

CHELAN-DOUGLAS RSN/PHP POLICY AND PROCEDURE MANUAL		Chapter:	7.1.4
Title:	UTILIZING INFORMATION SYSTEM TO MONITOR AND IMPROVE UTILIZATION MANAGEMENT, RESOURCE MANAGEMENT, AND FACILITATE OVERALL QUALITY IMPROVEMENT	Page:	1 of 5
		Date Effective:	July 1, 2004
SUBJECT:	MEASUREMENT & IMPROVEMENT STANDARDS: PERFORMANCE INDICATORS	Date Revised:	June 1, 2005
		Authorizing Signature: Formally Adopted	

AUTHORITY: Guiding Principle(s): Consumer Focused, Holistic/Humanitarian, Accessible, Normalizing/Non-Stigmatizing, Responsive, Effectively Managed
WAC 388-865-0280, Quality Management Process
WAC 388-865-0450, Quality Management Process
DSHS Standard Work Order, RSN/PHP Services
DSHS Title XIX Contract and Federal Waiver
Agency contracts and subcontracts
42 CFR 438.240(b)(1)(d)(1)(2)
State MHD Quality Strategy Doc Sections IV,VI
State MHD RSN Contract 2005-2006

SCOPE: This policy applies to Chelan-Douglas Regional Support Network/Prepaid Health Plan (CDRSN/PHP) and its contractors (agencies/providers), and subcontractors (referred to as contractors or agencies or providers throughout this policy).

PURPOSE: The purpose is to address the use of data obtained from the CDRSN information system for utilization review, resource management and overall quality improvements.

DEFINITIONS: “Mental Health Information System” (MHIS) means: The total electronic information system and network used by the state, the *CDRSN/PIHP* and contracted providers to collect, store and disseminate information concerning client participation in mental health services. Includes the State Client Information System, the State CMLS, the *CDRSN/PIHP* Information System, FACETS utilization review system and the information systems of *CDRSN/PIHP* providers.

“Adult” means: A person who is less than 21 years of age, and is receiving services under any children’s program.

“Child/Adolescent” means: A person 18 years of age or older but less than 60 years of age who is receiving services under any program other than a children’s program.

“Clinical and non-clinical selected study topic” means: In general, a clinical or non-clinical issue selected for study should affect a significant portion of the enrollees (or a specified sub-portion of enrollees) and have a potentially significant impact on enrollee health, functional status or satisfaction. The topics should reflect high-volume or high-risk conditions of the population served.

“Enrollee” means: A Medicaid recipient who is currently enrolled in a CDRSN/PIHP. (RSN Contract 2003-2005)

Enrollees with “special health care needs” means: All Medicaid enrollees in service with the CDRSN/PIHPs. (acc. to J G. on 03/03/04.)

“Older Adult” means: A person 60 years of age or older who is receiving services from the CDRSN/PIHP.

“Performance Improvement Project” means: A project designed to achieve, through ongoing measurements and intervention, significant improvement, sustained over time, in clinical and non-clinical areas that are expected to have a favorable effect on health outcomes and enrollee satisfaction.

“Quality Assurance” means A focus on compliance to minimum standards (e.g., rules, regulations, contract terms) as well as reasonably expected levels of performance, quality and practice. [State Contract definition]

“Quality Improvement” means: A focus on activities to improve performance above minimum standards reasonably expected levels of performance, quality and practice. [State Contract definition]

“Quality Management” means” A system and/or process whereby quality assurance and quality improvement activities are incorporated and infused into all aspects of an organization’s or system’s operations. [State Contract definition]

“Quality Review Team” means: An independent team per WAC 388-865 that works closely with clients and families to review provider, RSN and MHP performance.

“Service Populations” means: See definitions for Child, Adult, and Older Adult.

“Significant or demonstrable improvement: means: “Significant” improvement: NCQA’s document, “Health Care Quality Improvement Studies in Managed Care Settings,” states that: “When presenting statistical results of any study, it is important to fully disclose. . .the statistical significance of the estimates produced, as well as the statistical significance of any apparent differences between units of comparison.” Building on this, CMS’s QISM document called for specific amounts of measurable improvement to be demonstrated by the health plan. QISM defines “demonstrable” improvement as either:

- 1) Benchmarks established by CMS (for national Medicare projects) or State agencies (for statewide Medicaid QI projects) or by the health plans for individual (organizational) projects; or
- 2) A 10% reduction in adverse outcomes. This protocol does not call for a specific level of statistical achievement to be achieved but, consistent with the NCQA document, calls for disclosure and review of the statistical significance of any reported improvements in performance as one aspect of reviewing the overall success of a PIP. (“Validating Performance Improvement Projects Protocol Training”, March 19, 2004)

“Utilization” means: the extent to which the members of a covered group use a program or obtain a particular service, or category of procedures, over a given period of time. Usually expressed as the number of services used per year or per 100 or 1000 persons eligible for the service.

POLICY: One of the ‘Basic Elements’ of the quality assessment and performance improvement program of the CDRSN/PIHP is as follows, and detailed further in the procedures section: Conduct performance improvement projects as described in the BBA 438.240. These projects must achieve, through ongoing measurements and intervention, significant improvement, sustained over time, in clinical care including utilization review and resource management and non-clinical care areas. These are expected to have a favorable effect on health outcomes and enrollee satisfaction.

The CDRSN/PIHP participates, as a matter of contract, with the State MHD’s selected statewide performance improvement projects, and meets this BBA requirement through the State MHD waiver approval of their statewide PIPs at this time. The CDRSN/PIHP can conduct unique service-area-only performance improvements, as guided by their CDRSN/PIHP’s Quality Committee.

PROCEDURE: The CDRSN/PIHP Quality Management Oversight Committee has identified additional performance indicator projects that achieve, through ongoing measurements and intervention, significant improvement, sustained over time, in utilization management and resource management activities.

The performance improvement program & Quality Management System is ongoing and focus on clinical and non-clinical areas, and involves the following:

- Measurement of performance using objective quality indicators.
- Implementation of system interventions to achieve improvement in quality.
- Evaluation of the effectiveness of the interventions.
- Planning and initiation of activities for increasing or sustaining improvement.
- Roles, structures, functions and interrelationships of all the elements of the quality management process

Collect, analyze and display information regarding: the capacity to manage resources and services, including financial and cost information and compliance with statutes, regulations and agreements (2). WAC 388-865-0280(2)

Procedures to ensure that quality management activities are effectively and efficiently carried out with clear management and clinical accountability, including methods to:

(a) Collect, analyze and display information regarding:

(i) The capacity to manage resources and services, including financial and cost information and compliance with statutes, regulations and agreements;

(ii) System performance indicators;

(iii) Quality and intensity of services;

(iv) Incorporation of feedback from consumers, allied service systems, community providers, ombuds and quality review team;

(v) Clinical care and service utilization including consumer outcome measures; and

(vi) Recommendations and strategies for system and clinical care improvements, including information from exit interviews of consumers and practitioners.

(b) Monitor management information system data integrity;

(c) Monitor complaints, grievances and adverse incidents for adults and children;

(d) Monitor contracts with contractors and to notify the mental health division of observations and information indicating that providers may not be in compliance with licensing or certification requirements;

(e) Immediately investigate and report allegations of fraud and abuse of the contractor or subcontractor to the mental health division;

- (f) Monitor delegated administrative activities;
- (g) Identify necessary improvements.

The information system generates the following reports which are used to manage utilization and resources within CDRSN.

SEE ALSO: Glossary of Terms and Acronyms