



PARTNERS

Improving Lives.
Strengthening Communities.

QUALITY MANAGEMENT PROGRAM ANNUAL EVALUATION EXECUTIVE SUMMARY

Partners Behavioral Health Management

901 S. New Hope Road, Gastonia, North Carolina 28054

State Fiscal Year (SFY) 2019
(July 2018-June 2019)

QM Director Review Date:	8/20/19
QIC/ Chief Medical Officer Approval Date:	9/3/19
Board Review Date:	10/17/19
Regulatory References:	URAC Core v. 3.0 Standard 20(i); DHB Contract Section 7.1.2; DMH Contract Section 15; NCQA QI 1.B

I. INTRODUCTION

Partners Behavioral Health Management (Partners) oversees and manages member-centered local services for behavioral issues or illness, intellectual and developmental disabilities, and substance use.

The objective of the QM Program is to systematically use performance information and data to drive improved member outcomes, training and support. The functional structure of the program not only guides and supports business decisions but creates a system of continual integrity and readiness for external review agents such as the Department of Health and Human Services (DHHS), Intra-departmental Monitoring Team (IMT), External Quality Review (EQR), national accrediting bodies and other agents.

This annual report presents an evaluative summary of the QM Program activities accomplished, discovered, mediated, or improved during the State fiscal year (SFY) of 2019 (July 1, 2018-June 30, 2019).

II. Overview

Table 1. Quality Improvement Projects (QIP)

QIP	Status
QIP005. Increase Engagement of Members with Opioid Use Disorders in Services within 1-34 Days of Assessment/Evaluation (74.5% Non-Medicaid; 71% Medicaid)	<ul style="list-style-type: none"> Goal 1: Measure 1 was below the target goal of 74.5% by 12.5 points and Measure 2 was below the target goal by 12 points. Goal 2: The first two measures exceeded the target goal of 71.2% by 3.9 (Measure 1) and 1.9 (Measure) <p>Goals Extended Through SFY 2020</p>
QIP008. Physical Health/Primary Care Physician (PCP) Referral to Behavioral Health (Goal Rate of 15% Referral Rate)	<ul style="list-style-type: none"> Partners met the goal during Measure 1, but percentage dropped by 0.6 points for Measure 2 and by 0.4 points for Measure 3. <p>Goal Extended Through SFY 2020</p>
QIP0010. Increase Percentage of Consumers Completing an Episode of Treatment with NC-TOPPS (Goal Rate of 25%)	<ul style="list-style-type: none"> Partners did not meet the target goal of 25% during SFY 2019. The measurement percentages averaged 20.5% for the six measures completed during SFY 2019. <p>Goal Extended Through SFY 2020</p>
QIP0011. Increase Initial NC-TOPPS Interviews (Goal Rate of 80%)	<ul style="list-style-type: none"> Partners met or exceeded the 80% benchmark for the following measure months and funding source for SFY 2019: <ul style="list-style-type: none"> October 2018 (Non-Medicaid) January 2019 (Non-Medicaid) February 2019 (Non-Medicaid) Partners did not meet the 80% benchmark for Medicaid funded services during SFY 2019. <p>Goal Extended Through SFY 2020</p>
QIP0012. Increase Utilization Rate of B3 Supported Employment Services by IDD Population (Goal Rate of 20%)	<ul style="list-style-type: none"> Partners did not meet the benchmark for this goal during SFY 2019. The SFY 2019 average measurement percentage for this goal was 13.3%. <p>Goal Extended Through SFY 2020</p>
QIP0014. Promoting Follow-up Within Seven (7) Days of Discharge from a Community	<ul style="list-style-type: none"> An incremental goal increase was implemented by Partners 10/1/18 to reach 75% by April 2019.

Hospital, State Hospital, and Facility-Based Crisis for Mental Health	<ul style="list-style-type: none"> Partners met the 55% by December 2018 incremental measure benchmark for both goals for this QIP. As of the most recent measurement period (Jan 2019-March 2019), Partners had not reached 75% but appears to be on track to meet goal. <p>Goal Extended Through SFY 2020</p>
QIP0015. Promoting Follow-up Within Seven (7) Days of Discharge from a Community Hospital, State Hospital, and Facility-Based Crisis for Substance Use Treatment	<ul style="list-style-type: none"> An incremental goal increase was implemented by Partners 10/1/18 to reach 75% by April 2019. Partners met the 55% by December 2018 incremental measure benchmark for both goals for this QIP. As of the most recent measurement period (Jan 2019-March 2019), Partners had not reached 75% but appears to be on track to meet goal. <p>Goal Extended Through SFY 2020</p>
QIP0016. TCLI- Individuals Transitioned within 90 Days of House Slot Issue Date	<ul style="list-style-type: none"> Partners has met this goal. <p>Although the QIP Committee voted to sunset this project, DHB always requires an active TCLI-related QIP. Therefore, this QIP will remain until new QIP can be developed.</p>

*Data from Partners BHM Quality Improvement Project (QIP) Form

*Data from Partners BHM Quality Improvement Projects at a Glance

Table 2. External Quality Review (EQR)- Three (3) Year Trends

	SFY 2017	SFY 2018	SFY 2019
Overall Compliance Score	93%	95%	98%
Administration	91%	91%	95%
Provider Services	88%	91%	99%
Enrollee Services	89%	89%	94%
Quality Improvement	94%	94%	94%
Utilization Management	90%	98%	100%
Grievances and Appeals	95%	80%	90%
Delegation	100%	100%	100%
Program Integrity	96%	100%	100%
Financial Services	100%	100%	100%

*Data from NCEQR Compliance Report

Table 3. Mental Health Substance Use (MHSU) Performance Measures

Performance Measure	Benchmark				
	Benchmark	Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)
Timely Follow-up within 7 days of Inpatient Discharge for Mental Health					
<i>Medicaid</i>	40% (State) 75% (Partners)	50.7%	52%	67%	65.3%
<i>Non-Medicaid</i>		51.7%	47%	66.1%	71.1%
Timely Follow-up within 7 days of Inpatient Discharge for Substance Use					
<i>Medicaid</i>		46.4%	41%	56.1%	62.2%
<i>Non-Medicaid</i>	58.3%	43%	68%	80.3%	

*Data from Strategic Plan Progress Report

Table 4. Intellectual/Developmental Disabilities (I/DD) Performance Measures

Performance Measure	Benchmark				
	Benchmark	Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)
Members under the Innovations waiver received a primary care or preventative service during fiscal year.	90% (State) 95% (Partners)	96%	97%	97%	96%

*Data from Strategic Plan Progress Report

Table 5. Transition to Community Living Initiative (TCLI) Performance Measures

Performance Measure	Benchmark				
	Benchmark	Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)
Will transition at least 5.1 (15.3 per quarter) members to community living per month for a total of 61 by the end of SFY 2019.	100%	101.4%	103.5	101.7%	96.9%
Members transitioned will remain in the community for SFY 2019.	95%	97.6%	93.9%	96.6%	97.6%
Members at risk of adult care home entry newly served by a Fidelity IPS- Supported Employment (SE) provider.	100%	44.4%	100%	222.2%	183.3%
Members in "In-Reach" status will have an In-Reach contact in last 90 days.	95%	99.4%	98.9%	99.3%	99.5%
Members in transition status are housed within 90 days after housing slot is issued.	80%	88%	91.1%	91.7%	100%
Members who agree to transition to the community receive housing slots within 30 days.	75%	63.3%	78.6%	59.1%	86.7%

*Data from Transition to Community Living Initiative (TCLI) Dashboard

Table 6. Grievance Performance Measures

Performance Measure	Benchmark				
	Benchmark	Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)
Grievances are resolved within 30 calendar days of receipt.	90%				
<i>Medicaid</i>		100%	100%	100%	100%
<i>Non-Medicaid</i>		100%	100%	100%	100%
Achieve a rate of 10 grievances or less per 1000 active members.	10:1000				
<i>Medicaid</i>		1.78	1.72	1.65	2.09
<i>Non-Medicaid</i>		1.14	0.85	1.09	0.61

*Data from LME/MCO Monthly Monitoring Report

*Data from Annual Grievance Report

Table 7. Appeals Performance Measures

Performance Measure	Benchmark				
	Benchmark	Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)
Appeals process completed within the appropriate time frame	95%				
<i>Routine</i>		100%	100%	100%	100%
<i>Expedited</i>		N/A	100%	100%	N/A
Percentage of Initial SAR decisions overturned upon appeal	≤30%				
<i>Medicaid</i>		0.9%	0%	1.2%	2%
<i>Non-Medicaid</i>		0%	0%	0%	0%

*Data from URAC Dashboard

*Data from LME/MCO Monthly Monitoring Report

N/A= No expedited appeals during quarter indicated in table.

Table 8. Access and Choice Standards

	Benchmark	SFY 2019 Results	
		Medicaid	Non-Medicaid
Two (2) network providers within 30 miles/minutes of a member’s home for urban areas and 45 miles/minutes for rural areas.			
<i>Outpatient Services</i>	95%	100%	100%
<i>Location-Based Services</i>		99%	98%
<i>Community/Mobile Services</i>		100%	100%
<i>Crisis Services</i>		100%	100%
<i>Inpatient Services</i>		100%	100%
<i>Innovations Waiver Services</i>		100%	N/A

*Data from Partners Network Adequacy and Accessibility Analysis Report

N/A= Item does not apply for Non-Medicaid

Green Font= Exceeded goal benchmark

Red Font= Goal not met

Table 9. Practitioner Type Ratio

	Benchmark	Total Ratio	Catchment Ratio
One (1) Psychiatrist for every 2,000 members.	1:2000	1:472	1:363
One (1) Clinical Psychologist for every 10,000 members.	1:10000	1:1986	1:1528
One (1) Licensed Clinical Social Worker for every 1,000 members.	1:1000	1:354	1:272
One (1) Licensed Professional Counselor for every 1,000 members.	1:1000	1:304	1:234

*Data from Partners Network Adequacy and Accessibility Analysis Report

Table 10. Facility Type Ratios

	Benchmark	Total Ratio	Catchment Ratio
One (1) inpatient hospital for every 10,000 members.	1:10000	1:24938	1:19184
One (1) residential facility for every 7,500 members.	1:7500	1:1592	1:1224
One (1) ambulatory/crisis facility for every 1,000 members	1:750	1:257	1:198

*Data from Partners Network Adequacy and Accessibility Analysis Report

Table 11. Provider Network Performance Measure

	Benchmark	Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)
Notification of credentialing decision is sent within 10 business days of the credentialing determination.	95%	100%	100%	100%	100%
Provider disputes are resolved within 30 days of the provider's initiation of the dispute.	≤30	25.6	21.6	24.6	25

*Data from Healthcare Network Report

Table 12. Access to Care Performance Measures

	Benchmark	Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)
Emergent Calls- Appointment Scheduled within 2 Hours	95% (URAC) 97% (State)	100%	100%	100%	100%
Urgent Calls- Appointment Scheduled within 48 Hours	85% (URAC) 82% (State)	97%	97.9%	97.8%	97.3%
Routine Calls- Appointment Scheduled within 14 Calendar Days	85% (URAC) 75% (State)	99.6%	99.3%	100%	99.7%
Call Abandonment Rate	≤5%	0.7%	0.433%	0.333%	0.233%
Average Speed to Answer- 30 seconds or less	95%	97.7%	99%	99.4%	99.6%
Blockage Rate	≤5%	0%	0%	0%	0%

*Data from URAC Performance Dashboard

*Data from Member Services-Access to Care Performance Report

Table 13. Utilization Management (UM) Performance Measures

	Benchmark	Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)
Abandonment Rate	≤5%	3%	2%	2%	2%
Average Speed to Answer	≤30 sec.	13	14	13	12
Routine SAR Processed in 14 days					
<i>Medicaid</i>	95%	99%	99.7%	99.9%	99.9%
<i>Non-Medicaid</i>	95%	99.9%	99.9%	99.6%	100%
Expedited SAR Processed in 72 hours					
<i>Medicaid</i>	95%	100%	100%	100%	100%
<i>Non-Medicaid</i>	95%	100%	100%	100%	100%

*Data from LME/MCO Monthly Monitoring Report

*Data from URAC Performance Dashboard Report

Table 14. Partners Member Experience Survey

	Benchmark	SFY 2019
Getting Services or Treatment	80%	83.3%
Provider Experience		90.4%
Helpfulness of Treatment		85.3%

*Data from Partners' Member Experience Survey Report March 2019

Table 15. Consumer Perception of Care (POC) Survey

	Benchmark	SFY 2019		
		Adult	Youth	Family
Access	60%	93.2%	72.7%	94.6%
Treatment Planning		88.2%	68.1%	96.2%
Quality & Appropriateness		95.9%	N/A	N/A
Cultural Sensitivity		N/A	87%	96.8%
Outcomes		75%	69.2%	73.6%
Functioning		76.2%	N/A	74.4%
Social Connectedness		73.9%	N/A	85%
General Satisfaction		93.9%	76.4%	95.4%
LME/MCO Network		62.3%	50.8%	69.6%

**Data from DHHS Perception of Care Survey Report*

N/A= Domain not included in survey indicated

Green Font= Exceeded goal benchmark

Red Font= Goal not met

Table 16. Experience of Care & Health Outcomes (ECHO) Survey

	Benchmark	SFY 2019	
		Adult	Child
Overall Rating	60%	68.9%	63.5%
Getting Treatment Quickly		53.1%	62.5%
How Well Clinicians Communicate		91.8%	84.1%
Getting Treatment and Information from the Plan		61.2%	31.4%
Perceived Improvement		66%	65.5%
Information About Treatment Plan		50.5%	N/A
Single Item Measures		76.5%	70.5%
Care Coordination Measures		91.3%	68.4%

**Data from CCME ECHO Survey Report*

N/A= Domain not included in survey indicated

Green Font= Exceeded goal benchmark

Red Font= Goal not met

Table 29. Provider Satisfaction Survey

	Benchmark	SFY 2019
Overall Satisfaction	80%	90.5%
Satisfaction with LME/MCO Staff		84.5%
Satisfaction with Claims Processing		89.9%
Satisfaction with Information Technology		89%
Satisfaction with Provider Network		88.7%
Satisfaction with Provider Monitoring		89.95
Satisfaction with Training by LME/MCO		90.7%
Satisfaction with Authorization and Appeals Process		91.2%

**Data from NC Medicaid Provider Satisfaction Survey Report*

**Data from Partners Provider Satisfaction QM Analysis Report*

III. Summation

Review of Partners' Quality Management Program showed the following:

Key Accomplishments:

- Partners continues to improve its overall compliance score for the External Quality Review. The overall score increased by three (3) percentage points with a score of 98% for SFY 2019 review.
- Partners exceeded the 40% State benchmark for the *Timely Follow-up for Mental Health* super measure all four (4) quarters of SFY 2019.
- Partners exceeded the 40% State benchmark for the *Timely Follow-up for Substance Use* super measure for three (3) out of four (4) quarters of SFY 2019 for Medicaid funded members.
- Partners exceeded the 40% State benchmark for the *Timely Follow-up for Substance Use* super measure for all four (4) quarters of SFY 2019 for Non-Medicaid funded members.
- Partners exceeded the 90% of Innovations Waiver members receiving a primary or preventative health service for all four (4) quarters of SFY 2019 as well as exceeding the 95% target for the Strategic Plan.
- Partners exceeded the 95% of members in "In-Reach" status will have an In-Reach contact every 90 days TCLI performance measure for all four (4) quarters of SFY 2019.
- Partners exceeded the 80% members in transition status are housed within 90 days after housing slot is issued TCLI performance measure for all four (4) quarters of SFY 2019.
- Partners scored 100% for all four (4) quarters of SFY 2019 for the resolution of grievances within 30 calendar days requirement.
- Partners resolved 100% of *Routine* appeals within 30 calendar days of appeal request for all four (4) quarters of SFY 2019.
- Partners resolved 100% of *Expedited* appeals within three (3) calendar days of appeal request for two (2) of the two (2) quarters in which expedited appeals requests were received for SFY 2019.
- Partners scheduled *Emergent* calls within two (2) hours 100% of the time for all four quarters of SFY 2019.
- Partners processed *Expedited* SARs within 72 hours 100% of the time for all four (4) quarters of SFY 2019.
- Partners scored 90.5% in overall satisfaction for the SFY 2019 Provider Satisfaction Survey.

Strategies and Objectives for SFY 2019-2020:

- Achieve NCQA accreditation by the end of SFY 2020.
- Obtain QIC approval of QA/QI Work Plan and implement by the end of October 2019.
- Ensure continued compliance with current accrediting body [URAC] while working toward NCQA accreditation and Tailored Plan readiness.
- Track HEDIS and clinical measures proactively and develop improvement plans as needed to increase rates.
- Achieve Strategic Plan goal of 75% of members will have a timely follow-up appointment within seven (7) days of discharge from an inpatient facility by the end of SFY 2020 for both MH and SUD populations.
- Achieve an overall/general satisfaction score of at least 80% for the following surveys:
 - ECHO Survey
 - Perception of Care (POC)
 - Provider Satisfaction
 - Partners Member Experience Survey