesser, Senior QI Specialist Maya Cashman, QI Director
Activity Frequency	Ongoing
Outcome Status	
Status/Comments	<p>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. Starting in January 2021, MHN QI no longer provides QI to either commercial and Medicare Arizona Complete Health Plans. Therefore, AZCH MKT, AZCH MCR 9287, AZCH MCR 0351 and AZCH MCR 5590 will not be reported on moving forward.</p>

2021 Quality Improvement Work Plan

Objective Type

**11. Quality Improvement Project:
Provider Directory Accuracy**

Program Objectives

Increase accuracy of provider information in MHN provider directories.
Q1 2021 remeasurement (*claims from 1/1/20-6/30/20*):

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, Green text indicates an increase from baseline, Black text indicates no change from baseline

2021 Quality Improvement Work Plan

Objective Type	11. Quality Improvement Project: Provider Directory Accuracy
	Goal: Achieve an increase of 20 percentage points in accuracy of provider information in 3 years
Program Activities	<ol style="list-style-type: none"> 1. Complete rate analysis; increase provider rates where possible 2. Create policy/procedure outlining frequency and content of provider directory audits 3. Leverage external vendor LexisNexis and their associated platform to update and maintain accuracy of MHN provider directory information. All providers will be contacted on a quarterly basis. 4. MHN PR will implement and complete annual provider directory assessments that identify areas for improvement and the actions taken on those opportunities. The first report is scheduled to be presented in September 2021.
Activity Owner(s)	Kelli Lesser, Senior QI Specialist Maya Cashman, QI Director
Activity Frequency	Ongoing
Outcome Status	
Status/Comments	<p>For this 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. 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>

2021 Quality Improvement Work Plan

Objective Type	
12. Quality Improvement Initiatives: Maintain Provider/Member Outreach	
Program Objectives	Improve outcomes through member and provider outreach efforts
Program Activities	Continue member and provider outreach; expand where possible
Activity Owner(s)	Ariel Spindell, LMFT, Manager in Clinical Operations (member outreach) Kelli Lesser, Senior QI Specialist (provider newsletter & QI section of MHN.com) Maria Silva, Quality Specialist II & Maya Cashman, QI Director (provider outreach)
Activity Frequency	Ongoing
Outcome Status	
Status/Comments	QI sections of MHN.com are maintained by QI Provider Newsletters were transitioned to QI in 2016 and will continue Member outreach for FUH started in 2019 and has been expanded to include ADD and AMM in 2020 and will continue Provider outreach for ADD and AMM by way of calls or letters started in 2020 and will continue

2021 Quality Improvement Work Plan

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	
Status/Comments	

2021 Quality Improvement Work Plan

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	
Status/Comments	

2021 Quality Improvement Work Plan

Objective Type		15. Service Experience: Practitioner Appointment Availability
Program Objectives	Review appointment availability survey results of providers, member satisfaction 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		
Status/Comments		

2021 Quality Improvement Work Plan

Objective Type	
16. Service Experience: Clinical Practice Guidelines, MHN Position Statements and Level of Care (LOC) Criteria	
Program Objectives	QIUMC to review and approve Clinical Practice Guidelines, MHN Position Statements and/or LOC criteria
Program Activities	Present Clinical Practice Guidelines, MHN Position Statements and/or LOC criteria for annual review and approval by the Committee
Activity Owner(s)	Dr. Andrei Jaeger, Senior Medical Director (MHN) & Dr. Rafik Sidrak, Chief Medical Director (MHNCA) (Presentation) Committee (Action Items)
Activity Frequency	Annually (June, September and December)
Outcome Status	
Status/Comments	

2021 Quality Improvement Work Plan

Objective Type	
17. Service Experience: Member Satisfaction Survey	
Program Objectives	Assess managed care members' satisfaction survey results to ensure access, coordination, and effectiveness of service. Identify barriers and report on next steps.
Program Activities	Administer survey to members and report results. Meet with business owners on targets missed to identify barriers and improvement plans.
Activity Owner(s)	Maya Cashman, QI Director, Rachael Febus, QI Data Analyst III & Kelli Lesser, Senior QI Specialist (Report & Barrier Analysis) Committee (Action Items)
Activity Frequency	Annually (December)
Outcome Status	
Status/Comments	

2021 Quality Improvement Work Plan

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 results	
Activity Owner(s)	Maya Cashman, QI Director & Rachael Febus, QI Data Analyst III (Report) Committee (Action Items)	
Activity Frequency	Annually (June)	
Outcome Status		
Status/Comments		

2021 Quality Improvement Work Plan

Objective Type	19. Accreditation Activities: Achieve NCQA UM/CR/PN Compliance
Program Objectives	Bring MHN policies, procedures and other activities into alignment with current NCQA UM/CR/PN standards
Program Activities	<ol style="list-style-type: none"> 1. Implement new Access/OON Monitoring Process P&P 2. Implement new Access/OON Monitoring Process Annual Report 3. Implement new Cultural Needs Assessment Process P&P 4. Implement new Cultural Needs Assessment Process Annual Report 5. Migrate non-affiliate MC members to ECHO 6. Implement new OR/WA appointment access survey 7. Update PIRs with break outs for physician and non-physician results 8. Align MHN P&Ps with CABH P&P, where possible [since already UM accredited] 9. Implement new QI Program Description and Document Cycle P&Ps [aligned with CABH] 10. Update Annual Appointment Access Report that summarizes/combines all various methods of assessing appointment timeliness: PIRs, CA PAAS, OR/WA PAAS, APAS, Member Satisfaction, Provider Satisfaction, Grievances 11. Implement new UM Controls to ensure denial and appeal dates are not edited inappropriately 12. Implement Credentialing Controls to ensure data is not edited inappropriately 13. Align MHN Credentialing P&Ps with CAQH P&Ps [since already accredited] 14. Implement a CRA3 P&P 15. Add additional lines of business to UM Timeliness Report (UM5D report) 16. Ensure annual notice issued to applicable members about external appeal rights and TTY options 17. Update appeal letters with A&G Coordinator titles 18. Ensure provider directory usability testing is in place 19. Establish new policy for alternative directory mechanisms 20. Track requests for alternative directory delivery for evidence 21. Ensure all delegated agreements (UM or CR delegation to us) include all elements and processes established to track and monitor all deliverables outlined in the agreement for oversight, reporting, communication and quality

2021 Quality Improvement Work Plan

Objective Type	19. Accreditation Activities: Achieve NCQA UM/CR/PN Compliance
	<ul style="list-style-type: none"> 22. Update Appeal P&P with description on benefit denials always being medical necessity at MHN 23. Ensure same sub-specialty reviewers are used for medical necessity appeals 24. Update PR P&Ps to define high volume providers better 25. Enhance qualitative analysis in Annual Evaluations 26. Ensure actions on work plans are included in Program Descriptions and Annual Evals 27. Collect provider hospital affiliation data and make searchable in directory 28. Update system to capture provider race/ethnicity 29. Update directory method to reflect "none" or "N/A" instead of blanks 30. Save evidence of 30 day provider directory updates 31. Present new annual provider directory accuracy report to the QIUMC 32. Update PR P&Ps about directory accuracy 33. Ensure all hospitals and data elements are collected and displayed in the directory 34. Update Cred Committee composition and procedures to eliminate potential bias 35. Implement consolidated Cred Policy that shows process end-to-end (spread out across too many P&Ps and does not reveal the hand-offs or dependencies) 36. Ensure there is a mechanism for new providers to know their rights 37. Save/track evidence of actions associated with monitoring provider license/certification activity – approvals, rejections, CAPs, follow up on CAPs 38. Implement new annual report summarizing delegation oversight-present to the QIUMC 39. Track provider requests for medical necessity criteria 40. Expand in annual IRR reports to include goals/targets, a breakdown of individual results, description of pre-test trainings or meetings and any post-test follow up actions 41. Ensure medical director/peer reviewer job descriptions all in WorkDay (consistent format) 42. Determine if/when it is necessary to consult a board certified psychiatrist on some initial reviews (if all MHN reviewers are already board certified)

2021 Quality Improvement Work Plan

Objective Type	19. Accreditation Activities: Achieve NCQA UM/CR/PN Compliance
	43. Change appointment timeliness standard for routine services with a Psychiatrist to 10 Business days (currently 15 business days due to CA regulation) 44. Ensure eDOMA contract includes requirement to maintain confidentiality and security and backup or recovery
Activity Owner(s)	Maya Cashman, QI Director (QI activities) Melinda Shaw, Sr. Director Provider Network Operations (PR activities) Dr. Andrei Jaeger, Sr. Medical Director (Medical Affair activities) Alicia Baker, Sr. Director Call Center Operations (CCC activities) Jaclyn Kuwada, Director Account Management (AM activities) Jessie Blake, VP Clinical Operations (UM activities) Committee (Action items)
Activity Frequency	Annual
Outcome Status	
Status/Comments	Separate workplan with all these activities will capture status and outcome and be used during annual evaluation.

2021 Quality Improvement Work Plan

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	
Status/Comments	