

2024 EXECUTIVE SUMMARY

**Annual Evaluation of the
Quality Improvement Program**

May 1, 2025

**Community
Behavioral
Health**

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1. INTRODUCTION

Community Behavioral Health (CBH) is a non-profit 501(c)(3) corporation contracted by the City of Philadelphia's Department of Behavioral Health and Intellectual Disabilities Services (DBHIDS) to manage the delivery of the HealthChoices behavioral health managed care organization (BH-MCO) of the Commonwealth of Pennsylvania (PA). This program covers mental health and substance use disorder (SUD) services for Medicaid recipients in 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 PA Department of Human Services (PA DHS) and the Office of Mental Health and Substance Abuse Services (OMHSAS).

In 2024, CBH had slightly over 788,660 Medical Assistance-eligible members. CBH's mission is to provide access to high-quality, accountable care to improve the health and mental wellness of our members.

CBH contracts with Medical Assistance-enrolled and licensed providers, requiring them to 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.

1.1. Our Members

CBH's primary goal is to effectively address and support Philadelphians' overall health and wellness across multiple domains in partnership with other city agencies and physical health managed care organizations (PH-MCOs). CBH authorizes payment for various services, including outpatient mental health and SUD programs, inpatient psychiatric and residential rehabilitation, and family, school, and community-based programs.

1.2. Our Providers

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

2. GOALS AND OBJECTIVES

2.1. 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 Quintuple Aim. QM program development includes multidirectional input from the Board of Directors, Officer Team, Quality Improvement Committee (QIC), 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 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.

2.2. Objectives

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

Objective	Purpose
1. Maintain NCQA MBHO Accreditation at FULL accreditation (score of >84)	<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>
2. Obtain NCQA Health Equity Accreditation (score of >70) by June 2025	<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>
3. Achieve a score of >85% on Member Satisfaction	<p>Achieving a score of >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>
4. Achieve a score of >85% on Provider Satisfaction	<p>Achieving a consistently high level of provider satisfaction ensures that CBH is supporting providers in achieving goals necessary to provide quality care to the member population.</p>

2.3. Approach to Quality

The scope of the QM program is to oversee all aspects of clinical care and services provided to our members. The QM program is developed and evaluated in alignment with the Quintuple Aim and regulatory and accreditation requirements. CBH utilizes several strategies and approaches to ensure that the QM program effectively improves our member population's health and health outcomes. The following section outlines in detail the supporting framework of the QM program.

2.3.1. The Quintuple Aim

CBH has adopted the Quintuple Aim, an expansion of the Quadruple Aim. The Quintuple Aim includes the following:



3. 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 Quintuple Aim. The QM program scope includes activities related to member safety, member satisfaction, provider satisfaction, and quality measurements as outlined below:

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

4. QUALITY MANAGEMENT (QM) PROGRAM STRUCTURE

4.1. 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 members are critical in leading, managing, and executing the QM Program activities. The staff includes:

- » Chief Medical Officer
- » Senior Director of Quality Management
- » Medical Director of Quality Management
- » Director of Performance Evaluation
- » Director of Quality Management
- » Director of Quality Improvement
- » 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 members 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:

- » Clinical Care Management
- » Medical Affairs
- » Member Services

» Data Analytics

4.2. Quality Improvement Committee (QIC)

The QIC oversees the QM program. The committee was co-chaired by the CBH Medical Director of Quality Management and the Senior Director of Quality Management and is composed of DBHIDS and CBH leadership, member representatives, practitioners from the provider network, and representatives from 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.

5. 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 determined to address the causes of not meeting the goal.

CBH achieved many of the objectives of the 2024 QM program and is performing well on many of the measures. However, there continues to be room for improvement, especially in quality improvement activities. The following section summarizes results related to the 2024 QM work plan goals.

5.1. Sections 1 and 2: Access (Provider and Consumer)

In 2024, CBH assessed multiple provider metrics to understand the provider network and access needs for members. A member needs assessment includes a review of network distribution mapping, penetration rates, provider to member ratios, the capacity of network providers, and an understanding of member needs, demographics, utilization, and member experience. The network review was successful and resulted in 312 new independent/group practitioners and 30 new facility programs joining the provider network. An outpatient access survey for outpatient mental health and SUD providers identified gaps in accessing routine and urgent services promptly. This was consistent with the member experience survey, which identified gaps in promptly accessing routine and urgent services. However, members indicated in the member experience survey that they are satisfied with their provider and the services received. Complaints about timely access are also minimal, indicating consistency in the member satisfaction response.

CBH continues to monitor customer service for members and make improvements. However, the average speed answer declined slightly in 2024, with an average telephone speed answer of 11 seconds compared to 12 seconds in 2023. The telephone call abandonment rate by member services staff improved slightly in 2024, with a rate of 0.86% compared to 1.08% in 2023. CBH continues to provide interpretation and written translation services to all members in American Sign Language. CBH identified threshold and notification languages for eligible members in 2024 based on the NCQA Health Equity Accreditation (HEA) standards. CBH continues to make alternate forms of communication available and provides documents in braille, recordings, and transcripts, when needed.

5.1.1. Access (Provider)

2024 Target Goal: Offer a choice of at least two providers to all CBH members requesting service.

Description	Rate	Outcome
Although the overall goal for 2024 was not met (99%), it still remains the goal of the department. The data shows that for 2024 Q1, 309 charts were reviewed, and the outcome showed a consistency rate of 98.6%. The data concerning member choice for Q2 (268 charts, 100%), Q3 (300 charts, 100%) and Q4 (300 charts, 100%) was 100%.	99%	Goal Partially Met

2024 Target Goal: Conduct onsite reviews as a means of ongoing evaluation of the provider network.

Description	Rate	Outcome
NIAC conducted 48 reviews in 2024. ➔ There were 24 providers presented to the CBH Program Integrity Committee during this period. The CBH Program Integrity Committee did not convene in November. ➔ Of the 24 providers, there were a total of 52 programs presented, which resulted in the following recredentialing statuses: » 8 programs received 1-year credentialing status » 44 programs received 3-year credentialing status	Conducted 48 Reviews	Goal Met

5.1.2. Access (Consumer)

2024 Target Goal: 100% of calls to Member Services are answered within 30 seconds.

Description	Rate	Outcome
100% of calls were answered within under 30 seconds.	11-12 seconds	Goal Met

2024 Target Goal: Call abandonment rate is 5% or less.

Description	Rate	Outcome
The call abandonment rate was significantly less than 5%.	0.86%	Goal Met

5.2. Section 3: Care Management and Utilization Management

The Clinical Department conducts inter-rater reliability testing biannually to ensure that physicians, psychologists, and care managers are making medical necessity decisions appropriately. In 2024, the

department met the 90% threshold for all 2024 inter-rater reliability measurements. Care management staff collaborated with the PA DHS, 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 and length of stay and reviewed prior authorization requirements. The Quality Monitoring Audit Tool (QMAT) monitors and evaluates the quality of written documentation, telephonic reviews, and on-site performance.

2024 Target Goal: Obtain a 90% agreement rate on inter-rater reliability studies.

Description	Rate	Outcome
The overall percentage agreement across all teams exceeded 90%.	94%	Goal Met

5.3. Section 4: Education and Prevention Programs

CBH continues to provide education and prevention programs around smoking cessation, domestic violence, and childhood obesity. CBH continues working on the Tobacco Recovery and Wellness Initiative (TRWI) to improve members' emotional, behavioral, physical, and environmental health in recovery by promoting evidence-based tobacco screening and treatment practices across CBH-contracted providers. The most recent data is from 2024 Q2, which shows that 7% were screened for tobacco use, 4% were offered counseling, and 0.2% were provided pharmacotherapy in 2024.

5.4. Section 5: Complaints and Grievances

The Complaints and Grievances team at CBH ensures that all 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 integrated into the protocol, and staff are trained. In 2024, 99.6% 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.

2024 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 per 1,000 members.	3.61	Goal Met
➔ The categories assessed include access, attitude/service, billing/financial, quality of care, and quality of office site.		

2024 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

5.5. Section 6: Denials

The timeliness of decisions was met in all four quarters at the 95% threshold. The timeliness of mailing continues to be of concern, but it had an overall rate of 98.8%. Denial audits ranged from 95.83% to 100%.

2024 Target Goal: 100% of denial notifications are mailed promptly.

Description	Rate	Outcome
In 2024, denial notifications were mailed timely 98.2% of the time.		
Action: 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.	98.2%	Goal Not Met

5.6. Section 7: Executive Management

DBHIDS continues to monitor and oversee CBH. DBHIDS staff are active in complaints and grievances, decision-making committees, and pay-for-performance processes. In 2024, DBHIDS ensured that at least one person from the county attended key meetings and conducted compliance checks of the HealthChoices Program Standards and Requirements. CBH staff organization continues to be compliant with Program Standards and Requirements. An annual culturally and linguistically appropriate services (CLAS) program evaluation was conducted to evaluate services provided by CBH and the provider network for adherence to The National Standards for CLAS in Health and Healthcare.

5.7. Section 8: Quality Management

In 2024, the provider training and development unit at CBH provided virtual training and technical assistance to 1,455 provider participants. Providers also participated in provider orientation, claims processing, evidence-based practice, and clinical documentation training. The provider satisfaction survey (PSS) resulted in an overall satisfaction rate of 93% in 2024, the same as 93% in 2023.

CBH continues to develop and adopt [clinical practice guidelines](#) (CPGs) to help practitioners and members make decisions about appropriate healthcare. A rigorous process, including expert practitioner involvement, develops, reviews, and updates the clinical practice guidelines. Each of the developed guidelines identifies performance metrics to understand adherence of the provider network to the guidelines. However, despite the challenges, there was demonstrated improvement in the provider network on performance measures from the following guidelines:

- ➔ Clinical Guidelines: Prescribing and Monitoring of Benzodiazepines and Related Medications
 - » The rate of benzodiazepine prescribing has increased from 37.99% in 2023 Q3 and Q4 to 39.83% in 2024 Q1 and Q2.
 - » The rate of concomitant prescribing of benzodiazepines to members on opioids has increased from 2.28% in 2023 Q3 and Q4 to 3.52% in 2024 Q1 and Q2.
 - » The rate of prescribing of benzodiazepines to members with SUD increased from 1.43% in 2023 Q3 and Q4 to 2.71% in 2024 Q1 and Q2.
 - » Intervention: Individualized provider outreach through QM (can include letter informing of status, request for written response, RCA, and/or corrective action plan). The QM team will continue to send individualized provider letters to high prescribers and outliers and promote the clinical practice guidelines for prescribing of benzodiazepines.
- ➔ Clinical Guidelines: Prescribing and Monitoring of Antipsychotic Medications for Youth
 - » The [Healthcare Effectiveness Data and Information Set](#) (HEDIS®) Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) measure ensures that children prescribed antipsychotics receive monitoring for metabolic disorders.
 - » The 2020 APM rate was 48.8%, reaching 53.92% in 2024 Q3. Although the rate did not achieve the goal of 56.34%, this increase demonstrates an improvement of 0.35 percentage points from the 2020 baseline. CBH continues to identify interventions to improve the measure.
 - » Interventions: Utilize data in gap in care reports to identify CBH children on antipsychotics with no claims seen for appropriate lab follow-up. Various dissemination strategies for a new Antipsychotics Education for Parents and Caregivers tip sheet aim to address gaps in care as they pertain to the measures.
- ➔ Clinical Guidelines: Treatment of Adults with Major Depressive Disorder (MDD)
 - » The HEDIS® Antidepressant Medication Management (AMM) Acute Phase measure ensures that individuals with an MDD diagnosis who were treated with an antidepressant medication remained on the medication for at least 84 days (12 weeks).
 - » The AMM Acute Phase improved from 50.89% in 2022 to 55.44% in 2024 Q3. This did not meet the goal of 59% but did demonstrate improvement.
 - » The AMM Continuation Phase ensures that individuals with an MDD diagnosis remain on the medication for at least 180 days (6 months). Likewise, the Continuation Phase improved from 33.24% in 2022 to 36.87% in 2024 Q3. This did not meet the goal of 44% but did demonstrate improvement.
 - » CBH continues to identify interventions to improve these measures.

» Interventions:

- AMM tip sheet: Educates providers on the AMM HEDIS measure and the importance of adherence to antidepressant medications
- Zoloft tip sheet: An educational resource for members prescribed Zoloft, including information about how to take and what to expect
- Antidepressant Medication Guide tip sheet: Considerations for medication treatment and information about accessing the CHOP tip line for consultations with child psychiatrists will be included in an educational resource that will be disseminated to pediatricians seeing Philadelphia Medicaid youth.
- Telephonic outreach to address racial disparity in AMM HEDIS rate
- Guide to Psychotropic Medications for Case Managers tip sheet
- Customized training of BHCMU case managers using psychotropic resources
- Postpartum depression prevention text message program

CBH will continue to assess the provider network's performance on adherence to the guidelines. Performance metrics not meeting the 2024 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 quality improvement framework across the organization. This systematic review has been applied to several quality improvement projects and will continue to be used in 2026. CBH has identified several quality improvement projects to improve care coordination between behavioral health providers, collaboration between behavioral health and physical health providers, and overall quality of care for members.

➡ The following quality improvement projects demonstrated improvement in 2024:

» HEDIS® Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

- The SMD measure ensures that individuals diagnosed with schizophrenia and diabetes receive a low-density lipoprotein cholesterol (LDL-C) test and a hemoglobin A1c (HbA1c) test during the measurement year.
- The SMD measure was 54.44% in 2024 Q3, an improvement from the 2020 rate of 47.9%.
- In 2022, CBH began working with Keystone First to contact members individually to ensure lab work was completed. This intervention may have contributed to improving the overall rate.

» HEDIS® Follow-Up After High Intensity Care for SUD (FUI)

- The FUI measure ensures that individuals who were treated for a SUD at a higher intensity receive a follow-up service within seven and/or 30 days.
- The FUI rate for 7-day follow-up improved from 60.84% in 2020 to 64.28% in 2024.
- The FUI rate for 30-day follow-up improved from 75.48% in 2020 to 78.22% in 2024.
- Since 2020, FUI was added to the Pay for Performance program for inpatient rehabilitation SUD providers. Additionally, a secret shopper program was utilized to ensure that outpatient appointments were available in a timely manner.

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

2024 Target Goal: 85% of respondents to the annual provider satisfaction survey have an overall satisfaction score of at least four on a 5-point Likert scale.

Description	Rate	Outcome
CBH's goal is to reach an 85% favorable response (score of at least four on a 5-point Likert scale) for overall satisfaction.		
For overall provider satisfaction with CBH, 93% of respondents (n=84) reported a 4 or 5 toward being satisfied and the 2024 goal was met.	93%	Goal Met
Action: CBH will complete a RCA with all departments receiving a score of less than 85%. Actions will be developed and published in the annual PSS report available on cbhphilly.org .		

5.7.1. The Provider Satisfaction Survey (PSS)

The PSS for 2024 had 84 respondents, which is a decline from 128 respondents in 2023. Most respondents were from facilities (61.90%). The remaining respondents were from behavioral health centers (13.10%), group practices (11.90%), independent practitioners (8.33%), or Federally Qualified Health Centers (4.76%). Respondents gave CBH an overall positive rating of 92.69%. This score is a slight decline from 2023's score of 93.48%. Departments not meeting the 85% positive rating goal will conduct a root cause analysis (RCA) and be monitored quarterly. NIAC improved its score by 8.22% to a rating of 90.77% and no longer needed an RCA. Performance evaluation scored a rating of 75% and continues to identify barriers and develop interventions to improve their score. Credentialing for independent practitioners, group practices, and behavioral health centers dropped from a positive rating of 93% to 68.75%. The department is working on an RCA to identify interventions to improve this score.

2024 Target Goal: Monitor the utilization of children's services.

Description	Rate	Outcome
CBH continues to decrease reliance on acute levels of care for children, including acute inpatient (AIP) and residential treatment facilities (RTF), and increase the use of community-based alternatives.	All services were monitored	Goal Met

2024 Target Goal: Increase medication adherence of individuals with a diagnosis of schizophrenia to 70% by the end of 2023.

Description	Rate	Outcome
Adherence to antipsychotic medications for individuals with schizophrenia (2024 Goal: ≥70%). In Quarter 3, 2024, the rate was 58.30% which did not meet the goal of 70%.		
Action: In 2024, CBH will continue implementing new interventions targeted at improving medication adherence.		
Intervention:		
➔ Provider-led prescriber intervention : Provider-directed intervention aimed at promoting evidence-based steps prescribers can take to help improve their patients' medication adherence rates.	58.30%	Goal Not Met
➔ Member outreach: Utilize vendor for conversational Artificial Intelligence platform, that drives health outcomes by promoting a 2-way customized solution to engage members who are non-adherent to antipsychotic treatment.		

2024 Target Goal: Improve inpatient 30-day readmission rate for individuals with Serious Persistent Mental Illness (SPMI) to at or below 15% by the end of 2024.

Description	Rate	Outcome
The 30-day readmission rate for individuals with SPMI 2024 is 20.5%, which did not meet the goal of being at or below 15%.		
Action: In 2025, CBH will be identifying new interventions targeted at reducing readmissions.	20.5%	Goal Not Met

2024 Target Goal: Improve the percentage of children on antipsychotic medication receiving metabolic monitoring.

Description	Rate	Outcome
CBH will aim to reach the 90th percentile for APM-HEDIS®: Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) by achieving 56.34% by end of 2024.		
	53.92%	Goal Not Met
The 2024 Q3 rate for children on antipsychotic medication receiving metabolic monitoring was 53.92% and did not meet the goal of 56.34%.		

2024 Target Goal: 30-day readmission rates post-discharge from mental health hospitalization of less than or equal to 11.75% for children and adults.

Description	Rate	Outcome
Readmission rates for children and adults in 2023 was 15.1% which did not meet the goal of 11.75%.	15.1%	Goal Not Met
Action: A comprehensive quality improvement plan and interventions were identified to improve readmission rates.		

2024 Target Goal: Achieve 7- and 30-day follow-up rates post discharge from mental health hospitalization of 32.00% for 7-day follow-up and 48.0% for 30-day follow-up (FUH).

Goal	Rate	Outcome
Follow-up rates post-discharge:	7-Day FUH = 28.1%	Goal Not Met
➔ 7-day FUH: 32.00%		
➔ 30-day FUH: 48.0%		
Action: A comprehensive quality improvement plan and interventions were identified to improve 7-and 30-day follow-up rates.	30-Day FUH = 44.2%	Goal Not Met

2024 Target Goal: Achieve 7- and 30-day follow-up rates post-discharge from a high-intensity care facility for SUD. 65.88% for 7-day follow-up and 79.22% for 30-day follow-up. FUI for the OMHSAS Performance Improvement Project: Prevention, Early Detection, Treatment and Recovery (PEDTAR) for SUD: Addressing the Continuum of Care for Individuals with SUDs.

Goal	Rate	Outcome
Follow-up rates post discharge:	7-Day FUI = 64.28%	Goal Not Met
➔ 7-day FUI: 65.88%		
➔ 30-day FUI: 79.22%		
	30-Day FUI = 78.69%	Goal Not Met

2024 Target Goal: Increase the use of medication-assisted treatment and counseling for those with opioid use disorder (MAT-OD) to 53.85% for the OMHSAS Performance Improvement Project: Prevention, Early Detection, Treatment and Recovery (PEDTAR) for SUD: Addressing the Continuum of Care for Individuals with SUDs.

Goal	Rate	Outcome
Individuals with an OUD diagnosis who received MAT and counseling in the last year: 53.85%	MAT-OD = 52.44%	Goal Not Met
Action: Continue system, provider, and member interventions.		

Goal	Rate	Outcome
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Intervention: The CBH Value-Based Purchasing Programs for ASAM 1.0 guidelines were shared with the provider network beginning 2021 Q1, through published documents, web-based trainings, and meetings.

2024 Target Goal: Increase the use of medication-assisted treatment and counseling for those with alcohol use disorder (MAT-AUD) at 8.80% for the OMHSAS Performance Improvement Project: Prevention, Early Detection, Treatment and Recovery (PEDTAR) for SUD: Addressing the Continuum of Care for Individuals with SUDs.

Goal	Rate	Outcome
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Individuals with an AUD diagnosis who received MAT and counseling in the last year: 8.80%

Action: Continue provider and member interventions.

Interventions:

- ➔ CBH staff developed CPGs for AUD in 2020 and began to distribute to the provider network during January 2021 to increase engagement rates with MAT-AUD. 2023 Q1 had the highest quarterly views with 121 unique toolkit views.
- ➔ New for 2023: Providers who have demonstrated success with MAT-AUD have been engaged and served as subject matter experts and presenters at the webinar titled “CBH Champions Best Practices for Treating Alcohol Use Disorder.”

MAT-AUD =
8.39%

Goal Not Met

2024 Target Goal: Increase initiation in treatment for those with OUD. Increase engagement in treatment for those with AUD and OUD for the OMHSAS Performance Improvement Project: Prevention, Early Detection, Treatment and Recovery (PEDTAR) for SUD: Addressing the Continuum of Care for Individuals with SUDs.

Goal	Rate	Outcome
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Individuals with an OUD diagnosis who initiated and engaged in treatment:

OUD initiation =
63.99%

Goal Met

- ➔ OUD Initiation: 61.46%

- ➔ OUD Engagement: 42.68%

OUD Engagement =
45.40%

Goal Met

Individuals with an AUD diagnosis who engaged in treatment:

- ➔ AUD Engagement: 28.14%

AUD Engagement =
34.38%

Goal Met

5.8. 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 an overall satisfaction of 87.8%.

Satisfaction with providers' responsiveness to linguistic, cultural, religious, ethnic, or racial needs met the 85% threshold goal in the member experience survey. However, the largest category of complaint concerns was quality of care. One limitation of the member experience survey is that it does not ask level of care-specific questions for complaint comparison.

2024 Target Goal: Obtain an overall 85% member satisfaction rate.

Goal	Rate	Outcome
CBH received an overall satisfaction survey rate of 85.3%.	87.8%	Goal Met

The CBH Member Experience Survey, implemented in 2024, measured members' experiences with services received in 2023. The results of this survey showed that CBH improved in 17 measures from the preceding year, with 10 of those measures meeting or exceeding the CBH goal of 85%. Seven of the measures that improved were questions about member satisfaction.

Several RCAs conducted by the organization focused on areas of improvement identified by the survey. The trends of these analyses showed common root causes related to staff and funding needs across the breadth of concerns and levels of care noted by the survey.

5.9. Section 10: Management Information System and Claims

CBH has continued incorporating data submission and validation processes as required by PEPS standards. The Claims Management department has been tracking claim processing and will continue to work toward achieving as close to 100% claim processing in 45 days as possible.

5.10. Section 11: Corrective Action Plans

A request for corrective action for review year 2022 was requested from the primary contractor on November 20, 2023. The corrective action plan was submitted to OMHSAS on December 19, 2023. OMHSAS approved the plan as indicated on January 8, 2024. Submission one was sent to DBHIDS on February 20, 2024, and was submitted to OMHSAS on March 11, 2024. Submission two was sent to DBHIDS on March 15, 2024, and was submitted to OMHSAS on April 30, 2024. Submission three was sent to DBHIDS on September 11, 2024. Submission four was sent to DBHIDS on October 30, 2025. Submission five was sent to DBHIDS on December 16, 2024.

CBH will continue to evaluate the program's needs through the work plan quarterly and adjust staffing, as needed, to supplement the QM department. The organization also obtained adequate feedback from its community practitioners in developing and implementing the 2024 QI initiatives and programs.