

*2020 Executive Summary:*  
**Annual Evaluation of the  
Quality Improvement  
Program**

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*May 21, 2021*



**Community Behavioral Health**  
A DIVISION OF DBHIDS | CBHPHILLY.ORG



**Member Services Hotline**

**888.545.2600**

**888.436.7482 (TTY)**



**Mental Health  
Delegate Hotline**

**215.685.6440**

Community Behavioral Health (CBH) is a non-profit 501c(3) corporation contracted by the City of Philadelphia's Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) to manage the delivery of the HealthChoices behavioral health program of the Commonwealth of Pennsylvania (Pennsylvania). This program covers mental health and substance use services for Medicaid recipients of Philadelphia County. In partnership with DBHIDS, services are delivered in accordance with HealthChoices, which is governed at the federal level by the Centers for Medicaid and Medicare Services (CMS) and administered at the state level through the Pennsylvania Department of Human Services (PA DHS) and the Office of Mental Health and Substance Abuse Services (OMHSAS).

CBH has slightly over 729,000 Medical Assistance eligible members. Our mission is that CBH will meet the behavioral needs of the Philadelphia community by assuring access, quality, and fiscal accountability through a high-performing, efficient, and nimble organization driven by quality, performance, and outcomes.

CBH contracts with Medical Assistance enrolled and licensed providers with the requirement that they deliver effective and medically necessary services to covered members in the least restrictive, most developmentally appropriate, and culturally competent manner. In creating and maintaining this managed care system, CBH promotes maximum access, member and family participation, public accountability, and local control.

CBH authorizes services for a vast array of programs, including outpatient mental health and substance use; inpatient psychiatric and addictions treatment; residential rehabilitation; and family, school, and community-based programs.

### *Our Members*

CBH's primary goal is to effectively address and support the overall health and wellness of Philadelphians across multiple domains, in partnership with other city agencies and physical health managed care organizations. CBH authorizes payment for a vast array of services, including outpatient mental health and substance use programs; inpatient psychiatric; residential rehabilitation; as well as family, school, and community-based programs.

### *Our Providers*

CBH is committed to ensuring Philadelphians receive an array of quality, cost-effective, recovery-oriented, and evidence-based services. Targeted efforts include developing and expanding a wide array of community-based alternatives to restrictive settings, as well as developing specialized services for individuals with autism, youth involved in the child welfare system, and forensic-involved adults reentering the community.

## GOALS AND OBJECTIVES

### Goals

CBH’s Quality Management (QM) Program aims to provide the structure and processes to improve the clinical care and quality of services for our members in pursuit of the Quadruple Aim. QM program development includes multidirectional input from the Board of Directors, Officer Team, Quality Improvement Committee, members, and providers. The QM program realizes success through data and measurable outcomes to determine progress toward regulatory and accreditation requirements. The QM program is committed to continuous quality improvement and is evaluated annually for its overall effectiveness. Based on the annual evaluation findings, the QM program is modified to ensure opportunities are acted upon to improve the quality of care our members receive.

### Objectives

To achieve the overarching goals of the Quadruple Aim and the QM Program, CBH has identified the following program objectives:

<i>Objective</i>	<i>Purpose</i>
<p><b>1.</b> Maintain NCQA MBHO Accreditation at FULL accreditation (score of &gt;84)</p>	<p>Demonstrate a high-level of adherence to industry best-practices, resulting in high-quality care, access and consumer protections, and member outcomes.</p> <p>QM Program goals focus on quality improvement, member rights and responsibilities, practitioner and facility credentialing, utilization management, and care coordination and collaboration with behavioral health and physical health providers.</p>
<p><b>2.</b> Obtain NCQA Multicultural Healthcare (MHC) distinction (score of &gt;70) by January 2023</p>	<p>Demonstrate a focus on appropriate service delivery and quality improvement interventions for diverse populations.</p> <p>QM Program goals focus on reduction of health disparities and improving access to care. There is an emphasis on understanding the needs of the population and working to remove the barriers, improving quality care.</p>
<p><b>3.</b> Achieve a score of &gt;85% on Member Satisfaction</p>	<p>Achieving a score of &gt;85% on the Member Satisfaction survey demonstrates that members are accessing high-quality provider care successfully and are satisfied with the services of the provider network and CBH.</p>
<p><b>4.</b> Achieve a score of &gt;85% on Provider Satisfaction</p>	<p>Achieving a consistently high level of provider satisfaction demonstrates that providers are understanding and implementing CBH policies and guidelines successfully. This level of satisfaction ensures that CBH is supporting providers in achieving goals necessary to provide quality care to the member population.</p>

## Approach to Quality

The scope of the QM Program is to provide oversight of all aspects of clinical care and services provided to our members. The QM program is developed and evaluated in alignment with the Quadruple Aim and regulatory and accreditation requirements. CBH utilizes several strategies and approaches to ensure that the QM program is effective to improve the health and health outcomes of our member population. The following section outlines, in detail, the supporting framework of the QM program.

## The Quadruple Aim

In addition to the Triple Aim from the Institute of Healthcare Improvement (IHI) of improved health, quality care, and cost effectiveness, CBH has adopted a model inclusive of improved provider experience, known as the Quadruple Aim. CBH recognizes that each aspect of the Quadruple Aim is interdependent with each other and works to address the healthcare delivery system as a whole to achieve each dimension of the Quadruple Aim.



## QM PROGRAM SCOPE AND STRATEGIES

CBH uses several strategies to ensure that QM goals and objectives are strategically aligned with achieving the priorities of the Quadruple Aim. The QM program scope includes activities related to member safety, member satisfaction, provider satisfaction, and quality measurements as outlined in the four main categories below:

1. Member Safety
2. Member Satisfaction
3. Provider Participation and Experience
4. Quality Measurements

# QUALITY MANAGEMENT (QM) PROGRAM STRUCTURE

## Quality Management Staff

CBH has dedicated significant resources and staffing to meet the needs of the QM program. CBH's QM Program resources are organized as follows:

- ➔ **Core Staff** – these internal staff play a critical role in leading, managing, and executing the QM Program activities. These staff include:
  - » Chief Medical Officer
  - » Senior Director of Quality Management
  - » Physician Advisor of Quality Management
  - » Director of Performance Evaluation
  - » Assistant Director of Quality Management
  - » Manager of Provider Monitoring
  - » Manager of Complaints and Grievances
  - » Manager of Quality Improvement
  - » Manager of Performance Evaluation
  - » Quality Management Supervisor
  - » Complaints & Grievances Supervisor
  - » Quality Management Specialists
  - » Complaints & Grievances Specialists
  - » Quality Reporting and Accreditation Specialist
  - » Quality Improvement Specialist
  - » Performance Evaluation Specialist
  - » Administrative Support

- ➔ **Expanded Staff** – these internal staff have other roles in the organization and a portion of their role is spent supporting the execution of QM program activities. These resources come from other key departments within the organization including, but not limited to, the following:
  - » Clinical Care Management
  - » Medical Affairs
  - » Member Services
  - » Data Analytics

## Quality Improvement Committee (QIC)

The QIC provides oversight of the Quality Management Program. The committee was chaired by the CBH Chief Medical Officer and is composed of DBHIDS and CBH leadership, member representatives, practitioners from the provider network, and representatives from the PA DHS OMHSAS. The QIC provided critical feedback and guidance to the QM department on key initiatives. The Committee is also responsible for reviewing and approving all the key QM documents, such as the QM Program Description, Work Plan, Annual Evaluation, and Policies and Procedures, in a timely manner.

## EVALUATION OF CBH'S PERFORMANCE

CBH monitors quality activities regularly and identifies goals in key areas related to access, care management and utilization, complaints and grievances, denials, quality management, and consumer/family satisfaction through the QM Workplan. Goals are set annually and assessed at regular intervals to ensure progress is being made. Metrics that do not meet the identified goal are reviewed further through a root cause analysis. Actions for improvement are identified to address causes of not meeting the goal.

CBH achieved many of the objectives of the 2020 Quality Management Program and is performing well on many of the measures. There continues to be room for improvement, especially in quality improvement activities. The following section provides a summary of results related to goals on the 2020 QM Workplan.

### A. Section(s) 1 and 2: Access (Provider and Consumer)

In 2020, CBH assessed multiple provider metrics to understand the provider network and access needs for members. A member needs assessment was conducted and included a review of network distribution mapping, penetration rates, provider to member ratios, a capacity of network providers, and an understanding of member needs, demographics, utilization, and member experience. The review of the network was successful and resulted in 89 new independent practitioners and 20 new

facility programs joining the provider network. An outpatient access survey for outpatient mental health and substance use providers identified gaps in accessing routine and urgent services in a timely manner. This was consistent with the member experience survey which also identified gaps in accessing routine and urgent services in a timely manner. However, members indicated in the member experience survey that they are satisfied with their provider and services received. Complaints related to timely access are also minimal, indicating consistency in the member satisfaction response.

CBH continues to monitor customer service for members and make improvements. These improvements led to a reduction in the average telephone answer speed to 12 seconds in 2020 as compared to 14 seconds in 2019. The telephone call abandonment rate by member services staff in 2020 was 0.55%, a reduction from 1.7% in 2019. CBH continues to provide interpretation and written translation services to all members, as well as American Sign Language. CBH identified threshold and notification languages for eligible members in 2020 based on NCQA Multicultural Healthcare Distinction (MHC) standards. These thresholds will be used for all member-facing print materials. CBH continues to make available alternate forms of communication and provided documents in braille, recordings, and transcripts, when needed.

**Access (Provider)**

**2020 Target Goal:**

*Offer a choice of at least two providers to all CBH members requesting service.*

Description	Rate	Outcome
CBH Member Services staff exceeded the goal of offering two provider choices to members requesting services. In 2020, CBH Member Services staff offered three provider choices to 100% of members who requested services.	3 providers	Goal Met

**2020 Target Goal:**

*Conduct onsite reviews as a means of on-going evaluation of the provider network.*

Description	Rate	Outcome
<ul style="list-style-type: none"> <li>➤ NIAC conducted 58 Site Visits.</li> <li>➤ There were 44 providers, representing 140 programs presented to the Credentialing Committee for credentialing status.</li> </ul>	Conducted 58 site visits	Goal Met

**Access (Consumer)**

**2020 Target Goal:**

*100% of calls to Member Services are answered within 30 seconds*

Description	Rate	Outcome
100% of calls were answered within 30 seconds.	12 seconds	Goal Met

**2020 Target Goal:**

*Call Abandonment rate is 5% or less*

Description	Rate	Outcome
The call abandonment rate was significantly less than 5%.	0.55%	Goal Met

**B. Section 3: Care Management and Utilization Management**

The Clinical Department adopted a 90% inter-rater reliability rate in 2020 and met the raised threshold for all 2020 measurements. Despite the challenges of COVID-19, care management staff continued to find ways to collaborate with the Department of Human Services, the School District of Philadelphia, families, youth, and the courts to ensure that the needs of families are met. The Utilization Management Committee continued to monitor utilization rates, length of stay, and reviewed prior authorization requirements. In 2020, an Alternative Payment Arrangement (APA) was implemented as a result of COVID-19, which reduced prior authorization requirements and timely billing of encounters. This led to challenges with timely review of utilization practices and understanding final measurement rates for HEDIS-related measures utilized in the Clinical Practice Guidelines (CPGs) and Quality Improvement activities.

CBH continues to develop and adopt clinical practice guidelines to help practitioners and members make decisions about appropriate healthcare. A rigorous process, including expert practitioner involvement, is utilized to develop, review, and update the clinical practice guidelines. Each of the developed guidelines identifies performance metrics to understand adherence of the provider network to the guidelines. In 2020, the APA resulted in incomplete data for HEDIS measures leading to a skewed understanding of performance of the provider network. This was apparent in CPGs related to ADHD as the performance was much lower than expected. ADD initiation rates were at 30.64% which was a significant drop from 2019 initiation rates which were at 67.35%. However, despite the challenges, there was demonstrated improvement in the provider network on performance measures from the following guidelines:



- ➔ Clinical Guidelines for the Prescribing and Monitoring of Benzodiazepines and Related Medications
  - » The rate of benzodiazepine prescribing has reduced from 32.0% in 2019 to 30.4% in 2020
  - » The rate of concomitant prescribing of benzodiazepine to members on an opioid has reduced from 2.5% in 2019 to 2.3% in 2020
  - » The rate of prescribing of benzodiazepines to members with substance use disorder reduced from 3.0% in 2019 to 2.1% in 2020
  
- ➔ Clinical Guidelines for the Prescribing and Monitoring of Antipsychotic Medications for Youth
  - » The HEDIS® Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) reached 49.2% which is over the 75th percentile – a national benchmark.
  
- ➔ Clinical Guidelines for Major Depressive Disorder
  - » Although the HEDIS® Antidepressant Medication performance metric did not reach the goal set for 2020 (52% effective acute phase and 36% effective continuation phase), there was demonstrated improvement in the rates from 2019. In 2020, the effective acute phase increased from 42.65% to 48% and the effective continuation phase increased from 26.50% to 31%.
  
- ➔ Clinical Guidelines for the Treatment of Tobacco Use Disorder
  - » CBH has identified that 99% of adult members have been screened for tobacco use at least once in the measurement year. Additionally, 99% of adult members received tobacco cessation counseling in quarter two of 2020.

CBH will continue to assess performance of the provider network on the adherence of the guidelines. Performance metrics not meeting the 2020 goal were analyzed to understand barriers in the provider network to meeting the goal. Interventions may be selected for quality improvement, when necessary. Providers will have an opportunity to submit additional claim encounters that occurred in 2020 in quarter two of 2021. CBH will re-run the annual performance measures to gain a better understanding of performance in 2020.

### Care Management and Utilization

**2020 Target Goal:**

*Obtain 90% agreement rate on Inter-Rater Reliability Studies*

Description	Rate	Outcome
The overall percent agreement across all teams exceeded 90%.	92%	Goal Met

### C. Section 4: Education and Prevention Programs

CBH continues to provide education and prevention programs around smoking cessation, domestic violence, and childhood obesity. CBH continues to work on the Tobacco Recovery and Wellness Initiation to improve the emotional, behavioral, physical, and environmental health of member in recovery by promoting the use of evidence-based practices in tobacco screening and treatment across CBH-contracted providers. Despite the challenges of COVID-19 and having to cancel in-person events, member services staff became creative in working on the domestic violence initiative. A question was also added to the member experience survey about members’ ability to access and find information on the website. Changes will be made to member services practices around website accessibility based on the results of this survey.

### D. Section 5: Complaints and Grievances

The complaints and grievances team at CBH ensures that all complaints and grievances staff, BH-MCO staff, and panel members receive adequate training related to complaints and grievances. Monthly audits of first level complaints, second level complaints, and grievances continue to be conducted. Audit results are incorporated into supervision. Changes to Appendix H are incorporated into the protocol and staff are trained. In 2020, 99.4% of first level complaints were resolved within 30 days, 98% of second-level complaints were resolved within 45 days, and 97.14% of grievance hearings were resolved within 30 days. Due to the APA agreement, the number of grievances was significantly reduced in 2020. This is expected to return closer to normal rates when the APA agreement ends, and prior authorization practices resume.

### Complaints and Grievances

**2020 Target Goal:**

*Receive no more than five complaints or grievances (NCQA appeals) per 1000 members per quarter.*

Description	Rate	Outcome
<ul style="list-style-type: none"> <li>➔ The overall complaint rate met the goal of less than five (5) per 1,000 members.</li> </ul>	4.16	Goal Met
<ul style="list-style-type: none"> <li>➔ The categories assessed include Access, Attitude/Service, Billing/Financial, Quality of Care, and Quality of Office Site</li> </ul>		

**2020 Target Goal:**

*Achieve 100% Resolution within 30 days for grievances*

Description	Rate	Outcome
<p>Overall, the resolution of grievances within 30 days was slightly below the 100% goal.</p> <p><b>Action:</b> CBH will conduct ongoing audits of all grievances to ensure resolution is completed timely.</p>	97%	Not Met

### E. Section 6: Denials

Due to the APA agreement, the number of denials was significantly reduced in 2020. Timeliness of decisions was not met at the 95% threshold in quarter one or quarter three. Timeliness of mailing continues to be of concern. This was related to the transition of staff working from home during COVID-19 and developing a mechanism for mailing of letters.

**Denials**

**2020 Target Goal:**

*100% of denial notifications are mailed timely*

Description	Rate	Outcome
<p>In 2020, denial notifications were mailed timely 92% of the time. Denial notifications were mailed timely 100% of the time for eight of the 12 months in 2020.</p> <p><b>Action:</b> CBH continues to monitor and identify concerns around the timely mailing of denial notices. A monthly report has been developed for monitoring and individualized review with each care management team.</p>	92%	Not Met

**F. Section 7: Executive Management**

DBHIDS continues to monitor and provide oversight of CBH. DBHIDS staff are active in complaints and grievances, decision making committees, and pay-for-performance processes. In 2020, DBHIDS began developing oversight processes for outgoing state reporting and audits of denials and complaints/grievances. CBH staff organization continues to be compliant with Program Standards and Requirements.

**G. Section 8: Quality Management**

CBH continues to work on the alignment of the QM program description, workplan, and annual evaluation. In 2020, CBH provided virtual training and technical assistance to providers. Providers also participated in provider orientation, claims trainings, evidence-based practice trainings, and clinical process trainings. The provider satisfaction survey resulted in an overall satisfaction rate of 89%.

CBH continues to implement a quality improvement framework across the organization. This systematic review has been applied to several quality improvement projects and will continue to be applied in 2021. CBH has identified several quality improvement projects to improve care coordination between behavioral health providers, care collaboration between behavioral health and physical health providers, and improve the overall quality of care for members. As identified above, many HEDIS performance measure results were incomplete due to the APA and incomplete claim encounters in the CBH system. CBH will re-run annual performance rates in Q2 of 2021 and re-assess progress. A few projects demonstrated positive results:

- ➔ The following quality improvement projects demonstrated positive results in 2020:
  - » Antidepressant Medication Management

- Although the HEDIS® Antidepressant Medication performance metric did not reach the goal set for 2020 (52% effective acute phase and 36% effective continuation phase), there was demonstrated improvement in the rates from 2019. In 2020, the effective acute phase increased from 42.65% to 48% and the effective continuation phase increased from 26.50% to 31%.
  - » Exchange of Information within Federally Qualified Health Centers (FQHCs)
    - FQHCs utilize a shared electronic health record between behavioral health and physical health providers. This ensures that the treating provider is able to share information easily with one another, thus indicating care collaboration. In 2020, the percentage of active membership utilizing an FQHC increased to 31%, demonstrating a 4% increase since 2018 and a 1% increase since 2019.
  - » Behavioral Health Case Management Exchange of Information
    - Behavioral Health Case Managers (BHCM) are notified of acute inpatient hospitalization through an electronic notification system, called RIM. In 2018, a survey sent to the BHCMS indicated that only 82% of survey respondents had access to the RIM Alerts system. In the most recent survey distributed, 96% of survey respondents indicated they had access. CBH will continue to provide education to BHCMS to ensure that the RIM Alerts system is being utilized effectively for improvement of care coordination efforts.

CBH will continue to evaluate the performance of the quality improvement projects. CBH will continue to monitor performance quarterly and implement interventions as needed through Plan, Do, Study, Act (PDSA) cycles.

### Quality Management

***2020 Target Goal:***

***85% of respondents to the annual provider satisfaction survey have an overall satisfaction score of at least 4 on a 5-point Likert scale.***

Description	Rate	Outcome
CBH’s goal is to reach an 85% favorable response (score of at least 4 on a 5-point scale) for overall satisfaction. For overall provider satisfaction with CBH, 89% of respondents (n=228) reported a 4 or 5 toward being satisfied and the 2020 goal was met.	89%	Goal Met

**2020 Target Goal:**  
*Monitor utilization of children’s services*

Description	Rate	Outcome
CBH continues to decrease reliance on acute levels of care, including Acute Inpatient (AIP), Residential Treatment Facilities (RTF), and increase the use of community-based alternatives.	An increase in use of community-based services was demonstrated	Goal Met

**2020 Target Goal:**  
*Increase medication adherence of individuals with a diagnosis of schizophrenia by a minimum of .5 percentage points*

Description	Rate	Outcome
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (2019 Rate: 54.37%)	56.74%	Goal Met

**2020 Target Goal:**  
*Improve inpatient 30-day readmission rate for individuals with Persistent Serious Mental Illness (PSMI) by .5 percentage point.*

Description	Rate	Outcome
The rate for 30-day readmissions increased from 19% in QTR 1 to 21% in QTR 4. For the goal to be met, the rate must decrease by 0.5%. <b>Action:</b> In 2021, CBH will be identifying new interventions targeted at reducing readmissions.	21%	Goal Not Met

**2020 Target Goal:**  
*Improve percentage of children on antipsychotic medication receiving metabolic monitoring*

Description	Rate	Outcome
The rate for children on antipsychotic medication receiving metabolic monitoring was 49.2% and exceeded the goal (goal: 32%). This rate was over the 75 <sup>th</sup> percentile and national benchmark.	49.2%	Goal Met

**2020 Target Goal:**  
*Improve the rate of benzodiazepine prescribing*

Description	Rate	Outcome
The rate of benzodiazepine prescribing reduced from 32.0% in 2019 to 30.4% in 2020.	30.4%	Goal Met

**2020 Target Goal:**  
*30-day readmission rates post discharge from mental health hospitalization of less than or equal to 13% for both children and adults.*

Description	Rate	Outcome
Readmission rates for children and adults in 2020 was 16.9% which demonstrated a deterioration in readmissions and did not meet the 13% goal.	16.9%	Goal Not Met
<b>Action:</b> A comprehensive quality improvement plan and interventions were identified to improve readmission rates.		

**2020 Target Goal:**  
*Achieve 7- and 30-day follow-up rates post discharge from mental health hospitalization of 31.95% for 7-day follow-up and 45.95% for 30-day follow-up*

Description	Rate	Outcome
Follow-up rates post discharge: <ul style="list-style-type: none"> <li>➤ 7-day =27.99%</li> <li>➤ 30-day = 43.17%</li> </ul>	7-day = 27.99% 30-day = 43.17%	Goal Not Met
<b>Action:</b> A comprehensive quality improvement plan and interventions were identified to improve 7- and 30-day follow-up rates.		

**H. Section 9: Consumer/Family Satisfaction**

CBH conducted the annual member experience survey which consisted of a review of complaints and appeals and a member experience survey. The member experience survey resulted in overall satisfaction of 88.4% for adults and 92% for child/caregivers. When compared to the complaints, quality of care had the largest complaint concerns. Specifically, Intensive Outpatient (IOP) had the highest number of complaints with perceived poor care as the reason. However, satisfaction with

providers for routine care in the member experience survey was not identified as a concern. One limitation of the member experience survey is that it does not ask level of care specific questions for complaint comparison.

**Consumer/Family Satisfaction**

**2020 Target Goal:**

*Obtain overall 85% Member Satisfaction rate.*

Description	Rate	Outcome
CBH received an overall satisfaction survey rate of 88% for adults and 92% for children/caregiver survey.	Adults – 88% Children/Caregiver – 92%	Goal Met

**I. Section 10: Management Information System and Claims**

CBH has continued to incorporate data submission and validation processes as required by the PEPS standards. The claims management department has been tracking the processing of claims and will continue to work toward achieving as near 100% of claims processing in 45 days as possible.

**J. Section 11: Corrective Action Plans**

CBH will continue to work on the Corrective Action Plans identified by OMHSAS related to denials, complaints and grievances, and training needs. CBH submitted evidence of completion of the CAP to OMHSAS on 4/23/2021.

CBH will continue to evaluate the needs of the program through the work plan on a quarterly basis and adjust staffing, as needed, to supplement the QM department. The organization also obtained adequate feedback from its community practitioners in the development and implementation of the 2020 QI initiatives and programs.