

Maryland Advisory Council on Mental Hygiene / Planning Council

QUALITY IMPROVEMENTS

October 15, 2013



Quality Improvement Activities

- Quality Incentive Program (QIIP) and Use of OMS Data
- Jail Data Link
- Surveys (Consumer and Provider)
- Formal Complaint Process
- Increasing Access to... Pharmacy Data & Community Resources
- Provider Training & Audits (Quality of Documentation and Billing)
- Program Integrity Activities
- Contact Information



Quality Incentive Program (QIIP)

DESCRIPTION OF PROGRAM AND CURRENT STATUS

See Handout

GOALS

- Increase consumer participation in outpatient mental health services
- Identify and reward clinics showing improvement financially and in quality

MODEL

- Assesses risk factors of the actual consumers attributed to a clinic to determine that clinic's estimated "global cost of care"
- Variables reviewed include Outcomes Measurement System (OMS) data, claims data, clinical, demographic, utilization and residency
- Quarterly updates are made to reflect changes to these variables



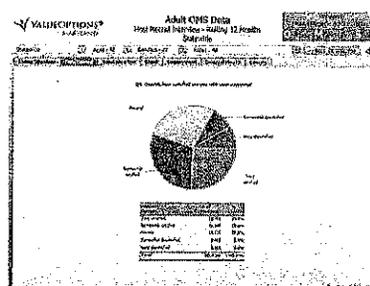
*We interrupt this presentation for an
important announcement...*



OMS Datamart Home Page



OMS Datamart Results Page



We now return you to your regularly scheduled presentation...



Quality Incentive Program (QIP)

PROVIDER PARTICIPATION

- 42 providers are currently enrolled in QIP which means...
 - 47% of eligible consumers are enrolled in QIP
- Trainings for providers in 2012 and 2013 were well attended

RESOURCES AVAILABLE TO PROVIDERS

- Quarterly updates on their financial and quality metrics
- Lists of engagement strategies for clinics working with adults and clinics working with children & adolescents
- Inpatient and Emergency Department reports



Quality Incentive Program (QIP)

YEAR 1, QUARTER 3 SUCCESSES

- 64% of QIP providers were under their global cost estimate compared to 54% of non-QIP providers
- QIP providers scored 100% on the OMS Engagement Rate compared to non-QIP providers who scored 95%
- From 1/1/13 to 5/8/13 the following reports were run by providers:
 - Inpatient authorizations = 399 times
 - Emergency Department claims = 416 times

NEXT STEPS

- Year 1, Quarter 4 results scheduled to be released by 10/31/13
- High performing providers will be featured online



Jail Data Link

DESCRIPTION OF PROGRAM AND CURRENT STATUS

See Handout

PURPOSE

Promote the continuity of treatment for individuals with serious mental illness who are detained in the detention center.

COUNTIES

- Participating: Baltimore City and Howard
In Progress: Anne Arundel, Charles and Wicomico
Interested: Harford and St. Mary's



Jail Data Link

PROCESS

List of detained, incarcerated or remanded persons is sent to ValueOptions
List is matched against Medicaid eligibility, authorizations and paid claims
List is returned to Maryland Dept. of Public Safety and Correctional Services as well as the Core Service Agency (CSA)
Detention center staff uses data to address medical and mental health needs
CSA assists with coordinated care while person is detained and upon release

NEXT STEPS

- Increase participating counties
- Increase effective use of information for better outcomes



Consumer Perception of Care Survey

Consumers' voice to decision-makers and stakeholders.

- Administered annually
- Prior reports on MHA and ValueOptions' websites
- Executive Summary of 2012 Survey, see handout
- Methodology: mail pre-notice; collect data by phone
- Results shown by (a) adult and (b) children & caregiver
- Satisfaction and Outcome Measures



Consumer Perception of Care Survey

- 2012 Survey Results:
 - 90.5% of adults and 98.1% of children/caregivers responded they have a primary health care provider
 - Satisfaction of adults with OMHCs and PRPs
 - Satisfaction of children/caregivers with OMHCs and Family Support Services
 - All responders report valuable outcome measures
- 2013 Survey Results
 - Data collection March – May
 - Data analysis and results being finalized
 - Once completed the report will be posted



Provider Survey

Providers' voice to decision-makers and stakeholders.

- Administered every other year
- Prior report on MHA and ValueOptions' websites
- Methodology: mail, phone and fax
- Provider feedback regarding:
 - Mental Hygiene Administration
 - Core Service Agencies
 - Administrative Service Organization



Provider Survey

- 2011 Survey Response:
 - 149 of 500 programs/facilities
 - 144 of 1,119 Individual Providers/Practitioners
 - 80% of providers reported being *very satisfied* or *satisfied* with their ability to meet the clinical needs of the consumers they serve within the system
- 2013 Survey Results
 - Data collection March – May
 - Data analysis and results being finalized
 - Once completed the report will be posted



ASO Formal Complaint Process

SUBMISSION

Verbal
Written

COMMUNICATION

Acknowledgment Letter
Resolution Letter



ASO Formal Complaint Process

INVESTIGATION

- Complaints against the provider are worked by the CSA
 - Rude provider
 - Lack of access to provider and/or medications
- Complaints against ASO are worked by ValueOptions' staff
 - Request for exception to backdating authorization rule
 - Request to re-look at a claims denial
- All complaints go to the MHA Complaints Committee
 - Ensure thorough investigation and outcome
 - Link complainant to additional support as needed



Quality of Care Complaints Received During Last 24 Months

Quality of Care Complaints	Sept '11 – Aug '12	Sept '12 – Aug '13
Access	88	43
Rude Provider	11	21
Medication	9	28
Inadequate (Not Happy with) Service	13	18
Other	1	11
Total	122	121



Increasing Access to...

PHARMACY DATA

- Report developed for treating physicians re: current consumers
- Enhancements made to process of accessing the report
- 38% increase of physicians with access from 2011 to 2012

COMMUNITY-BASED RESOURCES

- Consumers who are admitted often to hospital-based treatment are identified within ValueOptions' system
- ValueOptions coordinates with the hospital and the consumer's choice of outpatient treatment to assist in the engagement of outpatient services upon the consumer's discharge



Provider Training & Audits

July 2013 Regional Forums featured ways to avoid audit findings such as...

Inadequate Staffing (39%)

Missing Notes (25%)

Administratively Incomplete Notes (10%)



Provider Training & Audits

AUDITING SELECTION, PROCESS AND TOOLS

- 70 providers identified annually through data mining, tips and referrals
- Feedback given the day of the audit and in a report 45 days later
- MHA issues the official determination
- All audit tools are posted on ValueOptions' website and based on COMAR



Program Integrity Activities

FRAUD AND ABUSE TIPS

- Phone number: 1-800-888-1965
- All tips are sent to the Program Integrity Department and investigated thoroughly.

SOME COLLABORATING AGENCIES INCLUDE

- Medicaid Fraud Control Unit (MFCU)
- Office of Inspector General (OIG)
- Attorney General's Office (AG)
- Office of Healthcare Quality (OHQO)



Contact Information

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Thank You

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