

SWMBH Operating Policy 3.6

Subject: Access and Timeliness Standards		Accountability: Quality Management	Effective Date: 9/29/14	Pages: 4	
REQUIRED BY: BBA Section _____ PIHP Contract Section <u>P.6.5.11</u> NCQA/URAC Standard <u>NCQA Q 4-5</u> SA SARF _____ Other _____		Last Reviewed Date: 5/13/16		Past Reviewed Dates: 9/29/14	
LINE OF BUSINESS: <input checked="" type="checkbox"/> Specialty Waiver (B/C) <input type="checkbox"/> I Waiver <input checked="" type="checkbox"/> Healthy Michigan <input checked="" type="checkbox"/> SUD Medicaid <input type="checkbox"/> SUD CA Block Grant <input type="checkbox"/> OTHER: _____		APPLICATION: <input checked="" type="checkbox"/> SWMBH Staff and Ops <input checked="" type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH / DD providers <input checked="" type="checkbox"/> DD providers <input type="checkbox"/> Other: _____		Last Revised Date: 5/13/16	Past Revised Dates:
Approved : _____ Date: <u>5/25/2016</u>		Required Reviewer: QAPI Director Provider Network Manager			

I. 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.

II. Policy

Southwest Michigan Behavioral Health (SWMBH) maintains an adequate network of practitioners and monitors how effectively this network meets the needs and preferences of its membership. Furthermore, SWMBH provides and maintains appropriate access to member services. SWMBH will monitor access standards relate to the Michigan-Michigan Based Indicator System, Access Standards, and other standards set by contract or best practice through Quality Monitoring.

III. Standards and Guidelines

The Quality Management (QM) department will collect, monitor, track and trend access data against 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 Program and Plan a description of completed and ongoing objectives/goals that address access quality of services.

SWMBH will regularly share findings with the regional Community Mental Health Service Programs (CMHSPs), providers, members, Committees and all relevant stakeholders from data analytic, predictive modeling and risk management studies. SWMBH will coordinate with CMHSPs 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

SWMBH Operating Policy 3.6

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.

A. Michigan Mission-Based Indicator System Reporting:

The Michigan Department of Health and Human Services (MDHHS) PI Report delineates the dimensions of quality that are to be addressed by the public mental health system. The data is used to develop a statewide aggregate status report for the purposes of public accountability, contract management, and quality assurance. The data is also used to facilitate the development and implementation of performance improvement systems and initiatives internal to the Pre-Paid Inpatient Health Plan (PIHP) and CMHSPs.

The MDHHS PI Report is produced and submitted four times annually and is due on the last day of the third month following each Fiscal Year 3 month quarter. PI Reports from the PIHP are submitted to MDHHS. The PIHP is responsible for collecting and evaluating data from the provider network including but not limited to CMHPs and SUD providers.

SWMBH Reporting:

- Provider Performance of Access standards will be provided to SWMBH Provider Network as part of the credentialing review process.
- Access Standards will be used as part of the Network Adequacy Report to analyze that the provider network is sufficient to meet the needs of customers.

B. Access standards:

Using valid methodology, the organization collects and performs an annual analysis of data to measure its performance against standards for access to:

- Regular and routine care appointments
- Urgent care appointments
- After-hours care
- Member Services, by telephone
- UM by telephone

SWMBH Reporting:

- Care of non-life-threatening emergency – defined as pre-screen process at hospital and crisis line calls. Standards: 3 hours to complete pre-screening process, and crisis line will be answered by a live person 24 hours a day.
- Assessment - 14 calendar days
- First Service - 14 calendar days
- SWMBH QAPI will review phone calls to SWMBH UM and Customer Service departments to monitor rates against standards at least annually. At least annually these reports will be provided to RUMCP and QMC committees.

C. 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

SWMBH Operating Policy 3.6

(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 SWMBH Committees and CMHSPs.

D. Michigan Mission Based Performance Indicator System- Contractual Guidelines:

1. Due dates

All data are due to MDHHS 90 days following the end of the reporting period (Note: reporting periods are 90 days, six months, or 12 months).

2. Children

Children are counted as such who are less than age 18 on the last day of the reporting period.

3. Dual Eligible

Do not include those individuals who are Medicare/Medicaid dual eligible in indicators number 4a & 4b (Follow-up Care) and number 10 (Readmissions).

4. Medicaid

Count as Medicaid eligible any person who qualified as a Medicaid beneficiary during at least one month of the reporting period. Indicators 1, 2, 3, 4, 10, and 11 are to be reported by the CMHSPs for all their consumers, and by the PIHPs for all their Medicaid beneficiaries.

5. Substance abuse beneficiaries

Indicators 2, 3, and 4 include persons receiving Medicaid substance abuse services managed by the PIHP (this is not applicable to CMHSPs). Consumers who have co-occurring mental illness and substance use disorders may be counted by the PIHP as either MI or SA. However, please count them only once. Do not add the same consumer to the count in both the MI and SA categories.

6. Documentation

It is expected that CMHSPs and PIHPs will maintain documentation of:

- a. persons counted in the "exception" columns on the applicable indicators – who, why, and source documents; and
- b. Start and stop times for timeliness indicators.

Documentation may be requested and reviewed during external quality reviews.

IV. Definitions

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SWMBH Operating Policy 3.6

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V. References

Michigan Performance Indicator Codebook – MDHHS PIHP contract attachment P6.5.1.1
Section 2.0 NCQA HP Accreditation QI Standards Q4-Q5
SWMBH Policy 6.5 Limited English Proficiency

VI. Attachments

None