

ENCOMPASS FAMILY HEALTH HOME
Care Management
Policy & Procedure Manual

Care Management Policy #24 – Quality Management: Assurance and Improvement (QA/QI)

Effective Date: 2/1/16

Revised Date: 9/1/16, 10/1/16, 1/2/17, 3/31/17, 6/1/17, 7/17/17, 11/1/17

Policy:

With a passion for health and compassion for all people, Encompass Health Home is committed to connecting Participants/Families to their chosen supports and services, in a way that is respectful to their preferences, culturally sensitive to their needs and directed in a way to promote the most positive outcomes for mind, body and spirit.

To achieve this, Encompass Health Home will maintain an effective Quality Management program by collecting and reviewing available data and developing strategies designed to improve and maintain the quality of Participant services and outcomes, as well as the performance of contracted Care Management Agencies (CMA).

Procedure:

- A. The Quality Management program will be implemented and overseen by the Director of Quality Management; with the support of the Policy and Compliance Coordinator, and the involvement and participation of the Health Home Administrative Team.
- B. Care Management Staff/Supervisors will be trained on quality initiatives and processes upon hire.
- C. The Health Home will collect and review data from multiple sources, to evaluate outcomes, quality, processes, care coordination effectiveness and CMA performance.
 1. The Health Home will analyze necessary data to measure the effectiveness of Care Coordination on Participant's chronic disease management and overall improvement of quality of life.
- D. Information gained will be shared continuously with CMA's, during Provider Meetings, as well as one-on-one consultation with individual CMA's as needed.
 1. Provider meetings will be utilized additionally to share and develop best practices for the Health Home, and for providing CMA's with needed support and development.
 2. CMAs will provide representation at each scheduled meeting, or request call-in information to participate via teleconferencing.
- E. CMA's will be trained on Health Home requirements during the orientation process, and instructed on the use of audit tools, required reporting and plan of correction processes.
- F. The Health Home will provide training and instruction as needed to define new initiatives; roll out new policies and procedures; and address deficiencies found as part of the Quality Management oversight.
- G. QA/QI issues will be discussed as needed during regular Provider meetings.
- H. The Health Home will review and monitor clinical outcomes and CMA performance based on the following processes:
 1. **State level** reports will be reviewed and assessed by the Health Home and CMAs for needed improvements as follows:
 - i. State Plan Quality Measures Report and Center for Medicare and Medicaid Services (CMS) Measures
 - a. The Health Home will review data when received to determine Health Home and CMA performance regarding:
 - 1) Utilization associated with avoidable (preventable) inpatient stays;
 - 2) Utilization associated with avoidable (preventable) emergency room visits;
 - 3) Outcomes for persons with mental illness (SMI), serious emotional disturbance (SED), Complex Trauma and/or substance use disorders;

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- 4) Clinical outcomes for appropriate disease-related care for chronic conditions, including HIV/AIDS;
 - 5) Appropriate delivery of preventative care.
 - b. The Health Home will share results with CMA's to develop specific improvements on performance and delivery of services.
 - ii. Medicaid Analytics Performance Portal (MAPP)
 - a. MAPP dashboards will be accessed by the Health Home and CMA's monthly to track agency performance regarding enrollments; HARP services; ER utilization; inpatient utilization, and utilization of Primary care, to gain insight into improving Care Management services related to the population served.
 - b. The Health Home will track trends and performance issues and will provide feedback and guidance to CMA's accordingly, either through provider meetings or directly with the CMA when needed.
 - iii. The HH will develop reports from Netsmart regarding all required Care Management activities and submit to DOH through the HCS portal, utilizing the Care Management Assessment Reporting Tool (CMART-3) on a quarterly basis, the first Monday of the second month following the close of the reporting period.
 - a. This includes data regarding:
 - 1) Number of assessments performed (excluding CANS-NY);
 - 2) The volume and type of interventions (Outreach/Core Services and mode);
 - 3) Number of Plans of Care developed.
 - b. The Health Home will review and fix any errors and resend data if necessary.
 - c. The Health Home will analyze turnaround CMART-3 data from DOH in regards to the percentage of Participants who received at least 1 intervention, and those who did not, to evaluate and develop additional strategies for improvement.
 - iv. The Health Home will share results of DOH audits/visits or technical assistance as they occur.
2. **Managed Care level** reports will be reviewed by the Health Home and CMAs and assessed as follows:
 - i. The Health Home will review reports received from Managed Care Organizations identifying specific gaps in care for Participants. These reports will be inclusive of performance measures under the Quality Assurance Reporting Requirements (QARR) and will be evaluated and shared with the appropriate CMA's, who will report back to the Health Home, measures taken and/or the plan to fill identified care gaps, within 2 business days.
 - ii. MCO's who are accredited through National Committee for Quality Assurance (NCQA) will provide the Health Home with performance and compliance results based on NCQA standards through audits, evaluations of Healthcare Effectiveness Data and Information Set (HEDIS) and other measures.
 - v. MCOs will monitor performance of the Health Home and CMA's through auditing, and the use of oversight tools and outcome measures.
 - vi. The Health Home will follow-up with CMA's as needed to address and reduce care gap trends as well as provide guidance and recommendations as necessary.
3. Additional **Health Home level** monitoring will occur as follows:

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- i. Health Home outreach and engagement, Care Management (case record) and billing audits will be conducted with CMA's minimally on a bi-annual basis. This includes a comparison audit once a year with records that have been previously reviewed by the CMA during their quarterly audits. These comparison audits will assist in ensuring quality assurance is being maintained throughout the CMA internal auditing process. The audit results will be immediately shared to provide feedback and support, and the Health Home will assist the CMA in developing a corrective action/performance improvement plan for any areas scoring 65% or below within 30 days of the audit if necessary.
 - a. Performance Improvement Plans will include:
 - 1) Specific expectations and timeframes for improvement;
 - 2) Recommendations for additional training or Health Home support;
 - 3) Time frames for required response and follow-up;
 - 4) Possible sanctions or additional corrective action that may be imposed if improvements do not occur.
 - b. Follow up to the corrective action plan will be provided as documented, including time frames for improvement, based on the seriousness of the deficiency. (*See attached audit tools*)
 - c. *Additional audits will be conducted/scheduled as needed based on findings, to monitor needed improvements.*
- ii. The Health Home will track CMA complaints and incidents to monitor CMA performance as well as incident trends. The Health Home will provide assistance regarding resolution of complaints and incidents per the *Complaints/Incident Policy*.
 - a. Corrective action/performance improvement plans will be initiated as needed to address performance expectations and Health Home standards not met, as discovered during the Incident review/investigative process.
- vii. A Participant/Family satisfaction survey of Health Home Services will be conducted twice a year. The Health Home will forward surveys and return envelopes to the CMAs for distribution to those Participants/Families seen during the survey week. Surveys will be returned directly to the Health Home for evaluation. Surveys will be used to identify levels of satisfaction with Care Management services as well as the perceived value of the service that is offered. Results from the surveys will be analyzed by the Health Home, and shared with CMA's as part of the Quality Improvement cycle.
- viii. The Health Home will perform a site visit with CMAs within 3-9 months of initial Participant assignments to evaluate adherence to standards, and provide additional guidance and instruction.
 - a. Site visits may also be conducted in conjunction with documented corrective action plans.
 - b. Initial site visits will address at a minimum:
 - 1) Review of appropriate written policies and procedures for Care Management;
 - 2) Care Manager qualifications and appropriate caseloads for service tier;
 - 3) Completion of training requirements;
 - 4) Appropriate documentation of services and use of Netsmart;
 - 5) A review of Incidents and internal quality processes and initiatives;
 - 6) Review of chart audits and needed corrective action.
 - c. Additional site visits will be scheduled as needed to provide required follow-up and/or technical assistance for necessary improvements.

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4. **Care Management Agencies** will be responsible for developing internal monitoring/auditing protocols for case records; outreach and engagement processes; effective preventive care and disease management; complaints/incidents and billing functions. The CMA will utilize the Health Home audit tools to conduct quarterly audits, and will report outcomes to the Health Home. CMA's will distribute QA information from their audits, the Health Home and other oversight agencies to Care Managers as needed, in order to improve individual Care Manager performance.
- i. CMA's will have a plan to review and audit Participant records. These audits will include records from all Care Managers, as well as Participants that are enrolled, in outreach or discharged.
 - a. CMAs will conduct quarterly audits on a minimum of 2 records per Care Manager.
 - b. CMAs will forward quarterly audit tool and summary of results to the Health Home as follows:
 - 1) January-March due April 15th;
 - 2) April –June due July 15th;
 - 3) July-September due October 15th;
 - 4) October-December due January 15th.
 - c. The Health Home will review CMA audits, provide feedback, and offer assistance with developing individualized corrective action plans that may be required for areas that do not meet minimal standards.
 - 1) Health Home will follow up with the CMA within 3 months after corrections have been made, to assure understanding of needed corrections, and to offer feedback for sustaining performance.
 - d. Additional corrective action measures regarding CMA performance will be formally developed as needed.
 - 1) CMA performance may impact additional Participant assignments until identified improvements occur and are sustained.
 - ii. CMA's will develop processes to evaluate Participant utilization of services, care coordination effectiveness and continued need for services.
 - a. Reviews for adult participants will be completed no less than every 6 months, and may be completed and documented in conjunction with the interdisciplinary team meeting.
 - b. Reviews for children will be completed no less than quarterly, and can occur as part of the family wraparound.
 - c. CMAs will regularly utilize clinical information and available data from RHIOS, PSYCKES (BH-QARR), MCOs and MAPP dashboards to monitor care coordination effectiveness, and develop improvements to service delivery.
 - iii. CMAs will investigate and resolve complaints and incidents to ensure Participants satisfaction; prevent re-occurrence; promote the ongoing delivery of quality services and protection of Participant rights; and maintain the health and welfare of Health Home Participants as indicated fully in the *Complaint and Incident Monitoring/Investigation Policy*.
 - iv. CMAs will support the Health Home Satisfaction Survey process twice a year, by encouraging each Participant/Family to complete the survey when received, to provide valuable input and recommendations for improved services to the Health Home.

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- a. It is recommended that the CMA conduct an internal Participant satisfaction survey at a minimum frequency of once a year, in addition to the surveys conducted by the Health Home, at an interval that does not interfere with the Health Home Survey. These surveys can elicit other specific CMA feedback and suggestions for improvement of service delivery.
- b. The CMA will report on survey results, revealing trends and action steps to improve care. These reports will be sent to the Health Home Policy and Compliance Coordinator.
- v. CMAs will provide regular supervision for employees at all levels. Supervision will include identifying strengths and how to best utilize them as well as identifying areas in need of improvement.
 - a. Supervision outcomes will be documented and reevaluated at least annually, during yearly Performance Evaluation.
 - b. Remediation or training will be provided to address any areas in need of improvement as appropriate.
 - c. Suggestions for regular Supervision content include:
 - 1) Monitoring progress of Care Managers towards learning the skills required for Care Management;
 - 2) Reflecting on training and development activities contributing to effective care coordination, and identifying any continued outstanding needs;
 - 3) Providing feedback on performance and the delivery of quality services;
 - 4) Providing support, direction, consultation and guidance on individual cases, including guidance on providing culturally competent services;
 - 5) Providing oversight of appropriate care coordination activities, including transitional care and needed follow-up that meets Health Home standards;
 - 6) Reviewing documentation for accuracy, timeliness, completion and understanding of Care Management role;
 - 7) Ensuring policies/procedures and standards are understood and met consistently.

I. Health Home QA/QI Committee

- 1. The Health Home will meet with CMA representatives, on at least a quarterly basis, to focus on issues related to quality and CMA performance. These meetings will provide education, guidance and information specific to the identified needs of CMA's to assist them with targeting identified areas for improvement.
 - i. The meetings will provide additional feedback to the Health Home to develop additional quality measures as needed, and will provide CMA's an opportunity to share best practices with other CMA's within the Health Home.
- 2. The Health Home will develop and chair a QA/QI Committee that meets quarterly, to provide oversight and evaluation of the Health Homes Quality Management program.
 - i. The QA/QI Committee will consist of representatives from CMAs; Providers; Clinicians; Health Home Management and Encompass Board.
 - a. Additional representation will be solicited as needed in response to identified QA/QI needs.
 - ii. Meetings will be facilitated by the Committee Chairperson, and will be assisted by the Director of Quality Management.
 - iii. The Committee will review Health Home reports to oversee and provide guidance on meeting performance goals and quality initiatives, including:

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- a. Monitoring corrective action and performance improvement plans/efforts for effectiveness;
 - b. Reviewing Incidents for trends and appropriate follow-up;
 - c. Prioritizing quality initiatives based on available data and analytics;
 - d. Identifying barriers and needed resources/training to support improvements;
 - e. Making recommendations for changes in service provision, operations and/or policies and procedures that support quality performance goals;
 - f. Reviewing initiatives on a yearly basis, and making necessary revisions and improvements.
- iv. The Committee will provide documentation for the Chairperson to present to the Encompass Board on a quarterly basis, identifying progress towards quality goals and outcomes.

J. Corporate Compliance

1. CMAs will have an active Corporate Compliance program inclusive of the following:
- i. Written standards of conduct, policies and procedures that demonstrate the CMA's commitment to compliance implementation;
 - ii. Designated Compliance Officer to monitor and enforce standards;
 - iii. Regular training and education on corporate compliance and those standards specific to the CMA, Health Home and billing;
 - iv. Periodic internal monitoring and compliance audits;
 - v. Monitoring of both internal and external audits to detect potential for compliance-related issues.