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| **Subject:** Access and Timeliness Standards | | **Accountability:**  Quality Management | **Effective Date:**  4/22/2016 | Pages: 3 |
| **REQUIRED BY**:  **BBA Section**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **PIHP Contract Section** \_\_\_\_\_\_\_\_  **NCQA/URAC Standard** \_QI Standard 5 Element A; Element B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Other** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Last Reviewed Date:  6/1/17 | Past Reviewed Dates:  5/13/16 |
| **LINE OF BUSINESS**:  Specialty Waiver (B/C)  1115 Waiver  Healthy Michigan  SUD Medicaid  SUD Block Grant  MI Health Link  OTHER:\_\_\_\_\_\_\_ | **APPLICATION**:  SWMBH Staff and Ops  Participant CMHSPs  SUD Providers  MH / DD providers  Other**:**\_\_\_\_\_\_\_ | | Last Revised Date:  6/1/17 | Past Revised Dates: |
| Approved : \_\_\_\_\_\_\_\_  Date: \_6/1/17\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Required Reviewer:  QAPI Director  Provider Network Director  Utilization Management Director | |

# Purpose

To ensure adequate access to all medically necessary covered services, the Quality Improvement (QI) department monitors, tracks trends and reports on how effectively this network meets the needs and preferences of its membership.

# Policy

Southwest Michigan Behavioral Health (SWMBH) will provide, maintain and monitor access standards and other standards according to National Committee for Quality Assurance (NCQA) and Managed Behavioral Healthcare Organization (MBHO) Quality Management (QM) and Improvement Standards and by the Duals Demonstration MI Health Link contract.

# Standards and Guidelines

The QM department will collect, monitor, track and trend access data against NCQA access standards related to regular and routine appointments, urgent/emergency care, after-hours care, and call center rates. Trending of measures to assess performance in the quality and safety of clinical care and quality of service. On an annual basis, the QI department includes in its MI Health Link Quality Assurance and Performance Improvement (QAPI) Program and Plan a description of completed and ongoing objectives/goals that address access quality of services.

SWMBH will regularly share findings with Integrated Care Organizations (ICO) and providers from data analytic, predictive modeling and risk management studies. SWMBH will coordinate with ICOs and Providers to access data on enrolled members for purposes of performing care coordination assessing from quality of care, conducting health care evaluations, surveys and audits, determining medical necessity and appropriateness of covered services. This data sharing will assist in joint treatment planning, resource management and care coordination activities. On an annual basis, SWMBH Quality department in coordination with Provider Network will administer a Provider Satisfaction survey to providers in order to improve coordination of care, communication and collaboration.

1. Provider Network Adequacy:

SWMBH maintains an adequate network of Providers to provide member services and requires that its providers maintain capacity to deliver services in a manner that accommodates the needs of Enrollees. SWMBH requires that all of its Practitioner Network provide accessible (including physical and geographic access) services to Enrollees. Contracts with providers will be monitored to assess customer access to services within Medicare and Medicaid standards on geography and type.

Using valid methodology an analysis will be completed to meet standards related to amount of time traveled by customers, the number of types of behavioral practitioners within and outside of the region, and the geographic distribution of each type of practitioners within the region. Using the findings from the network adequacy including the evaluation of Language and Cultural standards, the Provider Network will be adjusted to include practitioners within the network that meet high-volume needs identified in the analysis. The QI department collaborates and works with the Provider Network in conducting site reviews of facilities for both physical and programmatic accessibility.

On an annual basis, an analysis of SWMBH provider network against set contractual standards related to provider location and type will be completed. At least annually, this report will be shared with the ICO, MI Health Link Committee for review and Cultural Committee.

1. Access Standards: Using valid methodology, the organization improves accessibility of behavioral healthcare by performing an annual analysis of data to measure its performance against standards for access to:
   * 1. Regular and routine care appointments (10 business days)
     2. Urgent care appointments (48 hours)
     3. Emergency appointments (6 hours)
     4. After-hours care. (after 5:00pm)
     5. Member Service Lines:
2. Call Abandonment: Less than 5%
3. Call Answer Rates: Less than 30 seconds
4. Call Service Ratio: above 95%
5. Quality Monitoring: Agents performance is monitored and scored using live and recorded calls.
   * 1. Provide safe and appropriate physical access to buildings, services and equipment.
6. SWMBH Analysis & Reporting:
   1. Appointments: QI collects data from across the entire provider and member population. The measure data is collected through the UM authorization system for urgent and routine requests. On a monthly basis, the QI department tracks and trends timeliness of appointments. A monthly report is shared with the ICOs and MI Health Link Committee. If the goal is not met then any necessary interventions will be implemented and discussed with the ICOs and MI Health Link Committee.
   2. Member Service Lines: Tracking of all telephone service lines occur on a daily basis. Monthly, the QM department will evaluate the MI Health Link service lines data collected. QI department measures service level, call answer rates and call abandonment rate. The goal is for Utilization Managers to receive a minimum score of 96.25% on established evaluation. The evaluations are completed by quality department members bi-annually and can be completed with live or recorded calls. A call center report template is used for the tracking of telephone answer rate and abandonment rate for Member Service, urgent line, and crisis line. Measure data is collected through the authorization system for urgent and routine requests. The monthly call monitoring report is shared with the ICOs and the MI Health Link Committee on a monthly basis. If the goal is not met, then any necessary interventions are implemented and discussed with the ICOs and MI Health Link Committee.

On at least an annual basis, the SWMBH Quality Department completes an MI Health Link QAPIP evaluation analysis on the access to care standards including; measuring the effectiveness of interventions and writing and identification of improvements. This effectiveness review will be shared with the ICOs and MI Health Link Committee.

# Definitions

# Service Level: 95% of all incoming calls presented should be answered within 30 seconds or less.

# Handle Time: the total time the call center agent spends assisting the customer. Clock starts when phone is answered and ends when the call is completed.

# Call Abandonment Rate: Total call volume received, divided by total number of calls missed.

# Total Call Volume: Total amount of calls received within the established time frame.

# Call Monitoring: Calls will be monitored live or by a recording of a service call.

# References

# Three Way Contract, ICO, MDHHS & SWMBH 2015

# NCQA MBHO QI Standard 5: Accessibility of Services, Elements A: Assessment Against Access Standards & Element B: Assessment Against Telephone Standards

# Attachments

None