2018 Quality Management Program
Behavioral Health Provider Summary
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**2018 Quality Management Program Goals**

**Contact MBHP**
The Massachusetts Behavioral Health Partnership (MBHP) manages mental health and substance use disorder services for more than 450,000 MassHealth Members across the Commonwealth. Working collaboratively with Members, their families, advocates, state agencies, and providers, MBHP has created a community-based system of care that joins behavioral health and primary care for Members. MBHP is committed to making sure that our Members receive clinically appropriate, high quality, accessible health care.

In order to strengthen and integrate medical and behavioral health services and improve the general health care status of our Members, MBHP also manages the Primary Care Clinician (PCC) Plan Support Services Program, which is a comprehensive, clinically focused management program that monitors, measures, and analyzes health care provided to PCC Plan Members by primary care clinicians (PCCs) with a panel size of 180 or more Members.
Our Vision
The Massachusetts Behavioral Health Partnership will provide its Members with the highest quality behavioral health care as the state’s leader in helping people lead healthier lives by addressing the thoughts, feelings, and behaviors that are central to good health.
MBHP strives to continually help the people we serve live their lives to the fullest potential and improve the quality of behavioral health care for the people we serve by:

- Exceeding the expectations of Members and their families in meeting their behavioral health needs as they define them; ensuring access to services that promote their rehabilitation and recovery
- Effectively and efficiently managing state resources to meet all contractual obligations and state requests
- Facilitating linkages, consensus building, and collaboration among state agencies, consumers, and other public policy makers
- Actively seeking and implementing Member, provider, and other stakeholder involvement in the design and delivery of MBHP services
- Strengthening links between behavioral and other medical services
- Increasing health care innovations and best practices
Clinical Excellence - We are committed to a comprehensive, flexible, and integrated system of care management that increases access, improves quality of care, expands services, and achieves the best possible outcomes for Members where recovery principles are fully integrated.

Communication - We believe in frequent and open communication to provide appropriate, consistent, and accurate information about business decisions and day-to-day operations. We foster effective communication through active listening, sharing ideas, cooperative problem-solving, tact, and courtesy.

Compassion and Respect - We are united by our commitment to our Members/customers and to each other. We demonstrate respect to all of those we serve - treating them fairly and with dignity, listening to their ideas and feedback, and valuing their contributions.

Focus - We strive to always exceed the expectations of our internal and external customers. Interaction and communication with our customers is always professional, courteous, and responsive and is conducted in a manner which underscores our commitment to world-class service.

Supporting and Developing our People - Every one of us contributes to the success of MBHP and Beacon Health Options. We are committed to providing a work environment that fosters learning and development, recognition for best work, work-life balance, and effective leadership.
Inclusion and Diversity - We all participate in creating a supportive environment where each of us feels a sense of belonging and where inclusion is encouraged. In this environment, we can grow, celebrate one another's successes, and embrace and channel diversity of personal experience, talent, and opinion with a collective focus towards achieving our mission.

Innovation - We value the exchange of new and diverse ideas. We are creative and embrace initiative and thoughtful risk-taking in continuously improving our services and sustaining an enduring leadership position in the marketplace.

Integrity - We conduct ourselves in an honest and ethical manner, striving for the highest ethical standards in all that we do. We approach our work with a dedication to quality, meeting and exceeding customer expectations, being accountable, and delivering on every promise.

Operational Excellence - We take pride in the highest level of quality and discipline in our work with a sense of urgency and a focus on results. We are centered on improving performance, building strong leaders, and enhancing organizational effectiveness.

Partnership - We focus on common goals through collaboration, teamwork, and consensus-building and are committed to building strong, long-term relationships. We all have a mutual stake in our success.
The MBHP Quality Management (QM) Program serves as a unifying structure for all quality management activities across all clients and ensures and improves the quality of service provided to Members across behavioral health and medical care. MBHP recognizes a responsibility to demonstrate a solid commitment to superior clinical quality and service that is consumer-focused, clinically appropriate, cost effective, data-driven, and culturally competent. This is achieved through our company-wide, systematic, and well-coordinated QM Program that involves input from and coordination with all stakeholders including clients, Members, providers, functional areas, and clinical staff.

Each year, MBHP formulates a QM Program Work Plan that includes goals and the actions that are necessary to achieve our goals. Monitors of almost every aspect of our operation are developed and maintained. The collection of data for each measure is begun after consistent data collection methodology has been established. This approach allows MBHP to track and trend progress towards our goals.

MBHP also conducts an annual QM Program Evaluation to assess the overall effectiveness of the QM Program, including the effectiveness of the committee structure, the adequacy of the resources, practitioner and leadership involvement, the strengths and accomplishments of the program, and MBHP’s performance in quality of clinical care and quality of service initiatives. Based on the evaluation results, MBHP revises the QM Program.

In this 2018 Quality Management Program Summary, you will find information on our QM Program Evaluation results for 2017 as well as a description of our QM Program, including our QM Work Plan goals for 2018.
MBHP maintains a quality committee structure to aid in the implementation of its **QM Program**. MBHP works in partnership with our providers to improve quality of care and services. MBHP Quality Committees give MBHP providers an opportunity to provide input into the QM Program. Providers participate on such committees as the **Behavioral Health Clinical Advisory Council**, the **PCC Plan Clinical Advisory Committee**, and the **Local Credentialing Committee**. Through these committees, providers:

- provide input into the MBHP Quality Management Program and Clinical Criteria;
- review, evaluate, and make recommendations for credentialing and recredentialing;
- provide peer review and feedback on practice guidelines, clinical quality monitors and indicators, and any critical issues regarding MBHP’s policies and procedures; and
- review quality improvement activities and make recommendations for plans to improve quality of clinical care and service.

**If you interested in participating on a quality committee or council, please contact the MBHP Quality Department at 1-800-495-0086 (TTY: 1-877-509-6981).**
As part of the Quality Management Program and Evaluation, we track our progress in meeting our goals. Some of the data MBHP monitors include:

- Member, PCC, and behavioral health provider satisfaction
- Member grievances and Member appeals
- Member adverse incidents
- Timely access to behavioral health appointments
- Timely telephonic access to MBHP Clinical and Community Relations staff
- Availability of behavioral health network providers
- Ability of behavioral health network providers to meet cultural and linguistic needs and preferences of our Members
- Coordination of behavioral health care with medical care
- Behavioral Health Screening Programs
- Health record documentation and adherence with performance specifications
- Provider use of behavioral health clinical practice guidelines

For 2017, 98 percent of all QM Program objectives were met. A portion of these data are reported in this QM Program Summary. For additional results, please contact MBHP at 1-800-495-0086 (TTY: 1-877-509-6981).
MBHP has adopted three clinical practice guidelines from nationally recognized sources for behavioral health disorders relevant to our population based on review of claims and utilization data.

Prior to the adoption and dissemination of our guidelines, the relevant scientific literature was reviewed by a multidisciplinary team that included board-certified psychiatrists, a pediatrician, an internist, and multiple licensed clinicians. MBHP reviews and approves clinical practice guidelines at least every two years and updates them as needed. As part of our routine monitoring of adherence to generally accepted standard clinical practice, we monitor at least two important aspects of two guidelines annually. For more information on the guidelines, please see your provider manual. MBHP’s current guidelines:

• **Psychiatric Evaluation of Adults**
  
  Adopted from the American Psychiatric Association (APA) guideline titled *Practice Guidelines for the Psychiatric Evaluation of Adults*. For more information and to access this guideline, please visit: [http://psychiatryonline.org/doi/pdf/10.1176/appi.books.9780890426760](http://psychiatryonline.org/doi/pdf/10.1176/appi.books.9780890426760)
• **Opioid-Related Disorders**
Adopted from the Substance Abuse and Mental Health Services Administration’s (SAMHSA) guideline titled *Treatment Improvement Protocol (TIP) 43: Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs*. For more information and to access this guideline, please visit: [http://www.ncbi.nlm.nih.gov/books/NBK64164/pdf/TOC.pdf](http://www.ncbi.nlm.nih.gov/books/NBK64164/pdf/TOC.pdf)

• **Assessment and Treatment of Children and Adolescents with Depressive Disorders**
Adopted from the American Academy of Child and Adolescent Psychiatry’s (AACAP) guideline titled *Practice Parameter for the Assessment and Treatment of Children and Adolescents with Depressive Disorders*. For more information and to access this guideline, please visit: [http://www.jaacap.com/article/S0890-8567(09)62053-0/pdf](http://www.jaacap.com/article/S0890-8567(09)62053-0/pdf)
MBHP annually evaluates behavioral health provider satisfaction, including provider satisfaction with the Clinical Management (CM) process, using the analyses from data collected from our provider satisfaction survey. MBHP assesses results and identifies potential areas for improvement in provider satisfaction annually.

In 2018, MBHP will address the following quality improvement areas:

- Integration
- Assess the cultural, ethnic, racial and linguistic needs of our Members and evaluate adequacy of our behavioral health network
- Assess availability of our Members’ access to behavioral health care
- Improve Substance Use Disorder (SUD) care pathways and reduce recidivism
One way that MBHP measures how well we are doing is by making sure that Members can easily access behavioral health services. In 2017:

- **100%** of Members had one hospital within 60 miles or 60 minutes travel time from their home, whichever required less travel time.
- **83%** of the respondents indicated they were able to travel to their therapy appointment within 30 minutes or less.
- MBHP staff answered the 800 number in approximately **9 seconds**.
- MBHP took additional steps to measure how quickly Members could get an appointment with an MBHP behavioral health provider. **Our standard is that Members can get an emergency care appointment in 1 hour, an urgent care appointment in 48 hours, and a routine care appointment in 10 business days.**
  - Members were seen for emergency care within **62 minutes**, on average.
  - **97%** of providers are able to offer an urgent care appointment within 48 hours of the request.
  - **94%** of providers report they are able to offer a routine care appointment within 10 days.
It is the policy of MBHP to:

- make standard and expedited medical necessity determinations and notifications promptly after a request is received, and
- ensure that all standard and expedited Internal Member Appeals are reviewed and processed in a thorough and timely manner.

MBHP maintains ongoing systems for tracking and monitoring compliance with applicable timelines for all levels of care managed. The 2017 results were as follows:

<table>
<thead>
<tr>
<th>Request Type</th>
<th>MBHP Standard Timeline for Resolution</th>
<th>Percent Processed Timely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard denials</td>
<td>90% within 5 calendar days</td>
<td>100%</td>
</tr>
<tr>
<td>Expedited denials</td>
<td>90% within 24 hours</td>
<td>97.2%</td>
</tr>
<tr>
<td>Standard appeals</td>
<td>90% within 30 calendar days</td>
<td>100%</td>
</tr>
<tr>
<td>Expedited appeals</td>
<td>90% within 72 hours</td>
<td>100%</td>
</tr>
</tbody>
</table>
One way that MBHP providers are involved in our QM program and quality improvement activities is through their participation in health record audits. MBHP licensed clinicians perform health record audits across all levels of care and as needed for specific initiatives. Inpatient provider records must score greater than 80 percent on each data element, with outpatient providers having a greater than 75 percent performance standard for each data element. Quality improvement plans are required for all areas not meeting these performance standards. Network Management staff assist with follow-up and monitoring of quality improvement plans.

**Health record audits were completed for the following in 2017:**

- Statewide level of care review: Children's Behavioral Health Initiative – In-Home Therapy
- Statewide level of care review: MBHP psychiatric inpatient hospital facilities
- Outpatient providers, on-site review
- Outpatient providers, in-office review
- Inpatient and Outpatient audits of adherence with Clinical Practice Guidelines
MBHP has a defined procedure for the identification, investigation, resolution, and monitoring of behavioral health quality-of-care and service issues and trends. Quality-of-care and service issues and trends are those that decrease the likelihood of desired health outcomes and that are inconsistent with current professional knowledge of behavioral health. MBHP has a number of Quality of Care and service measures but they are primarily identified via **Grievances** (i.e., Member complaints) from MBHP Members, and **Concerns** (i.e., provider complaints) and **Adverse Incidents** received from providers.

**Grievances**
Members, their guardians, or their authorized representatives have a right to file a grievance with MBHP about any aspect of their participation in MBHP or the services received by MBHP. Sources of dissatisfaction can include any aspect of MBHP’s services as well as access of care and the quality of care received from network providers.
Concerns
MBHP network providers and internal staff, stakeholders, state agencies, and other appropriate parties also have a right to file a grievance with MBHP about any aspect or action of the MBHP and/or its behavioral health network provider(s). Sources of dissatisfaction can include the quality of care, administrative operations, and access to care.

Adverse Incidents
MBHP requires all 24-hour level of care providers to report each occurrence that represents actual or potential serious harm to the well-being of a Member, or to others by the actions of a Member. Reporting requirements for non-24-hour providers are limited to the deaths of MBHP Members, serious injuries requiring urgent or emergent treatment that occurred while a Member was receiving services from the providers of MBHP Covered individuals, and any serious attempted suicides that occur during the time span that a Member is receiving services from the provider, during and outside a treatment session. In 2017, MBHP met our performance goal of investigating and resolving all adverse incidents within established timeframes of 180 calendar days of receipt of the incident.
Integration of behavioral health care and primary care is an important aspect of the PCC Plan Support Services Program. To fulfill the program objectives, in 2017, MBHP assisted PCCs by:

- supporting PCCs in accessing care management services for PCC Plan Members;
- promoting quality improvement via site visits to PCC practices during which PCC Plan Support Services Program staff encourage PCCs to develop action plans and interventions to address clinical areas in need of improvement;
- supporting primary care practice transformation by coordinating efforts with pilot ACOs;
- conducting educational webinars for PCCs that target information and training relevant to clinical areas;
- providing a resource for information and assistance to PCCs through the availability of the PCC Plan Hotline;
- developing and implementing activities that promote integration of behavioral health care and primary care; and
- developing and disseminating health education support materials that assist PCCs in providing clinical care and in educating Members about relevant health issues.
One of the primary goals of MBHP’s QM Program is to continuously improve care and services.

1. Data are collected for quality improvement projects, and activities are frequently related to key industry measures of quality that tend to focus on high-volume diagnoses or services and high-risk diagnoses, services, or special populations.

2. MBHP’s PCC Plan Support Services Program quality initiatives focus on the coordination of care activities across medical and behavioral health care.

3. In addition to implementing improvement activities designed to help MBHP meet or exceed our measures for behavioral health and the PCC Plan Support Services Program, MBHP implements special projects each year intended to help improve the system of care.

4. In 2017, MBHP completed the following projects:
   - Follow-up after hospitalization for Mental Illness
   - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
   - Follow-up for children prescribed ADHD medication
   - Comprehensive Diabetes Care for Department of Mental Health population
   - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications
   - Antidepressant Medication Management
Achieve Solutions is the MBHP health and wellness information library. It is a website where Members can comfortably and privately:

- read articles
- listen to audio clips
- view videos
- access resources
- take trainings and
- use interactive self-management tools, such as calculators, quizzes, and mobile applications about a wide variety of health and wellness topics.

- Achieve Solutions content is evidence-based, written by experts, and reviewed on a regular basis.
- Providers can direct Members to Achieve Solutions as a way to promote self-management of health conditions.
There are more than 200 health topics, with corresponding self-management tools, on Achieve Solutions. Just a few of these topics include:

- Healthy weight (BMI) maintenance
- Smoking and tobacco use cessation
- Encouraging physical activity
- Healthy eating
- Managing stress
- Avoiding at-risk drinking
- Identifying psychiatric symptoms through self-assessment
- Recovery and resiliency
- Treatment monitoring

Please visit the health and wellness library: https://www.achievesolutions.net/achievesolutions/en/mbhp/Home.do
MBHP Offers Technology to our Members and Providers for Improved Care Coordination

- MBHP provides an online link in the “Behavioral Health Providers” section or our website to the MassHealth Pharmacy Program website that contains the MassHealth Drug List and formulary and prior approval information.
- MBHP facilitates video conferencing for select outpatient psychiatrists, psychiatric nurse practitioners, and psychotherapy providers. It is intended to improve access to covered services when geography/specialty or linguistic capacity dictates that in-office visits are not within a reasonable distance.

MBHP encourages our Members to use our online tools to take charge of their own health. Members can go to the “Members and Families” section of our website to:

- Learn more about their prescriptions
- Sign up for care management
- Keep track of their past and present health with an online personal health record form
MBHP Behavioral Health Screening Programs are designed to prevent the occurrence of, ensure early identification and treatment of, and reduce impairment of behavioral health disorders. Programs are reviewed and updated annually. MBHP providers are encouraged to use and provide input into our Behavioral Health Screening Programs. MBHP has developed and supports two screening programs during 2017 that were initiated in 2015:

**Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications**
- MBHP aims to improve integration and support its Members with comorbidities by promoting the importance of screening.
  - Screenings allow timely diagnosis and treatment of diabetes for Members identified as susceptible to metabolic syndrome.

**Promoting Universal Screening for Substance Misuse by Outpatient Mental Health Providers for Members Presenting with Depression:**
- MBHP recommended screening protocols that were disseminated across the provider network.
  - Training sessions for our providers focused on strategies for integrating universal screening for risky alcohol use into intake and assessment procedures for Members seeking treatment for Depression. Processes for screening and providing education and interventions to our Members.
Each year, MBHP formulates a QM Program work plan that includes goals and the actions that are necessary to achieve those goals. Monitors of almost every aspect of our operation are developed and maintained. This allows MBHP to track and trend progress towards QM Program goals.

The following are MBHP’s QM Program goals for 2018:
- HEDIS® benchmarks identified for quality goals
- Assess the Integrated Care Management Program (ICMP)
- Identify opportunities for integrated medical and behavioral health quality initiatives
- Monitor provider adherence with three Clinical Practice Guidelines
- Implement required initiatives as needed based on contract needs
- NCQA Managed Behavioral Healthcare Organization accreditation preparation
- Implement a Work Plan for NCQA, measure compliance, as required
- Continue to focus on access to care
- Monitoring of key performance indicators
- Quality improvement activity implementation and monitoring
- Utilize the 2017 QM Work Plan and Evaluation as a strategic planning foundation for the 2018 Work Plan with the goal of measuring integration initiatives, integrating quality management, quality assurance, quality improvement recovery principles, network management, integrated care management, and clinical management topics
If you have any questions or are interested in more information about our Quality Management Program, please contact:

MBHP Quality Department  
1-800-495-0086  
(TTY: 1-877-509-6981)

Massachusetts Behavioral Health Partnership  
1000 Washington Street, Suite 310  
Boston, MA 02118-5002  
www.masspartnership.com