

*2021 Executive Summary:*  
**Annual Evaluation of the  
Quality Improvement  
Program**

---

*May 24, 2022*



**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 disabilities (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 766,000 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

Community Behavioral Health’s (CBH) 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 2022</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 member health and experience, 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
  - » Medical Director of Quality Management
  - » Director of Performance Evaluation
  - » 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 and Grievances Supervisor
  - » Quality Management Specialists
  - » Complaints and Grievances Specialists
  - » Quality Reporting and Accreditation Specialists
  - » Quality Improvement Specialists
  - » Performance Evaluation Specialists
  - » 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 co-chaired by the CBH Medical Director of Quality Management and Senior Director of Quality Management 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 2021 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 2021 QM Workplan.

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

In 2021, 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 140 new independent practitioners and 43 new

facility programs joining the provider network. An outpatient access survey for outpatient mental health and substance use providers identified gaps in accessing urgent services with a non-prescriber in a timely manner. This was supported by the member experience survey which also identified gaps in accessing 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 has been working toward the NCQA Multicultural Healthcare Distinction (MHC) and will be pursuing the distinction in June 2022. As a result, in quarter 3 of 2021, CBH conducted a Provider Survey on Multicultural Provider Practices in collaboration with the University of Pennsylvania’s Center for Mental Health. There were 205 participants from the CBH provider network. Overall, participants had high multicultural awareness and sensitivity and a moderate to high instance of culturally responsive behaviors. Additionally, as part of MHC, CBH collected data on provider race/ethnicity demographics to better understand and assess the cultural responsiveness of the network. One opportunity for improvement that was noted as a result of the survey was related to provider training on available language resources from CBH and CBH will be offering ongoing provider training on language resources in 2022. Ongoing review of the survey results may result in additional interventions to improve the provider network.

CBH continues to monitor customer service for members. The average telephone answer speed was 13 seconds in 2020 as compared to 12 seconds in 2019. The telephone call abandonment rate by member services staff in 2021 was 0.9% which was a decline of 0.35 percentage points from 0.55% in 2020. 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 2021 based on NCQA MHC standards. These thresholds will be used for all member-facing print materials and vital documents. CBH continues to make available alternate forms of communication and provided documents in braille, recordings, and transcripts, when needed. CBH continues to gather information about handicap accessibility in the provider application and the provider directory has been updated to reflect wheelchair accessibility.

**Access (Provider)**

**2021 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 2021, 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 92 Reviews.</li> <li>➔ There were 31 providers, representing 62 programs presented to the Credentialing Committee for credentialing status.</li> </ul> | Conducted 92 reviews | Goal Met |

**Access (Consumer)**

**2021 Target Goal:**

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

| Description                                    | Rate       | Outcome  |
|--|------------|----------|
| 100% of calls were answered within 30 seconds. | 13 seconds | Goal Met |

**2021 Target Goal:**

*Call Abandonment rate is 5% or less*

| Description   | Rate | Outcome  |
|---|------|----------|
| The call abandonment rate was significantly less than 5%. | 0.9% | 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 2021 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. The Quality Monitoring Audit Tool (QMAT) was used to monitor direct reports to ensure that written documentation, telephonic reviews, and on-site performance are evaluated.

### Care Management and Utilization

**2021 Target Goal:**

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

| Description  | Rate | Outcome  |
|--|------|----------|
| The overall percent agreement across all teams exceeded 90%. | 95%  | 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 Initiative 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. In quarters 1 and 2, 2021, 8.30% of members received a tobacco screening from their provider. Throughout 2021, a total of 94 individuals were screened using the AUDIT or Zung Self-Rating Depression Scale. 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.

### 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 2021, 99.7% of first level complaints were resolved within 30 days, 100% of second-level complaints were resolved within 45 days, and 100% of grievance hearings were resolved within 30 days. Due to the APA agreement, the number of grievances was significantly reduced in 2021. This is expected to return closer to normal rates when the APA agreement concludes, and prior authorization practices resume.

### Complaints and Grievances

**2021 Target Goal:**

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

| Description  | Rate | Outcome  |
|--|------|----------|
| ➔ The overall complaint rate met the goal of less than five (5) per 1,000 members. | 4.16 | Goal Met |

| Description   | Rate | Outcome |
|---|------|---------|
| <p>➔ The categories assessed include Access, Attitude/Service, Billing/Financial, Quality of Care, and Quality of Office Site</p> |      |         |

**2021 Target Goal:**  
*Achieve 100% Resolution within 30 days for grievances*

| Description  | Rate | Outcome  |
|--|------|----------|
| Overall, the resolution of grievances within 30 days was 100%. | 100% | Goal Met |

## E. Section 6: Denials

Due to the APA agreement, the number of denials was significantly reduced in 2021. Timeliness of decisions was met in all four quarters at the 95% threshold. Timeliness of mailing continues to be of concern but had an overall 96% rate. Denial audits ranged from 88% to 100%.

### Denials

**2021 Target Goal:**  
*100% of denial notifications are mailed timely*

| Description   | Rate | Outcome |
|---|------|---------|
| <p>In 2021, denial notifications were mailed timely 89% of the time, a decrease from 96% of the time. Denial notifications were mailed timely 100% of the time for 2 of the 12 months in 2021.</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> | 96%  | 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 2021, DBHIDS ensured that at least one person from the county was present at key meetings and will begin conducting a compliance check in 2022 to HealthChoices Program Standards and Requirements. CBH staff organization continues to be compliant with Program Standards and Requirements. In the second half of 2021, CBH added MHC workplan goals around CBH

Workforce Demographics and the development of a Diversity, Equity, and Inclusion Task Force. Implementation of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Healthcare were implemented via a CLAS program description.

## G. Section 8: Quality Management

CBH continues to work on the alignment of the QM program description, workplan, and annual evaluation. In 2021, the provider training and development unit at CBH provided virtual training and technical assistance to 1,261 participants. 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 94%.

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. Despite ongoing challenges with COVID-19 related issues, CBH did see some improvement in performance metrics. 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 36.24.0% in 2019 to 36% in quarters 1 and 2 of 2021. There was a slight increase in prescribing in 2020 which may have been due to prescribing practices via virtual appointments and reducing need to be seen less frequently in office because of COVID-19 restrictions.
  - » The rate of concomitant prescribing of benzodiazepine to members on an opioid has reduced from 2.86% in 2019 to 2.58% in quarters 1 and 2 of 2021.
  - » The rate of prescribing of benzodiazepines to members with substance use disorder increased from 2.89% in 2019 to 3.13% 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 54.7% which is an improvement from 2020 baseline of 5.9 percentage points. However, the rate did not achieve the goal that was set for 56.3%. Given that this is a newer metric and interventions are still ongoing, CBH hopes to see ongoing improvement in 2022.

- ➔ Clinical Guidelines for Major Depressive Disorder
  - » The HEDIS® Antidepressant Medication Acute Phase improved from 47.63% in 2019 to 58.54% in 2021. Likewise, the Continuation phase improved from 30.75% in 2019 to 43.14% in 2021.

CBH will continue to assess performance of the provider network on the adherence of the guidelines. Performance metrics not meeting the 2021 goal were analyzed to understand barriers in the provider network to meeting the goal. Interventions may be selected for quality improvement, when necessary.

CBH continues to implement a QI framework across the organization. This systematic review has been applied to several QI projects and will continue to be applied in 2021. CBH has identified several QI projects to improve care coordination between behavioral health providers, care collaboration between behavioral health and physical health providers, and overall quality of care for members. A few projects demonstrated positive results:

- ➔ Adherence to Antipsychotic Medications for Individuals with Schizophrenia
  - » Although the HEDIS® Adherence to Antipsychotic Medications for Individuals with Schizophrenia performance metric did not reach the goal set for 2021 of 70%, there was demonstrated improvement in the rates from 57.48% in 2018 to 58.77% in 2021.
- ➔ 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 providers are 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. However, in 2021, the percentage of unique members utilizing an FQHC dropped to 17.7%. This may be related to COVID-19 and members not seeking treatment as often as they did previously.
- ➔ 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 56% of survey respondents knew how to add staff to RIM alerts. In the most recent survey distributed in 2021, 69% of survey respondents indicated they knew how to add staff to RIM alerts.

In 2020, staff having access to RIM alerts was at 95%. However, in 2021, that number reduced to 79%. 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 QI projects. CBH will continue to monitor performance quarterly and implement interventions as needed through Plan, Do, Study, Act (PDSA) cycles.

**Quality Management**

**2021 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, 94% of respondents (n=125) reported a 4 or 5 toward being satisfied and the 2020 goal was met. | 94%  | Goal Met |

**2021 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 |

**2021 Target Goal:**

*Increase medication adherence of individuals with a diagnosis of schizophrenia to 61% by the end of 2021.*

| Description   | Rate   | Outcome                           |
|---|--------|-----------------------------------|
| Adherence to Antipsychotic Medications for Individuals with Schizophrenia (2020 Rate: 56.60%) has demonstrated improvement. | 58.77% | Goal Not Met<br>Improvement Noted |

**Action:** In 2022, CBH will continue implementing new interventions targeted at improving medication adherence.

**2021 Target Goal:**

**Improve inpatient 30-day readmission rate for individuals with Persistent Serious Mental Illness (PSMI) to at or below 15% by end of 2021.**

| Description   | Rate | Outcome           |
|---|------|-------------------|
| The rate for 30-day readmissions continued to decrease in 2021 from 23% in quarter 1 of 2021 to 20% in quarter 3 of 2021. For the goal to be met, the rate must continue to decrease and reach 15%. | 20%  | Goal Not Met      |
| <b>Action:</b> In 2022, CBH will be identifying new interventions targeted at reducing readmissions.  |      | Improvement Noted |

**2021 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 improved from 2020 (2020 rate: 48.8%).                                     | 54.7% | Goal Not Met      |
| <b>Action:</b> Although the goal was not met (Goal: 56.3%) there was improvement from 2020 and interventions will continue to be implemented and monitored. |       | Improvement Noted |

**2021 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 2021 was 14.7% which demonstrated a deterioration in readmissions and did not meet the 13% goal. | 14.7% | Goal Not Met |
| <b>Action:</b> A comprehensive quality improvement plan and interventions were identified to improve readmission rates.                       |       |              |

**2021 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:   |                 |              |
| ➔ 7-day FUH = 31.95%  |                 |              |
| ➔ 30-day FUH = 45.95%   | 7-day = 22.06%  | Goal Not Met |
| <b>Action:</b> A comprehensive quality improvement plan and interventions were identified to improve 7- and 30-day follow-up rates. | 30-day = 37.81% |              |

**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 85.3%. The majority of complaints were quality of care 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**

**2021 Target Goal:**

*Obtain overall 85% Member Satisfaction rate.*

| Description  | Rate  | Outcome  |
|--|-------|----------|
| CBH received an overall satisfaction survey rate of 85.3%. | 85.3% | 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 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 2021 QI initiatives and programs.