

<b>Beacon Comprehensive Behavioral Health Management Policy and Procedure Manual</b>	
<b>Policy Name:</b> Program Overview	Quality Improvement
<b>Date:</b> 11-94 <b>Reviewed by QI Committee:</b> 12-06, 03-07, 03-08, 03-09, 02-10, 03-10, 4-10, 3-11 <b>Revised by QI Committee:</b> 12-06, 03-08, 03-09, 02-10, 4-10, 3-11	<b>Page:</b> 1 of 7 <b>Policy Number:</b> QI-1

**Purpose:** The purpose of the Beacon Comprehensive Behavioral Health Management (Beacon CBHM) Quality Improvement Program is to provide a comprehensive system designed to assure that patient care is optimal within available resources and is consistent with the goals of BeaconCBHM and federal and state standards.

**Authority:**

The Beacon Board of Managers grants authority for the Quality Management Program and annually approves the QI Documentation. The Beacon CBHM Senior Management Committee annually reviews the QI Documentation and recommends approval to the Board of Managers. The Beacon CBHM Senior Management Committee meets at a minimum bi-monthly and is composed of Managers, Directors, Vice-Presidents and the President. During the first quarter of each year they meet to review the QI Program Plan from the prior year and review and recommend approval of the QI Program for the current year.

**Policy:**

1.0 Objectives

- 1.1 Establish, maintain, support and document evidence of an ongoing QI program
- 1.2 Encompass all systems and providers as organizational components of Beacon CBHM and assure that QI systems cover all operations.
- 1.3 Assist practitioners in improving care continuously by identifying opportunities for improvement, trends and patterns of difficulty, and problems in processes through the use of monitoring and evaluation activities.
- 1.4 Centralize data gathering and maintenance of effective systems of quality measurement.

2.0 Scope of Program

- 2.1 Inter-departmental Coordination  
 QI activities will be integrated and coordinated among all Beacon CBHM departments. The QI program is designed to minimize duplication of effort and to be cost-effective.

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- 2.2 QI Program Components  
The program relies upon internal and external data collection. Internal data collection includes claims data, clinical indicators, potential quality indicators, medical record audits, complaints and grievances, and patient and provider satisfaction surveys. External data collection includes pertinent data collected and presented by business partners.
- 2.3 Important aspects of care provided by Beacon CBHM include:
  - 2.3.1 Intake and Referral
  - 2.3.2 Provider Accessibility
  - 2.3.3 Multidisciplinary Treatment Planning
  - 2.3.4 Discharge Planning and Follow-up
  - 2.3.5 Continuity of Care
  - 2.3.6 Patient Satisfaction
  - 2.3.7 Documentation
  - 2.3.8 Provider Satisfaction
  - 2.3.9 Claims Process
- 2.4 Frequently seen diagnoses of patients cared for by Beacon CBHM include:
  - 2.4.1 Major Depressive Disorders
  - 2.4.2 Bipolar Disorders
  - 2.4.3 Anxiety Disorders
  - 2.4.4 Adjustment Disorders
  - 2.4.5 Childhood Disorders such as Attention Deficit Disorder and Oppositional Defiant Disorder
  - 2.4.6 Psychotic Disorders
- 2.5 Medical necessary services are available to patients within various levels of care. They include:
  - 2.5.1 Levels of Care
    - 2.5.1.1 Emergency Assessment/Crisis Intervention
    - 2.5.1.2 Psychiatric Consults at Skilled Nursing Facilities and/or Medical/Surgical Facilities
    - 2.5.1.3 Inpatient Care
    - 2.5.1.4 Residential Treatment
    - 2.5.1.5 Partial Hospitalization
    - 2.5.1.6 Structured Outpatient Facility Based Treatment
    - 2.5.1.7 Outpatient Office Based Treatment

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- 2.5.1.8 In-home Services
- 2.5.1.9 Telephonic Consultation
- 2.5.1.10 Telemedicine
- 2.5.2 Services
  - 2.5.2.1 Individual, Family and Group Therapy
  - 2.5.2.2 Medication Evaluation and Management
  - 2.5.2.3 Psychological Testing
  - 2.5.2.4 Electroconvulsive Therapy (ECT)
  - 2.5.2.5 Care Coordination
- 2.6 Available health care providers within the Beacon CBHM network include:
  - 2.6.1 Psychiatrists (multiple specialties)
  - 2.6.2 Psychiatric Nurse Practitioners
  - 2.6.3 Addictionologists
  - 2.6.4 Psychologists
  - 2.6.5 Licensed Clinical Social Workers
  - 2.6.6 Marriage, Family and Child Therapists
  - 2.6.7 Licensed Professional Counselors
- 2.7 Emergency assessment is available 24 hours per day, 365 days per year. Life Threatening Emergencies will receive immediate services; Non Life Threatening Emergency cases will have face-to-face evaluations within 6 hours; urgent cases within health plan guidelines not to exceed 48 hours and routine cases within 14 calendar days.

**3.0 Clinical Indicators**

- 3.1 Quality Management is the term used to describe all processes developed to monitor and evaluate quality of care. Quality patient care is defined as the degree to which consumer care services increase the probability of desired consumer outcomes and reduce the probability of undesired outcomes given the current state of knowledge (JCAHO, 1990).
- 3.2 A major component of the Beacon CBHM Quality Improvement Plan is the identification of major clinical aspects of care, which have the greatest impact on the quality of patient care. These include:
  - 3.2.1 High Risk - aspects of care, which pose a risk to the patient if the care is not provided correctly (this includes providing care that is not indicated or failing to provide care that is indicated).

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3.2.2 High Volume - the aspect of care occurs frequently or affects large numbers of patients.

3.2.3 Problem Prone - those aspects of care, which, in the past, have tended to cause problems for patients.

3.3 From these aspects of care, clinical indicators are developed. Indicators are well-defined, measurable, objective statements related to the structure, process or outcome of care. Further, they are instruments that are used to assess measurable aspects of patient care as a guide to assessing performance of the Beacon CBHM as a whole or an individual contracted provider. Indicators direct attention to potential problems and/or opportunities to improve care. Indicators usually fall within the following three categories:

3.3.1 Structure: Indicators that pertain to the structural capacity to provide care (e.g. qualifications of staff, physical plant characteristics, etc.)

3.3.2 Process: Indicators that pertain to activities related to patient care (e.g. policies and procedures, protocols, etc.)

3.3.3 Outcome: Indicators that focus on the result of treatment interventions.

#### 4.0 Quality Improvement Committee

##### 4.1 Responsibility

The Beacon CBHM Quality Improvement Committee is responsible for overseeing the QI Program. The results of quality management activities shall be used to monitor quality of service and quality of care, as well as trends in the delivery of care and to identify areas for improvement. These results shall also be used in annual performance evaluations and in the reappointment/re-credentialing of network providers.

##### 4.2 Committee Composition

The Quality Improvement Committee is an inter-departmental group composed of the following:

4.2.1 Medical Director - Chairperson

4.2.2 Vice President of Product Management and Compliance

4.2.3 Director of Strategic Partnerships

4.2.4 Director of Intensive Services

4.2.5 Director of Care Management

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- 4.2.6 Manager, Intake and Customer Service
- 4.2.7 Manager, Network
- 4.2.8 Manager, Claims
- 4.2.9 QI Executive Assistant (non-voting member)
- 4.2.10 Network Providers
- 4.2.11 Invited guest (non-voting member)

4.3 Procedures

4.3.1 Except as noted above, each member of the committee has one vote. A simple majority of committee members present is required for action. The minutes shall reflect attendance (present, absent, excused) at all meetings.

4.3.2 The committee will convene bi-monthly (6 times annually).

4.3.3 The Vice-President of Product Management and Compliance has organizational oversight of the QI Program, which includes implementation of QI Program and activities. S/he functions as liaison to the Senior Management Committee and to all business partners. The QI Executive Assistant performs administrative functions (e.g., creating reports, preparing summaries, maintaining the minutes, and preparing the agenda for the monthly meetings)

4.3.4 All reports/correspondence/communications will be maintained as confidential.

4.3.5 Meetings will follow guidelines below:

4.3.5.1 Review the following internal data:

- Performance Measures contained within the Utilization Management Committee Minutes
- Critical Incidents
- Medical Record Audits
- Complaints/Grievances
- Patient Satisfaction Surveys
- Denials
- Claims Timeliness
- Quality Improvement Projects
- Provider and Member Education
- Employee Education
- Internal Audits
- Provider Satisfaction Survey

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- URAC Standards
  - State and Federal Regulatory Actions
  - Website and IT Management
- 4.3.5.2 Review external data received from payers.
- 4.3.5.3 Evaluate above for trends, patterns, and problems.
- 4.3.5.4 Assign priority to any new problems and develop corrective action plans.
- 4.3.5.5 Assign tasks to committee members for further monitoring and problem resolution. Establish sub-committees as needed to meet QI targets and goals.
- 4.3.5.6 Develop and monitor QI projects.
- 4.3.5.7 Set next meeting date.
- 4.3.6 Guided by the Medical Director, the Committee is responsible for the following activities.
- 4.3.6.1 Development of annual QI calendar
- 4.3.6.2 Schedule, attend and participate in QI Committee Meetings, using the quality improvement meeting guidelines, above.
- 4.3.6.3 Prepare agendas for each meeting.
- 4.3.6.4 Document all minutes.
- 4.3.6.5 Assure that monitoring activities are delegated.
- 4.3.6.6 Evaluate the program annually.

## 5.0 Reporting

Beacon CBHM QI activities are reported to:

- 5.1 Internal Staff through Staff Meetings, Departmental Meetings, inter-office email and mandatory training.
- 5.2 Contracted providers through emails and website.
- 5.3 Business partners through website, and by sending full committee minutes to the appropriate QI Committee
- 5.4 Beacon CBHM Sr. Management Committee through a brief summary report by the Vice-President of Product Management and Compliance.
- 5.5 Beacon Board of Managers annually.

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## 6.0 Program Evaluation

- 6.1 Annual QI Evaluation, which will include:
  - 6.1.1 A review of the Quality Improvement Plan and findings.
  - 6.1.2 A review of the function of the Committee in terms of its Quality Improvement tasks.
  - 6.1.3 Review of all Quality Improvement activities, policies and procedures.
  - 6.1.4 Appropriateness and relevance of current indicators.
- 6.2 Documentation of the Quality Improvement Program annual review, its findings and recommendations are forwarded to the Senior Management Committee. The annual review may lead to:
  - 6.2.1 Identification of educational/training needs.
  - 6.2.2 Establish, revise, and review policies and procedures.
  - 6.2.3 Make recommendations regarding credentialing of providers.
  - 6.2.4 Alter operations to minimize risks in the delivery of quality patient care services.
- 6.3 Following review by the Senior Management Committee, documentation and recommendation for approval are forwarded to the Beacon Board of Managers.

## 7.0 Documentation

- 7.1 Tracking and trending of key indicators is initially reported at the bi-monthly Utilization Management (UM) Committee meetings. Documentation from the UM Committee Meetings is then forwarded to the QI Committee for review.
- 7.2 QI Meeting Minutes are kept on file.
- 7.3 Quality Improvement Projects are documented on the URAC QIP Form, which is updated following each review of QIP.