



**Maine DHHS &
APS Healthcare**

Behavioral Health ASO

Quality Management Plan

Table of Contents

	Page
Introduction	3
Purpose of APS Maine Quality Management Plan	3-4
Quality Management Plan	4-5
Plan Objectives	4
Plan Goals	4-5
Plan Scope	5
Maine ASO Internal Plan Component	5-7
Staff Verification	5
Screening	6
Training	6
Continuing Education	6
Supervision	6
Confidentiality and HIPAA	6-7
Ethics/Corporate Comp	7
Silent Monitoring	7
APS Healthcare Problem Resolution Procedure	7
Internal Quality Improvement Committee	7
Maine ASO External Plan Component	8-11
Key Measures/Reports	8
APS Healthcare Value Added Reporting	8
Provider and Member Satisfaction	8-9
Quality Improvement Member and Provider Advisory Councils	9
Service Authorization/Reconsiderations/Problem Resolution	9-10
Retrospective Records Review	10
Member Clinical and Functional Outcomes	10
Clinical and Treatment Quality Study	10
Geographic Validation Study	11
Family Involvement in Quality Management Activities	11
Provider Recruitment Plan	11
Annual Plan Evaluation	11
Review and Approval	12

Introduction

APS Healthcare Inc., headquartered in White Plains, NY, is a privately held, specialty healthcare company. Founded as a behavioral healthcare company in 1992, APS and its 1,300 employees provide a wide range of healthcare solutions to more than 20 million members across the United States and Puerto Rico.

APS Healthcare has been effective in improving the quality and effectiveness of care and is positioned as one of the leading behavioral healthcare organizations in the country.

Our success to provide all MaineCare members with clinically appropriate, medically necessary and cost effective treatment can only be realized through an active participative effort focused on quality assurance and performance improvement. In this regard, APS Healthcare has dedicated a quality management team to collect and analyze operational data and provide expert analysis to provide the State of Maine with meaningful information in order to measure the success of our efforts and partner in efforts to improve the quality of behavioral health care services throughout the State of Maine.

Purpose of APS Maine Quality Management Plan

To “Support ongoing learning, data based decision making and rapid identification and resolution of quality related problems to ensure that all members receive clinically appropriate, effective, medically necessary and cost effective treatment.”

In addition, the program is focused on assuring the quality of APS’s services, starting with our internal process of hiring quality staff with integrity and a desire to serve, and carrying through to comply with state and federal regulations and expectations.

The Quality Management Plan includes numerous components designed to support the Department of Health and Human Services (DHHS) efforts to improve access, assure appropriate utilization, support evidence-based and promising practices, and improve clinical outcomes for MaineCare members.

In order to achieve and maintain appropriate treatment for members, the quality improvement process must be a continuous and dynamic process that provides for ongoing monitoring of key performance measures. Regularly scheduled reporting of these measures to key stakeholders will allow for thoughtful review of current information and provide the evidence to drive the decision process forward in a positive direction. The inclusion of members and providers on quality councils will enhance the credibility of the analysis and allow consensus decision making to drive the direction of change that

will benefit members most. Evidence of success or regress will be evident by the outcomes measured and by keeping a watchful eye on performance indicator trends and direction.

The APS Quality Improvement Manager will work with DHHS and the Quality Improvement Provider and Member Advisory Councils to ensure that the information collected is used in system and service planning and decision making process, and that opportunities for improvement are identified and addressed.

Quality Management Plan

Plan Objectives

1. To successfully support and guide the APS Maine Quality Management activities and initiatives.
2. To monitor system and service performance with a focus on member outcomes for use in guiding and informing system and service improvements.
3. To work collaboratively with DHHS, the Quality Improvement Provider and Member Advisory Council's, and other stakeholders in order to build an integrated quality review and feedback system.
4. Promote member participation in all aspects of quality assurance and improvement activities.

Plan Goals

Based on the parameters of our contract with Maine's DHHS, as well as feedback from internal and external stakeholders, the APS Maine Quality Management Plan has defined specific goals. These goals include:

1. Continuous performance improvement of service delivery through a systematic process of monitoring performance indicators as defined in the contract.
2. Provide Member and Provider education and information that is appropriate with regard to language level and content, in order to maximize clear communications with all parties.
3. Support high levels of Member and Provider satisfaction with APS Healthcare's Maine ASO program services.
4. Promote the development and use of evidence based guidelines to assist with service planning and clinical decision making.

5. Partner with the Quality Improvement Advisory Councils on quality improvement activities.
6. Annually evaluate the overall efficiency and effectiveness of the Quality Management Plan including structure, process and outcomes.
7. Continuously monitor internal processes to insure that APS Healthcare's Maine ASO complies with state and federal requirements such as "Rights of Recipients" and "HIPAA".
8. Provide meaningful analysis of data collected for ongoing information and to promote advisory council participation on a quarterly basis.
9. Support in partnership with DHHS and the Quality Improvement Advisory Councils the development of a quality review and information feedback system to guide system and service improvements and decision making.
10. Partner with DHHS to develop and implement systems for the collection and ongoing reporting of member outcomes.

Plan Scope

The scope and content of the Quality Management Plan is designed to continuously monitor, evaluate and improve the clinical care and service provided to enrolled members and providers.

Maine ASO Internal Plan Component

APS Maine actively ensures that its workforce is highly effective and is trained and supported to meet all regulatory and compliance requirements.

Staff Verification

All staff participate in pre-employment verification in compliance with state and federal employment regulations. This includes, but is not limited to verification of licensure, education, training, previous employment and supervisory references. Copies of professional licenses (e.g. RN, LCSW etc.) are maintained by the APS Human Resources Department.

Screening

Criminal background and child abuse registry checks are completed on all staff prior to starting employment. As part of its commitment to a drug free work place, APS Healthcare requires all new employees to pass pre-employment drug screens.

Training

Training: APS Healthcare employees are required to participate in ethics, corporate compliance (*Doing the Right Things...the Right Way™*) and HIPAA privacy training during orientation and on an annual basis thereafter.

Continuing Education

Licensed clinical staff members are required to complete continuing professional education activities to maintain their active licensure in good standing.

Supervision

All APS Maine employees perform their duties under the supervision of the Executive Director (a licensed clinical social worker), the Medical Director (a licensed, psychiatrist) or their designees.

Confidentiality and HIPAA

APS Healthcare has policies and procedures to protect the confidentiality of member information and records in compliance with HIPAA Privacy Rules. These policies apply to all staff with access to member information. In addition to regular training our office provides restricted access through a key card system. Breaches of HIPAA will be reported to the APS Healthcare Legal Department per APS Healthcare Policy: Legal.008, Logging the Release of PHI for Accounting Purposes. Policies address:

1. Maintenance of confidentiality of information within the organization.
2. Protection of medical record information (both original information and documentation used for behavioral healthcare services).
3. The right of the member to approve the release of identifiable personal information by the Program in accordance with HIPAA Privacy Rules.

4. All Program employees (Staff, temporary staff, consultants) are required to sign affirmation of the Confidentiality Statement and Conflict of Interest attestation.
5. Orientation of employees regarding APS Healthcare's confidentiality policies and procedures and HIPAA training, both initially upon hire and annually thereafter.

Ethics/Corporate Compliance

APS operates a toll-free corporate compliance hotline that allows employees to report possible compliance breaches, on an anonymous basis. APS policy requires employees with knowledge of compliance breaches to report or face potential disciplinary action for failure to report. The Corporate Compliance program operates under the direction of the Assistant Chief Legal Counsel.

Silent Monitoring

As a way of monitoring appropriateness and efficacy of service interactions with members and providers, silent monitoring of calls can occur. APS Maine leadership staff will have the ability to listen in to a "live" call to monitor that the call is appropriate and handled in an acceptable way reflective of excellent customer service. We also monitor our e-mail system for appropriate content.

APS Healthcare Problem Resolution Procedure

Any member with concerns and questions about any service provided by APS Healthcare can contact the Member Liaison who works with, and for members to explain the process, answer questions, and resolve problems.

APS strongly supports good communication between members and providers, so they can mutually resolve disagreements, when they occur.

APS Healthcare Internal Quality Improvement Committee

The APS Healthcare Internal Quality Improvement Committee was developed in order to maximize the quality of internal program processes. The committee includes membership from all functional areas within APS Healthcare's operation. The committee meets once or twice a month to address operational issues, maximize effective communication among APS staff, and improve the handling of all customer service opportunities.

Maine ASO External Plan Component

Key Measures/Reports

DHHS has identified key measures and the frequency of reporting to be completed by APS Maine. These measures fulfill contract requirements and include information that:

1. Is derived from authorization data collected in APS CareConnection®.
2. Includes service, system, and member level indicators of satisfaction and outcomes concerning behavioral health and substance abuse utilization as part of the service system performance and quality of services delivered by Providers.
3. Allow performance monitoring efforts that focus on service access, quality, member outcomes and continuity of care issues.
4. Tracks bed occupancy and capacity information.
5. Monitors the reconsideration request process and problem resolution procedure.
6. Identifies potential over and under utilization of services including high-cost users to provide APS Maine the opportunity to work with Providers to address unusual needs or inappropriate utilization.
7. Will collaborate with the Quality Improvement Member and Provider Advisory Councils as they review system effectiveness, performance measures, and performance improvement.
8. Allows evaluation of ASO call volume, response times and compliance with timeliness targets.
9. Includes skillful analysis, summary, and timely reporting of data to promote data driven decision making.
10. Is found in Appendix C (Reporting Requirements Matrix) of the Service Specifications and Performance Guidelines part of the contract.

APS Healthcare Value Added Reporting

APS Healthcare responds in a timely fashion to special data report requests from all DHHS Offices.

Provider and Member Satisfaction

Satisfaction with the Program will be measured internally based on feedback received from members and providers. Examples include:

1. A call tracking feature in APS Care Connection® which will allow callers the opportunity to rate their satisfaction with each call.
2. Eliciting feedback from the Member and Provider Advisory Councils.
3. Measuring our performance based on data collected, analyzed, and reported per requirements with the department.
 - a. Telephone call volume.
 - b. Average call response times.
 - c. Call abandonment rates.

- d. Number of Appeals filed.
- e. Number of Formal grievances filed.
- f. Number of grievances for which filing/reporting timeframes were met.
- g. Number of Level I grievances elevated to level II.
- h. Average ASO response times to appeals.
- i. Average time from filing to resolution of appeals.

Externally, satisfaction will be measured utilizing the Data Infrastructure Grant Annual Mental Health and Well-Being Survey that is administered by the Department.

Quality Improvement Member and Provider Advisory Councils

The councils will meet quarterly to review and provide feedback regarding:

1. Member outcomes tools.
2. Satisfaction and outcomes measures and data collection strategies.
3. Service performance and service quality delivered by Providers.
4. Demographic characteristics of member populations.
5. Quality and performance reports and feedback process.
6. Service use trends and access issues.
7. Reports concerning various aspects of the Quality Management Plan.
8. APS Healthcare reconsideration request and problem resolution data.
9. DHHS Mental Health Member satisfaction survey results.
10. System and service improvement priorities and Quality improvement strategies.
11. Performance measures and quality improvement efforts that consider results from retrospective client record reviews used to validate prior authorization approvals.
12. Support the development and implementation of clinical treatment studies.

Service Authorization/Reconsiderations/Problem Resolution

APS Maine maintains the following processes fully consistent with and compliant to both URAC and MaineCare requirements:

1. Authorization of service request
2. Partial authorization of service request
3. Denial of authorization request
4. Reconsideration of denial
5. Problem Resolution

APS Maine works to resolve disagreements with members informally. At the same time, APS Maine supports the rights of members to appeal denials of authorization requests to DHHS, consistent with MaineCare rules. In addition, members' rights to file a formal grievance with DHHS is also fully supported by APS.

Quarterly Maine Behavioral Health Data Forums

APS Healthcare Maine in partnership with the Maine Department of Human Services conducts a series of quarterly behavioral health data forums in a format that allows stakeholders throughout the state to participate via telephone and web conferencing. Presentations are prepared in advance to provide robust data analysis focused on specific topics of interest throughout the behavioral health care community.

Retrospective Record Reviews

APS Maine will conduct a sample of Retrospective Reviews quarterly to validate Prior Authorization approvals and help ensure that Providers accurately and completely deliver services that received Prior Authorization. Data from a random sample of records will be selected from APS CareConnectionME®. The requesting provider is asked to submit selected sections of the medical record that should contain the information necessary to support the medical necessity of the services requested. The retrospective audit addresses three issues,

- i. Does the information originally submitted substantiate the medical necessity of the services authorized?
- ii. Does the information contained in the medical record support the information submitted in the request for services?
- iii. Does the information contained in the medical record substantiate the medical necessity of the services authorized?

Note: the complete process is defined independently.

Member Clinical and Functional Outcomes

In year 1 APS Healthcare's Maine ASO will participate with DHHS and the Quality Improvement Advisory Councils in review and selection of standard member clinical and functional outcome tools and develop clinical outcome data collection methods. In year 2 the data collection process will be implemented.

Clinical and Treatment Quality Study

In year 1 APS Healthcare's Maine ASO in conjunction with DHHS will oversee and develop a clinical and treatment quality study based on Utilization Management, DHHS Mental Health survey results, and Member outcome data. Implementation of the study will occur in year 2.

Geographic Validation Study

In year 1 of the APS Healthcare contract, APS Healthcare, in conjunction with DHHS, will oversee and develop a geographic validation study to assess the accessibility and availability of hospital, residential, and crisis unit services throughout the State of Maine. Implementation of the study will occur in year 2.

Family Involvement in Quality Management Activities

The Quality Improvement Member Advisory Council and Behavioral Healthcare Data Forums will be the vehicles by which consumers and families can be involved in quality management activities.

Provider Recruitment Plan

APS Maine will assist DHHS in developing a Provider recruitment plan to encourage all current Providers of MaineCare Members to participate in the ASO.

Annual Plan Evaluation

Utilizing Walter Shewhart's methodology of quality cycle (Plan-Do-Check-Act) as a guide, has allowed us to create "Plan" this Quality Management Plan based on our contractual agreement with the department and the need to systematically measure what is working well and what could be working better concerning our quality processes and services. Using this plan as our guide we are implementing "Do" a comprehensive data collection process to monitor functional areas reflective of services provided by APS Maine. By utilizing this systematic approach to problem solving, APS Maine will be able to effectively review this plan on an annual cycle and make adjustments to achieve continuous quality improvement in our process and service deliverables.

In partnership with DHHS and the Quality Improvement Advisory Councils, we will be able to "Check" the level of performance success achieved throughout the previous year based on performance measure reporting analysis, track and trend patterns, and other feedback such a survey and customer satisfaction information. We can then "Act" on opportunities to develop and implement improvements for the upcoming year.

This process evolves as a continuous cycle toward quality improvement year after year.



Review and Approval

The Quality Management Plan has been reviewed and approved by:

Eric Meyer, LCSW, MBA, Executive Director for APS Healthcare

Dr. Jay Yoe, Director of Quality Assurance for DHHS

Patrick Caporino, RN, MBA, Quality Improvement Manager for APS Healthcare

Date: 7/20/2009