



2008 QI/UM Program Evaluation Executive Summary

The following document is a summary of CompCare's Quality and Utilization Management Program for 2009. CompCare requests that stakeholders involved in the care and services of CompCare's memberships review and submit feedback. For details and discussion of CompCare's Program Description and/or Evaluation, stakeholders are encouraged to contact CompCare's Quality or Utilization staff through its toll-free number (800) 688-6885 or our website at www.compcare.com.

I. Introduction

Comprehensive Behavioral Care, Inc. (CompCare) is a managed behavioral health care organization (MBHO) dedicated to quality improvement and compliance and guided by the National Committee for Quality Assurance (NCQA) standards, as well as, if more rigorous federal, state, or health plan regulations. This Program evaluation analyzes, identifies, and makes recommendations on CompCare's 2008 successes and opportunities for improvement.

The full version of the CompCare 2008 Quality Improvement and Utilization Management (QI/UM) Evaluation is confidential and for proprietary use only. Benchmarks, goals, and department targets are incorporated from various accrediting and regulatory agencies and trended from internal data as a guide to quality improvement activities. More rigorous state and/or health plan/client organizational variations are detailed within separate 2008 QI/UM Program Evaluations (CE-Central, MA-Mid-Atlantic, NE-Northeast, SE-Southeast, or SW-Southwest) Health Plan/Client Organization Variances.

CompCare reports its activities and receives direction and feedback from community providers and practitioners (hereafter known as Provider), and relevant stakeholders through their participation in quality committees and from responses to newsletters, distributed information, website comments, and surveys. As a result, CompCare implemented improvement activities to its processes during 2008.

CompCare was successful in obtaining another excellent accreditation through NCQA through 2011.

II. Status of Improvement Opportunities Targeted for 2008

Status of opportunities for improvement identified in the CompCare 2008 Evaluation:

Clinical

1. Improve discharge planning by clinical staff consistently placing a reminder call prior to the appointment date. Add follow up letters to members to educate on importance of behavioral health services. ⇒ Process implemented 2008. Dedicated staff persons for regions Q1 2008.
2. Perform analysis regarding high re-admission rates for patients' readmitted within 1-5 days of discharge for quality of services and care. ⇒ Continued to 2008
3. Partner with high volume facilities to create more efficient service delivery systems. ⇒ Implemented in Q1 2008 a more streamlined authorization process where MDs are given more authorizations over an extended period of time.
4. Monitor Follow up to Discharge CAP through the QA Council ⇒ Completed Q3 2008.
5. Monitor Access to Care CAP through the QA Council ⇒ Completed in Q4 2008.
6. Monitor OTR CAP through the QA Council ⇒ Completed Q3 2008.
7. Completion of Denials and Appeals reporting by mid-year ⇒ Ongoing 2008.
8. Implement provider educational activities (and other projected interventions) planned to support improvement in the clinical quality initiatives. ⇒ See individual quality improvement activity (QIA) documents.
9. Review all clinical initiative indicators meeting goal to determine value of continuation and develop new indicators where appropriate. ⇒ See individual quality improvement activity (QIA) documents.

10. Continue to implement improvement for access to care identified late 2005 for 2006, 2007, and 2008. ⇨ Implemented Provider Profiling Task Force that is active through Provider Selection Committee in Q2 2008.
11. Assess possibility of adopting clinical practice guidelines (CPG) for conduct disorder. ⇨ Ongoing discussion; no presentation of findings to QA Council in 2008.
12. Consider moving assessment of inter-rater reliability to Quality department. ⇨ Independent review by the Quality department was completed through the QA Council in 2008.

Operational

1. Continue expansion and use of IMPACT. ⇨ Ongoing
2. Enhance reporting capabilities; i.e., state and health plan reports on National Provider Identification numbers. ⇨ Completed mid-year 2008.
3. IT Steering Committee to meet monthly (at least ten times a year). ⇨ Ongoing development in 2009. Adopted in 2008 and while it's expected to meeting 10 times a year, it did not achieve the goal.
4. Customer Services committee to be formed. ⇨ Customer Service meets a minimum of 1x per week to discuss operational issues. Updates are reported monthly to QAC. Completed 2008 and ongoing in 2009.
5. Geo-Access reported quarterly to the Provider Services Committee by mid-year. ⇨ Completed by the end of Q2 in 2008.
6. Complaint Management drill down to determine the number of complaints by department and set departmental goals. Perform barrier analysis of results to determine future focus of Customer Service training. ⇨ Quarterly complaint reports were developed and presented quarterly to the QAC. Outcomes from the analysis included more internal training on the complaint process departmentally and companywide training occurred in May, 2008. Continued trending is occurring through quarterly submissions.
7. Member Satisfaction: Educate provide practitioners about need to involve patients in treatment planning, incorporation of support systems in treatment where indicated and referral to extend community services when needed. ⇨ Provider Newsletter and Fax blasts throughout 2008.
8. Provider Satisfaction: Identify and target education to specific providers in Indiana and educate provider regarding benefits specifically around chronic care. ⇨ Provider Newsletter and Fax blasts throughout 2008.
9. Implement Intellicred management system for monitoring credentialing/recredentialing timeframes ⇨ Q3 2008.
10. Review California network due to increased Asian population. ⇨ Targeted recruitment in Q2 2008.

Opportunities for improvement were identified through feedback from health plans and providers.

1. Increase efforts to advertise the web portal to the CompCare network (there is evidence that providers are unaware of electronic access and/or its added value in submitting outpatient treatment reviews (OTR) and claims). ⇨ Significant activity throughout 2008
2. CompCare will attend health plan QI/UM committees at least quarterly and aim for conducting at least two QI/UM Summits to ensure relevant stakeholders review and approve clinical programs and policy documents. ⇨ Completed participation in quarterly meetings, incorporation of stakeholder review, and held two QI/UM Summits in 2008.



III. Committees

Executive Committee: As delegated from the 2008 annual meeting of the Board of Directors, the Executive Committee met to review, approve QI and UM documents and to ensure adequate resources and appropriate level of staff were made available for QI and UM activities.

Quality Advisory Council: As delegated in 2008 by the Executive Committee, the Quality Advisory Council (QA Council) met its goal to hold at least 10 committees, by meeting in all months, except for June 2008 and November 2008 to review, recommend, implement, and approve CompCare's QI and UM documents and activities. The QA Council reviewed, received regional QI/UM community, Provider, health plan, and organizational client perspective, discussed, made recommendations, and gave approval to 2008 QI/UM activities.

Regional QI/UM Committees: CompCare receives local stakeholder perspective (provider, health plan/client organization, and state) regarding CompCare activities through participation in health plan committees and through conducting the bi-annual QI/UM Summit (QI/UMC). CompCare conducted two QI/UM Summits with community stakeholders in May 2008 and November 2008.

CompCare did, however, attend health plan and organizational clients' QI/UM committees at least quarterly as planned, receiving local input (including providers) of relevant documents and programs. Representatives from CompCare; i.e., National Account Management, Quality, and/or UM, attended QI/UM committees for twelve of CompCare's health plans located in FL, IN, MD, MI, PA, and TX. Additionally, CompCare practitioners attended and provided feedback at CompCare's Credentialing and Peer Review Committees. Provider comments were also received through CompCare's website in response to mail-outs and site visits, the Provider 800 number line, and satisfaction surveys.

Provider Selection Committee: The Provider Selection Committee met its goal to hold at least 10 committee meetings to review requests to join the network, assess needs based on annual GeoAccess, address staff identified gaps, and approve re-credentialing lists based on authorizations activity to submit for approval to the Credentialing Committee. The Provider Selection Committee added a review of provider profiling to the agenda in 2008 by the Provider Profiling Task Force.

The Provider Selection Committee requested quarterly GeoAccess reports from Information Technology (IT). IT provided GeoAccess reports for the Provider Selection Committee through the VP of Provider Services to ensure network needs are assessed based on the most current data on member populations and the provider network. Activities by this committee were brought through the QA Council.

The Credentialing Committee: The Credential Committee met its goal to hold 10 committees, meeting at least monthly in 2008 to review 1) credentialing information of new Providers to approve into CompCare's network and 2) re-credentialing information of current network Providers to approve their remaining in the network. The Credentialing Committee was comprised of a variety of licensure types and of CompCare's clinical staff, community Providers, and chaired by CompCare's Medical Director who verified that each of the approved Providers had a "clean file." Due to high demand for expediency in the credentialing and recredentialing process for various implementations the Credentialing Committee began meeting bimonthly in Q3 2008 and has continued this process into 2009.

Detailed discussions and recommendations were made on Providers with sanctions and/or limitations noted during primary source verification. It should be noted that CompCare used a NCQA certified credentialing verification organization (CVO) to complete primary source verification. Activities by this committee were brought through the QA Council.

IT Steering Committee. The IT Steering Committee meets regularly to discuss and review all current and new IT projects and initiatives. The committee insures that project undertaken are properly reviewed, prioritized, and funded. The ITSC also approves all major system modifications for production release and reviews all security events that may have occurred during the prior month to determine if further action is required. The IT Steering Committee regularly reports to the Executive Committee. It did not meet the goal of holding at least 10 meetings per year, but the committee continues to develop and will have a more regular schedule in 2009.



The Disaster Continuity and Recovery Program (DCARP) and Health Information Portability Accessibility and Accountability (HIPAA) Committee: This committee met the established goal to meet one time in 2008 to review CompCare's systems as it related to disaster planning and HIPAA compliance. The committee noted that there were no interruptions of service during the year. There were no receipt of complaints regarding possible violations of HIPAA security or confidentiality policies and procedures.

Additionally, the committee reviewed the annual office disaster plans, an alternative call center site to maintain operations, and ensured that each department maintained a list of staff contact information for purposes of notification and maintaining CompCare services. In Q4 2008 the DCARP and HIPAA Committee convened additional meetings to review targeted disaster recovery processes and to ensure accuracy of contact information in the event of a disaster. Activities by this committee were brought through the QA Council.

The New Technology and Program Review and Development Committee: This committee did not meet the goal by meeting once during 2008 to review new technologies or program development. Continued efforts to re-establish this committee will be monitored by the QA Council. Activities by this committee were brought through the QA Council.

The Policy and Procedure Committee: The Policy and Procedure Committee met goal by meeting once to approve all policies and procedures at least annually. Each department was tasked to review their own department's policies and procedures against the most current state, federal, or health plan standards and/or requirements. During the annual committee, all departments reviewed all CompCare policies and procedures to ensure compliance from all regulatory bodies. Review and revision dates were added to each policy effective from the time of the 2008 annual committee. Additional meetings were held to accommodate state, federal, and health plan policy and procedure revisions; i.e., Medicare denials, appeals revision for the Center for Medicare and Medicaid (CMS) updates for 2010. In 2009, CompCare will continue to review its policies and procedures at least annually and as needed to comply with state, federal, and health plan requirements. Activities by this committee were brought through the QA Council.

The Peer Review Committee: The Peer Review Committee did not meet its goal to meet 4 times, by meeting quarterly during 2007 to review clinical records submitted as a result of adverse occurrences and Credentialing referrals. Multidisciplinary community providers from varied locations participated and made recommendations, under the direction of CompCare's physician advisor, in the review of quality of care issues.

During 2008, there were 18 adverse occurrences noted by clinical staff with 2 cases brought before the Peer Review Committee to discuss and make recommendations. The committee's recommendations included educational, as well as, mandatory response letters. Although, CompCare has a good mix of various licensures and numbers of attendees, in 2009, CompCare will actively recruit additional physicians and from other communities to represent memberships at the committee. Additionally, Peer Review committee was the forum utilized for the initial review of the Clinical Practice Guidelines, the Preferred Practice Guidelines, the Level of Care Guidelines and their recommendations were made to the QA Council. Activities by this committee were brought through the QA Council.

IV. Delivery of Care and Service

CompCare monitors clinical and service indicators against annually set goals and, where applicable, benchmarks. Indicators are selected and modified to provide clear picture of important aspects of delivery of care and service. Indicators are monitored to ensure compliance to CompCare standards, to NCQA standards and to federal and state regulations.

Indicators are assessed on a company wide basis. Where useful results are broken out by product and region. Individual state indicators are addressed in accompanying regional variance evaluations when necessary.

Indicators are assessed for compliance by appropriate departmental staff and by quality committees. Barriers are identified to resolve or explain non-compliance, and interventions are planned for improvement.

V. 2008 Improvement/Continued Opportunity Summary

Committees	At least two QI / UM Summits will be held. IT Steering Committee will meet monthly (at least ten times a year).
Geo-Access	Geo-Access will be reported quarterly to the Provider Services Committee. Explore network gaps and engage in targeted recruitment to ensure adequacy.
Complaint Management	Continue to provide training at least annually to ensure documentation and presentation of complaints is accurate and timely and maintain the incentive program that rewards staff for identifying complaints.
Member Satisfaction	Continue to be consistent with providing accurate information and ensuring network adequacy.
Provider Satisfaction	Education, training, and follow up with the internal staff and the provider community.
Care Management	Continue to increase “wrap around” resources to supplement member care; i.e., discharge planning. Partner with high volume facilities to create more efficient service delivery systems. Establish rounds with Health plans who are not currently participating to ensure better coordination and collaboration. For Medicaid: monitor appropriate usage of outpatient care based on their clinical needs.
Discharge Planning	Many efforts were put in place to increase compliance with follow up to discharge to include dedicated discharge planners, follow up letters in addition to the phone calls, targeted provider organizations to assist with follow up efforts, and close daily monitoring of follow up to discharge efforts. These efforts need to continue in 2009. In addition, regular HEDIS reviews of follow up to discharge to be presented at the QA Council in order to implement strategies to increase compliance
Access to Care	Utilize the Provider Profiling process and monitor the network need in provider selection to ensure network adequacy.
Outpatient Treatment Review	<ul style="list-style-type: none"> • Profile providers to determine where traditional outpatient review may be waived • Further analysis of workflows in that department to ensure timely review and response to the submitted OTR.
Denials and Appeals	Continue to monitor and oversight through quarterly random audits.
Credentialing	Enhance provider services with a web crawler to quickly verify licenses and related documents.
Population Analysis	Need to review network to ensure adequate provider capability to engage members into treatment without worrying about a language barrier; i.e. ensuring a healthy Spanish speaking network in CA and TX.
Practice Guidelines	Among the top diagnoses in several service areas was a diagnoses set in the range 313.23 – 313.9. Care management will assess by mid-year if there are clinical needs associated with these diagnoses and whether to adopt clinical practice guidelines i.e. for conduct disorder. Results to be presented to the QA Council for 2009 recommendations.
Inter-Rater Reliability	Conduct quarterly chart reviews to ensure adherence to the level of care guidelines.
Clinical QIA's	See QIAs mid-year.