

2023 EXECUTIVE SUMMARY

**Annual Evaluation of the
Quality Improvement Program**

May 31, 2024

**Community
Behavioral
Health**

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1. INTRODUCTION

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).

In 2023, CBH had slightly over 833,000 Medical Assistance (MA) eligible members. Our mission is to provide access to high-quality, accountable care to improve our members' health and mental wellness.

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.

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

1.1. 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 wide array of services, including outpatient mental health and substance use programs, inpatient psychiatric and residential rehabilitation, and family, school, and community-based programs.

1.2. Our Providers

CBH is committed to ensuring Philadelphians receive a wide 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 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

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 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 Quadruple Aim and the QM Program, CBH has identified the following program objectives:

Objective	Purpose
<p>1. Maintain NCQA MBHO Accreditation at FULL accreditation (score of >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>2. Obtain NCQA Multicultural Healthcare (MHC) distinction (score of >70) by June 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>3. Achieve a score of >85% on Member Satisfaction.</p>	<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>
<p>4. Achieve a score of >85% on Provider Satisfaction.</p>	<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 Quadruple 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.

2.4. 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 that includes improved provider experience, the Quadruple Aim. CBH recognizes that each aspect of the Quadruple Aim is interdependent with the others and works to address the healthcare delivery system as a whole to achieve each dimension of the Quadruple Aim.



3. QM PROGRAM SCOPE AND STRATEGIES

CBH uses several strategies to ensure that QM's 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

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. These staff include:
 - » 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 & Grievances Supervisor
 - » Quality Management Specialists
 - » Complaints & 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

4.2. Quality Improvement Committee (QIC)

The QIC oversees 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 promptly reviewing and approving all the key QM documents, such as the QM Program Description, Work Plan, Annual Evaluation, and Policies and Procedures.

5. EVALUATION OF CBH'S PERFORMANCE

CBH monitors quality activities regularly and identifies goals in critical 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 2023 Quality Management Program objectives and is performing well on many of the measures. There continues to be room for improvement, especially in quality improvement activities. The following section summarizes results related to goals on the 2023 QM Workplan.

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

In 2023, CBH assessed multiple provider metrics to understand the provider network and access needs for members. A member needs assessment included 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 126 new independent/group practitioners and 28 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 promptly. This was consistent with the member experience survey, which also 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 2023, with an average telephone speed answer of 12 seconds compared to 11.6 seconds in 2022. The telephone call abandonment rate by member services staff improved slightly in 2023, with a rate of 1.08%, compared to 1.30% in 2022. CBH continues to provide interpretation and written translation services to all members of American Sign Language. CBH identified threshold and notification languages for eligible members in 2023 based on NCQA Health Equity Accreditation (HEA) standards. Two new notification languages were identified: Pennsylvania Dutch and Swahili. CBH continues to make alternate forms of communication available and provides documents in braille, recordings, and transcripts when needed.

5.1.1. Access (Provider)

2023 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 2023, CBH Member Services staff offered three provider choices to 100% of members who requested services.	100%	Goal Met

2023 Target Goal: Conduct onsite reviews as a means of ongoing evaluation of the Provider Network.

Description	Rate	Outcome
NIAC conducted 43 Reviews in 2023. There were 29 providers, representing 84 programs presented to the Credentialing Committee for credentialing status.	Conducted 43 Reviews	Goal Met

5.1.2. Access (Consumer)

2023 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.	12 seconds	Goal Met

2023 Target Goal: The call abandonment rate is 5% or less.

Description	Rate	Outcome
The call abandonment rate was significantly less than 5%.	1.08%	Goal Met

5.2. Section 3: Care Management and Utilization Management

The Clinical Department conducts inter-rater reliability testing bi-annually to ensure that physicians, psychologists, and care managers are making medical necessity decisions appropriately. In 2023, the clinical department met the 90% threshold for all 2023 inter-rater reliability measurements. Care management staff collaborated 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 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.

2023 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. It also continues to work on the Tobacco Recovery and Wellness Initiation to improve the emotional, behavioral, physical, and environmental health of members in recovery by promoting the use of evidence-based practices in tobacco screening and treatment across CBH-contracted providers. From July 1, 2022, through June 30, 2023, 7.26% of CBH members received a tobacco screening from their behavioral health provider.

5.4. 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 integrated into the protocol, and staff are trained. In 2023, 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.

2023 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.	3.61	Goal Met
The categories assessed include Access, Attitude/Service, Billing/Financial, Quality of Care, and Quality of Office Site		

2023 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%.

2023 Target Goal: 100% of denial notifications are mailed timely.

Description	Rate	Outcome
In 2023, denial notifications were mailed timely 98.8% 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.	98.8%	Goal Not Met

5.6. Section 7: Executive Management

The Department of Behavioral Health and Intellectual disAbility Services (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 2023, DBHIDS ensured that at least one person from the county attended key meetings and conducted compliance checks to HealthChoices Program Standards and Requirements. CBH staff organization continues to be compliant with Program Standards and Requirements. An Annual CLAS program evaluation was conducted to evaluate services provided by CBH and the provider network for adherence to The National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Healthcare.

5.7. Section 8: Quality Management

In 2023, the provider training and development unit at CBH provided virtual training and technical assistance to 1,344 provider participants. Providers also participated in provider orientation, claims processing, evidence-based practice, and clinical documentation training. The provider satisfaction survey resulted in an overall satisfaction rate of 93.48% in 2023, an increase from the 2022 score of 82.88%.

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, develops, reviews, and updates the clinical practice guidelines. Each of the developed guidelines identifies performance metrics to understand the 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 for the Prescribing and Monitoring of Benzodiazepines and Related Medications
 - » The rate of benzodiazepine prescribing has increased from 35.52% in Q3 and Q4 of 2022 to 37.94% in Q1 and Q2 of 2023.

- » The rate of concomitant prescribing of benzodiazepine to members on an opioid has reduced from 2.47% in Q3 and Q4 of 2022 to an all-time low of 1.90% in Q1 and Q2 of 2023.
 - » The rate of prescribing benzodiazepines to members with substance use disorder decreased from 2.46% in Q3 and Q4 of 2022 to 2.06% in Q1 and Q2 of 2023.
 - » Intervention: Individualized provider outreach through QM (can include a letter informing of status, request for a written response, RCA, and 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 benzodiazepines.
- ➔ Clinical Guidelines for the Prescribing and Monitoring of Antipsychotic Medications for Youth
- » The HEDIS® Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) measure ensures that children who are prescribed an anti-psychotic receive monitoring for metabolic disorders. The APM rate in 2020 was 48.8% and reached 49.15% in 2023 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: The state initiative Children’s Antipsychotic Dashboard Project is a quarterly intervention that addresses Psychotropic Medication Needs in vulnerable children in Child Welfare custody. A variety of dissemination strategies for a new flyer, “Antipsychotics Education for Parents and Caregivers,” address gaps in care as they pertain to the measures.
- ➔ Clinical Guidelines for Major Depressive Disorder
- » The HEDIS® Antidepressant Medication Management (AMM) Acute Phase measure ensures that individuals with a diagnosis of major depressive disorder who were treated with an antidepressant medication remained on the medication for at least 84 days (12 weeks). The AMM rate improved from 43.40% in 2019 to 54.51% in 2023 Q3. This did not meet the goal of 59% but did demonstrate improvement.
 - » The AMM Continuation Phase ensures that individuals with a diagnosis of major depressive disorder remain on the medication for at least 180 days. Likewise, the Continuation phase improved from 27.36% in 2019 to 36.43% in 2023 Q3. This did not meet the goal of 44% but did demonstrate improvement.
 - » CBH continues to identify interventions to improve these measures.
 - » Interventions:
 - AMM Tips Sheet: Educating providers on the AMM HEDIS measure and the importance of adherence to antidepressant medications.

- Zoloft fact sheet: This educational resource for members prescribed Zoloft includes information about how to take it and what to expect.
- Antidepressants in Youth Educational Resource for Primary Care Providers— 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 who see Philadelphia Medicaid youth.

CBH will continue to assess the Provider Network's performance regarding adherence to the guidelines. Performance metrics not meeting the 2023 goal were analyzed to understand barriers in the provider network to meet the goal. When necessary, interventions may be selected for quality improvement.

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 2023. 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 2023:

- » HEDIS® Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)
 - The HEDIS® 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 52.59% in 2023 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 Substance Use Disorder (FUI)
 - The FUI measure ensures that individuals who were treated for a substance use disorder at a higher intensity receive a follow-up service within seven and 30 days.
 - The FUI rate for 7-day follow-up improved from 60.84% in 2020 to 64.76% in 2023.
 - The FUI rate for 30-day follow-up improved from 75.48% in 2020 to 79.22% in 2023.

- Since 2020, FUI was added to the Pay-for-Performance program for inpatient rehabilitation substance use providers. Additionally, a Secret Shopper program was utilized to ensure that outpatient appointments were available promptly.

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.

2023 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
<p>CBH's goal is to reach an 85% favorable response (score of at least 4 on a 5-point scale) for overall satisfaction.</p> <p>For overall provider satisfaction with CBH, 93.48% of respondents (n=128) reported a 4 or 5 toward being satisfied and the 2023 goal was met.</p> <p>Action: CBH will complete a root cause analysis with all departments receiving a score of less than 85%. Actions will be developed and published in the Annual Provider Satisfaction Survey report available on cbhphilly.org.</p>	93.48%	Goal Met

The Provider Satisfaction Survey for 2023 had 128 respondents, slightly decreasing from 146 in 2022. Most respondents were from Facilities (60.94%). The remaining respondents were from a BHC (13.28%), Group Practice (14.84%), Independent Practitioner (7.03%), or FQHC (3.91%). Respondents gave CBH an overall positive rating of 93.48%. This score improved from 2022's positive rating score of 82.88%. Overall, departmental positive rating scores have increased. Departments that do not meet the 85% positive rating goal conducted root cause analyses and will be monitored quarterly. NIAC has improved by 5% since the previous year to a rating of 83%, just under the 85% goal. Performance Evaluation has improved their positive rating by ten percentage points to 75% and continues to identify barriers and develop interventions to improve their score. The following departments have met the 85% average goal but have singular questions below the 85% threshold: Provider Relations and Quality Management.

2023 Target Goal: Monitor utilization of children's services.

Description	Rate	Outcome
<p>CBH continues to decrease reliance on acute levels of care for children, including Acute Inpatient (AIP), Residential Treatment Facilities (RTF), and increase the use of community-based alternatives.</p>	All services were monitored	Goal Met

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

Description	Rate	Outcome
<p>Adherence to Antipsychotic Medications for Individuals with Schizophrenia (2023 Goal: 70%). In Quarter 3, 2023, the rate was 58.76% which did not meet the goal of 70%.</p> <p><i>Action:</i> In 2024, CBH will continue implementing new interventions targeted at improving medication adherence.</p> <p><i>Interventions:</i></p> <ul style="list-style-type: none"> ➔ <i>Provider-led prescriber intervention:</i> Provider-directed intervention aimed at promoting evidence-based steps prescribers can take to help improve their patients' medication adherence rates. ➔ <i>Member Outreach:</i> 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. 	58.76%	Goal Not Met

2023 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 2023.

Description	Rate	Outcome
<p>The 30-day Readmission rate for individuals with SPMI 2023 is 20.4%, which did not meet the goal of being at or below 15%.</p> <p><i>Action:</i> In 2024, CBH will be identifying new interventions targeted at reducing readmissions.</p>	20.4%	Goal Not Met

2023 Target Goal: Improve the percentage of children on antipsychotic medication receiving metabolic monitoring.

Description	Rate	Outcome
<p>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 2023.</p> <p>The Quarter 3 2023 rate for children on antipsychotic medication receiving metabolic monitoring was 49.15% and did not meet the goal of 56.34%.</p> <p><i>Action:</i> Interventions will continue to be implemented and monitored.</p> <p><i>Interventions:</i></p> <ul style="list-style-type: none"> ➔ The State Initiative: Children's Antipsychotic Dashboard Project is a quarterly intervention that's aimed at addressing Psychotropic Medication Needs in vulnerable children in Child Welfare custody. ➔ A variety of dissemination strategies for a new Flyer "ANTIPSYCHOTICS EDUCATION FOR PARENTS & CAREGIVERS" aimed at addressing gaps in care as it pertains to the measures. 	49.15%	Goal Not Met

2023 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 13.4% in Q1 and 11.5% in Q2, which did not meet the goal of 11.75%. <i>Action:</i> A comprehensive quality improvement plan and interventions were identified to improve readmission rates.	15.2%	Goal Not Met

2023 Target Goal: Achieve 7- and 30-day follow-up rates post-discharge from mental health hospitalization of 32% for 7-day follow-up and 46% for 30-day follow-up (FUH).

Goal	Rate	Outcome
Follow-up rates post discharge: ➔ 7-day FUH: 32.00% ➔ 30-day FUH: 48.0%	7-Day FUH: 28.4%	Goal Not Met
<i>Action:</i> A comprehensive quality improvement plan and interventions were identified to improve 7-and 30-day follow-up rates.	30-Day FUH: 44.7%	Goal Not Met

2023 Target Goal: Achieve 7- and 30-day follow-up rates post-discharge from a high-intensity care facility for substance use disorder (SUD), 63.88% for 7-day follow-up and 77.92% for 30-day follow-up (FUI) for the OMHSAS performance improvement project Prevention, Early Detection, Treatment, and Recovery (PEDTAR) for Substance Use Disorder: Addressing the Continuum of Care for Individuals with SUD.

Goal	Rate	Outcome
Follow-up rates post discharge: ➔ 7-day FUI: 63.88% ➔ 30-day FUI: 77.92%	7-Day FUI: 64.76%	Goal Met
	30-Day FUI: 78.75%	Goal Met

2023 Target Goal: Increase the use of medication-assisted treatment and counseling for those with opioid use disorder (MAT-OUD) at 54.23% for the OMHSAS performance improvement project Prevention, Early Detection, Treatment, and Recovery (PEDTAR) for Substance Use Disorder: Addressing the Continuum of Care for Individuals with SUD.

Goal	Rate	Outcome
Individuals with an Opioid Use Disorder diagnosis who received medication assisted treatment and counseling in the last year: 54.23%	MAT-OUD: 48.09%	Goal Not Met

Goal	Rate	Outcome
<p>Action: Continue system, provider, and member interventions.</p> <p>Intervention: The CBH Value Based Purchasing Programs for ASAM 1.0 guidelines were shared with the provider network beginning Q1 2021, through published documents, web-based trainings, and meetings.</p>		

2023 Target Goal: Increase the use of medication-assisted treatment and counseling for those with alcohol use disorder (MAT-AUD) at 8.49% for the OMHSAS performance improvement project Prevention, Early Detection, Treatment, and Recovery (PEDTAR) for Substance Use Disorder: Addressing the Continuum of Care for Individuals with SUD.

Goal	Rate	Outcome
<p>Individuals with an Alcohol Use Disorder diagnosis who received medication assisted treatment and counseling in the last year: 8.49%</p> <p>Action: Continue provider and member interventions.</p> <p>Interventions:</p> <ul style="list-style-type: none"> ➔ CBH staff developed Clinical Practice Guidelines (CPG) for AUD in 2020 and began to distribute to the provider network during January 2021 to increase engagement rates with MAT- AUD. In 2023 the highest quarterly views was in Q1 with 121 unique toolkit views ➔ New for 2023. Providers who have demonstrated success with AUD MAT 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: 8.11%	Goal Not Met

2023 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 Substance Use Disorder: Addressing the Continuum of Care for Individuals with SUD.

Goal	Rate	Outcome
<p>Individuals with an Opioid Use Disorder diagnosis who initiated and engaged in treatment:</p> <ul style="list-style-type: none"> ➔ OUD Initiation: 61.40% ➔ OUD Engagement: 42.68% 		
	OUD Initiation: 68.58%	Goal Met
<p>Individuals with an Alcohol Use Disorder (AUD) diagnosis who engaged in treatment:</p> <ul style="list-style-type: none"> ➔ AUD Engagement: 23.16% 		
	OUD Engagement: 52.94%	Goal Met
	AUD Engagement: 45.68%	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 85.3%. 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 the level of care-specific questions for complaint comparison.

2023 Target Goal: Obtain an overall 85% member satisfaction rate.

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

The CBH Member Experience Survey, implemented in 2023, measured members' experiences with services they received in 2022. The results of this survey showed that CBH is showing improvement in 14 measures from the preceding year, with 11 of those measures meeting or exceeding the CBH goal of 85%. Seven of the measures that improved were questions about Member satisfaction.

Several root cause analyses 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 nearly 100% claim processing in 45 days as possible.

5.10. Section 11: Corrective Action Plans

CBH will continue to work on the Corrective Action Plans identified by OMHSAS related to denials. The Corrective Action Plan was submitted to OMHSAS on December 19, 2023. A request for evidence was submitted to OMHSAS by February 16, 2024. Round 1 was sent to OMHSAS on March 11, 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.