



Quality Management Annual Review

North Sound BH-ASO

As a public behavioral health authority in Washington State (Island, San Juan, Skagit, Snohomish, Whatcom), the central purpose of North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) is to ensure the provision of quality Crisis related services to all people regardless of insurance status, income level, ability to pay and county of residence. North Sound BH-ASO also provides Behavioral health services to individuals who are not eligible for Medicaid.

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Executive Summary

The North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) Quality Management Annual Review provides a summary of the work done to satisfy the requirements of the North Sound BH-ASO Quality Management Plan (QM Plan). The North Sound BH-ASO QM Plan outlines the structure of quality management at North Sound BH-ASO and all the activities that are accomplished throughout the year to satisfy Federal and State guidelines and ensure the provision of quality services to individuals in the North Sound Regional Service Area (RSA). The oversight of the North Sound BH-ASO QM Plan is delegated to the North Sound BH-ASO Internal Quality Management Committee (IQMC). The QM Plan Work Plan guides the IQMC's review of quality activities and sets a baseline standard for each area of oversight.

The North Sound BH-ASO Quality Management Annual Review is broken into six (6) main sections that provide a synopsis of the wonderful work being done by BH-ASO and BHA staff. Section one (1) of the annual review provides an update on the progress towards the goals outlined in the QM Plan. Section two (2) provides a summary of accomplishments realized by North Sound BH-ASO during the first year of the BH-ASO contract cycle July 2019-June 2020... Section five (5) provides an update on the North Sound BH-ASO annual risk assessment. Section six (6) provides a summary of all the measures and oversight areas that North Sound BH-ASO reviews throughout the year and are identified in the QM Plan Work Plan.

These six (6) summary areas provide a general overview of the work that is being done and gives the reader an idea of what and how North Sound BH-ASO is measuring the quality of services that are provided in the region. When reading this document please use the North Sound BH-ASO QM Plan as a companion guide to give you more detail on the areas of oversight and the activities that are conducted to monitor those areas.

Introduction

The North Sound Behavioral Health Administrative Services Organization is a public behavioral health authority that serves the Northwest Washington State counties of Island, San Juan, Skagit, Snohomish, and Whatcom. North Sound BH-ASO ensures the provision of Crisis related services, which include mental health (MH) and substance use disorder (SUD) services, to the entire five (5) county region. Crisis services will be provided to Medicaid and non-Medicaid recipients, in accordance with the State of Washington Behavioral Health Administrative Services Contract, using monies available through State Funding sources and Medicaid Managed Care Organization (MCO) contracts. North Sound BH-ASO will also provide behavioral health services to individuals who are not eligible for Medicaid based on priority populations and the availability of State funding.

Mission

North Sound BH-ASO has a history rooted in providing quality standards of care that place a primary importance on the active voices of individuals in planning their care, choosing their goals, and integrating community resources into their individual service-recovery plans. This notion is guided by the overarching goals and mission set forth by Washington State's Department of Social and Health Services (DSHS) and in particular to the Washington State Health Care Authority (HCA). The mission of the Washington State HCA is:

“Provide high quality health care through innovative health policies and purchasing strategies..”

North Sound BH-ASO prides itself on aligning with the standards and goals set forth by the Center for Medicare and Medicaid Services (CMS), Washington State's DSHS, and the HCA. The mission of the North Sound BH-ASO is:

“Empowering individuals and families to improve their health and well-being.”

Vision

A system of care that is shaped by the voices of our communities, and people using behavioral health services. The people who work in this system are competent, compassionate, and empowering and supportive of personal health and wellness.

Core Values

- **Integrity:** We nurture an environment of transparency, trust, and accountability
- **Collaboration:** We believe every voice matters
- **Respect:** We accept and appreciate everyone we encounter
- **Excellence:** We strive to be the best in everything we do
- **Innovation:** We endeavor to try new things, be forward thinking, learn from mistakes and be adaptable
- **Culture:** We endeavor to be culturally educated and responsive

Annual Review

The annual review of the North Sound BH-ASO Quality Management Program is conducted by the IQMC. The IQMC uses the North Sound BH-ASO Quality Management Plan as the guiding document for conducting the annual review. The North Sound BH-ASO QM Plan outlines the guidelines and processes utilized to maintain the North Sound BH-ASO Quality Management Program.

The annual review is an evaluation of the North Sound BH-ASO QM Plan and QM Plan Work Plan. The QM Work Plan outlines the activities and metrics that are used throughout the year to determine how well North Sound BH-ASO and its contracted behavioral health agencies (BHAs) are progressing towards meeting the standards set forth by each

authorizing source and/or the North Sound BH-ASO. IQMC will also evaluate the activities and actions conducted during committee and subcommittee meetings.

The findings and recommendations made by this report is given to the North Sound BH-ASO Leadership Team for review before distribution. After receiving approval by the North Sound BH-ASO Leadership Team, the annual review is distributed to the North Sound BH-ASO Advisory Board and the North Sound BH-ASO Board of Directors. The review is also distributed to the North Sound BH-ASO contracted BHAs and other North Sound BH-ASO stakeholders via the North Sound BH-ASO website.

Progress Towards Goals

The North Sound BH-ASO Quality Management Plan presents ten goals that the North Sound BH-ASO uses as guiding principles for its Quality Management Program. The goals along with the actions taken to achieve the goals are listed below:

1. Hold administrative costs to a minimum in order to maximize resources available for direct services.
 - a. North Sound BH-ASO continues to operate on an administrative budget of around 5% which allows resources to be filtered to contracted BHAs in the way of providing training, funds for innovative programming, and funds for direct services.
 - b. North Sound BH-ASO has implemented two (2) value-based contracts with BHAs that provides incentive funds, one (1) of which mandates 80% of the funds be distributed to the staff providing the services.
2. Demonstrate North Sound BH-ASO mission, vision, core values and guiding principles, which include individual voice, choice and ownership, as well as recovery and resilience.
 - a. North Sound BH-ASO continues to use the North Sound BH-ASO Advisory Board, provider meetings, and the North Sound Regional Ombuds as a voice for the community and the individuals we serve.
 - b. North Sound BH-ASO incorporates provider complaints, grievances, and appeals into its routine monitoring in providing quality oversight.
 - c. During 2017 North Sound BH-ASO put out a request for proposal (RFP) to expand our network of BHAs to allow for better coverage in the region. During this RFP process North Sound BH-ASO added six (6) additional BHAs to provide services. This includes newly contracted BHAs and new service contracts with BHAs currently providing other lines of service.
3. Be responsive to individuals and advocates through a system that listens to their needs and offers appropriate services and support.
 - a. North Sound BH-ASO continues to receive individual voice through multiple committee meetings- North Sound BH-ASO Advisory Board, the North Sound Regional Ombuds, Provider Meetings, and joint MCO/BH-ASO meetings.
 - b. North Sound BH-ASO uses the grievance and appeals system to review and assist with issues of concern. The issues discovered through this process can lead to reviews in the quality of care delivery.
4. Meet state and federal requirements, to include requirements mandated by the State of Washington DSHS, HCA, CMS, the Balanced Budget Act (BBA), the Health Insurance Portability and Accountability Act (HIPAA), and 42 Code of Federal Regulations (CFR) Part 2.
 - a. North Sound BH-ASO conducts annual quality audits of all BHA contracted services. These reviews include the quality of documentation, program structure, and process design.
 - b. North Sound BH-ASO conducts biennial administrative audits of all contracted BHAs for adherence to state and federal guidelines.

- c. North Sound BH-ASO participates in an annual review conducted by HCAs Medicaid Program Operations and Integrity division.
5. Implement a shared vision of quality services and a system that is effective, coherent, transparent and easy to navigate for all stakeholders.
 - a. North Sound BH-ASO provides its Quality Management Plan to all stakeholders through the North Sound BH-ASO website on a biennial basis.
 - b. North Sound BH-ASO continues to provide training to all contracted BHAs with a regional training committee developing a shared vision as to what training should be included in the regional training plan.
 - c. North Sound BH-ASO continues to present quality metrics and reports to the North Sound BH-ASO Advisory Board and Board of Directors for the sake of transparency.
6. Engage Behavioral Health Agency (BHA) staff and their perspectives regarding service delivery.
 - a. North Sound BH-ASO continues to solicit BHA participation in the Regional Crisis Committees, Joint Operating Committee, and to develop a comprehensive system of care and review quality issues that occur in the region.
 - b. North Sound BH-ASO developed a quarterly Integrated Provider meeting to discuss issues and changes with the North Sound BH-ASO system of care.
7. Assure consistency and focus over time in our service delivery models.
 - a. North Sound BH-ASO continued the process of updating clinical and non-clinical policies and procedures to adhere to changes that occur at the state or federal level.
 - b. North Sound BH-ASO conducts an extensive review of its clinical practice guidelines to assure consistent service delivery.
8. Acknowledge and support successful delivery models.
 - a. North Sound BH-ASO continues to review and implement the use of evidenced based practices.
9. Achieve the right balance between resources devoted to service delivery and quality management activities to enhance the delivery of services.
10. Create a culture based on using measurements and data to inform decisions regarding services.
 - a. The QM Work Plan was developed to create a system of measurement for every oversight area.
 - b. The Utilization Management (UM) Committee was formed to place greater emphasis on proactive monitoring of North Sound BH-ASO utilization metrics.

Summary of Accomplishments

North Sound BH-ASO's Quality Management Program saw many accomplishments during the initial 2019-2020 contract year regarding service delivery design, quality management oversight, and internal process redesign. Each of the accomplishments listed below were completed in acknowledgement of North Sound BH-ASO's mission, vision, and core values.

Accomplishments

1. Reviewed and updated the Program Integrity Plan which guides the compliance activities conducted at North Sound BH-ASO to ensure compliance for state and federally funded programs.
2. Re-organized and re-structured the North Sound BH-ASO QM Plan to fit the requirements embedded in the Washington State ASO contract and all contracts for delegated services with regional MCOs.

3. In follow-up to Phase 1 of an Office for Civil Rights (OCR) HIPAA Security Risk Assessment, conducted in 2016, contracted and funded the same assessment for each of our regional network provider agencies.
4. Contracted with a vendor to conduct Phase 2 and 3 of the OCR HIPAA Security Risk Assessment consisting of technical and non-technical testing, for which Recommendations and Mitigation Plan are final deliverables.
5. Rewrote and streamlined all North Sound BH-ASO policies to better align with the requirements provided in the state ASO contract.
6. Participated in the development of the North Sound BH-ASO Supplemental Provider Guide to ensure consistent and quality care delivered through North Sound BH-ASO contracted providers.
- 7.

Annual Risk Assessment

North Sound BH-ASO conducted an organization wide risk assessment in 2018/2019 to identify internal systematic risks. This risk assessment was inclusive of the Program Integrity Program, the Information Technology and Information Systems infrastructure, and North Sound BH-ASO payment and operations structure. The outcomes of the risk assessment provided North Sound BH-ASO with a report of identified risks that could be acted upon by North Sound BH-ASO's Leadership Team and staff.

Now that North Sound BH-ASO has operated its first year under the Washington State integrated managed care system and under the contract guidance of HCA, North Sound BH-ASO can begin identifying major risk areas. North Sound BH-ASO will conduct an updated risk assessment at the end of calendar year 2020 to ensure compliance and mitigation of all risks identified under integrated managed care.

Quality Management Work Plan

All of the quality management activities conducted by North Sound BH-ASO fall into the guidelines stipulated in North Sound BH-ASO's contract with HCA and the regional MCOs. The quality management activities outlined in the North Sound BH-ASO QM Plan Work Plan fall into the below oversight categories.

Availability of Services

1. **Report:** Utilization Management Committee Monthly Metrics Report

Measurement:

- A. Number of authorization requests by service type, eligibility type, eligibility criteria, and diagnosis.
- B. Number of services (crisis and authorized) by authorization type for a given period of time. (County, provider)
- C. Number of services (crisis and authorized) by diagnosis for a given period of time. (County, provider)
- D. The number of mobile crisis outreach events in which the response time was within two (2) hours (or less) of the referral to an emergent crisis and twenty-four (24) hours (or less) for a referral to an urgent crisis. (October 2020)

Findings/Opportunities:

- A. **Provide findings for measurement A.**
- B. **Provide findings for measurement B.**
- C. **Provide findings for measurement C.**

D. Provide findings for measurement D.

Recommendations:

A. Provide recommendation for measurement A.

B. Provide recommendation for measurement B.

C. Provide recommendation for measurement C.

D. Provide recommendation for measurement D.

2. **Report:** North Sound Geo-Access Calculation Report

Measurement: Population Drive Times and Penetration Rate

Findings/Opportunities:

Recommendations:

3. **Report:** Program Integrity Audit- Delegation Requirements

Measurement: Policy and chart review to determine if services occur 24 hours a day, 7 days a week.

Findings/Opportunities:

Recommendations:

4. **Report:** VOA Crisis Hotline Deliverable

Measurement:

A. Crisis Call Center “call abandonment rate” of five (5) percent or less.

B. Ninety (90) percent of all Call Center crisis calls are answered live within thirty seconds

Findings/Opportunities:

A.

B.

Recommendations:

A.

B.

5. **Report:** Administrative Audit

Measurement: Personnel review of staff training.

Findings/Opportunities:

Recommendations:

6. **Report:** CLAS Self-Assessment

Measurement: Assessment completed, and action implemented.

Findings/Opportunities:

Recommendations:

7. **Report:** Annual Credentialing Report

Measurement: For all credentialing audits reviewed determination of ADA standards being met.

Findings/Opportunities:

Recommendations:

Assurance of Adequate Capacity and Services

8. **Report:** Utilization Management Committee Monthly Metrics Report

Measurement:

- A. Number of single bed certifications as a percentage of the population.
- B. Number of walkaways as a percentage of the total number of investigations.
- C. Number of ITA certifications received for a given period of time by facility.
- D. Number of psychiatric hospitalizations as a percentage of the population.
- E. Number of services (crisis and authorized) by authorization type for a given period of time. (County, provider)
- F. Number of services (crisis and authorized) by diagnosis for a given period of time. (County, provider)
- G. Number of services (crisis and authorized) to individuals as a percentage of the population by demographic breakdown.
- H. Service intensity provided by LOC. (i.e. PACT, SUD OP/Residential)
- I. Length of stay for individuals by LOC. (i.e. PACT, SUD OP/Residential)
- J. Number of telehealth services provided by service type.

Findings/Opportunities:

- A. **Provide findings for measurement A.**
- B. **Provide findings for measurement B.**
- C. **Provide findings for measurement C.**
- D. **Provide findings for measurement D.**
- E. **Provide findings for measurement E.**
- F. **Provide findings for measurement F.**
- G. **Provide findings for measurement G.**
- H. **Provide findings for measurement H.**
- I. **Provide findings for measurement I.**
- J. **Provide findings for measurement J.**

Recommendations:

Coordination and Continuity of Care

9. **Report:** Utilization Management Committee Monthly Metrics Report

Measurement:

- A. Number of individual's discharged from inpatient hospitalization on Less Restrictive Alternatives (LRA). (October 2020)
- B. Number of authorization requests by service type.

Findings/Opportunities:

Recommendations:

10. **Report:** Annual Care Coordination Review

Measurement: Provider access to Crisis safety plan and coordination information for individuals in crisis. (Pend till process developed)

Findings/Opportunities:

Recommendations:

11. **Report:** CLIP Report

Measurement:

- A. Total number of CLIP referrals received by each plan operating within the region.
- B. Total number of referrals reviewed by the region's CLIP Committee.
- C. Total number of referrals "not recommended for CLIP treatment.
- D. Documentation of all participating members at each committee meeting.

Findings/Opportunities:

Recommendations:

12. **Report:** Michael

Measurement:

- A. Provider compliance rate for conducting CA/LOCUS, other standardized assessments, and ASAM.
- B. Provider compliance rate for conducting initial assessments.
- C. Provider compliance rate for developing and maintaining updated treatment plans.

Findings/Opportunities:

Recommendations:

Provision of Services

13. **Report:** Ombuds Quarterly Report

Measurement: Number of grievances, appeals, agency complaints, and resource provided by ethnicity, gender, and age.

Findings/Opportunities:

Recommendations:

14. **Report:** Utilization Committee Monthly Metrics Report

Measurement:

- A. Authorization requests by ethnicity, sexual orientation, and age.
- B. Count and percentage of services by ethnicity.
- C. Number of services (crisis and authorized) by diagnosis for a given period of time. (County, provider)
- D. Number of authorization requests by service type, eligibility type, eligibility criteria, and diagnosis.
- E. Number of authorization requests by demographic breakdown.
- F. Number of denials as a percentage of the number of authorization requests.
- G. Number and percentage of denials by decision code.
- H. Number and percentage of authorizations/denials (medical necessity or other) completed within 5 calendar days, 14 calendar days for additional information, or 28 calendar days for extension requests from the time of original receipt of standard authorization requests.
- I. Number and percentage of authorizations/denials (medical necessity or other) completed within 12 hours and acknowledgment provided in 2 hours from receipt of authorization requests for behavioral health inpatient.
- J. Number of authorizations that resulted in a termination, suspension, or reduction of services that were completed 10 day prior to the action being taken.

Findings/Opportunities:

Recommendations:

15. **Report:** Annual Clinical Record Audit

Measurement: Jail Services provided to inmates in Snohomish County Jail meet contract expectations in NSBHO-Snohomish County Contract "Scope of Work" and "Services to be Provided" sections.

Findings/Opportunities:

Recommendations:

Provider Selection

16. **Report:** Annual Credentialing Report

Measurement:

- A. Number of new credentials and re-credentials
- B. Number of denials in credentialing requests

Findings/Opportunities:

Recommendations:

17. **Report:** Monthly Exclusion Monitoring

Measurement: Number of possible matches from LEIE, SAM and Washington State exclusion database.

Findings/Opportunities:

Recommendations:

Confidentiality

18. **Report:** HIPAA Compliance Monitoring

Measurement: Confirmed internal and external breaches and potential breaches, type, originator (BHO-BHA), resolution, if potential breach investigation determines a breach was made it results in critical incident and reporting per PIHP and OCR, opportunities for improvement

Findings/Opportunities:

Recommendations:

Grievance and Appeal System

19. **Report:** Utilization Management Committee Monthly Metrics Report

Measurement:

A. Number of denials as a percentage of the number of authorization requests.

B. Number and percentage of denials by decision code.

C. Number and percentage of denials by decision code.

D. Number and percentage of authorizations/denials (medical necessity or other) completed within 5 calendar days, 14 calendar days for additional information, or 28 calendar days for extension requests from the time of original receipt of standard authorization requests.

E. Number and percentage of authorizations/denials (medical necessity or other) completed within 5 calendar days, 14 calendar days for additional information, or 28 calendar days for extension requests from the time of original receipt of standard authorization requests.

F. Number and percentage of authorizations/denials (medical necessity or other) completed within 12 hours and acknowledgment provided in 2 hours from receipt of authorization requests for behavioral health inpatient.

Findings/Opportunities:

Recommendations:

20. **Report:** HCA Grievance and Appeal Quarterly Report

Measurement:

A. Number of Adverse Authorization Determinations during quarter.

B. Number of Grievances received during quarter.

C. Number of Appeals received during quarter.

D. Number of Administrative Hearing occurred during quarter.

Findings/Opportunities:

Recommendations:

Sub Contractual Relationships and Delegation

21. **Report:** Ombuds Annual Audit

Measurement: Contract compliance.

Findings/Opportunities:

Recommendations:

22. **Report:** Administrative Audit

Measurement: Contract compliance and policy adherence.

Findings/Opportunities:

Recommendations:

23. **Report:** Compliance Officer Annual Report/Program Integrity Audit- Delegation Requirements

Measurement:

- A. Crisis Services shall be available 24-7-365, including regional crisis hotline that provides screening and referral services. Policy and chart review.
- B. Crisis Services shall be available to Members without the need for the member to complete an intake evaluation or other screening or assessment processes. Policy and chart review.
- C. Percentage of encounters rejected per encounters received.
- D. Submission of monthly call center data.
- E. Crisis services shall be performed in accordance with all state agency requirements, including Washington Department of Health and HCA regulatory requirements, applicable to Crisis Services and Crisis Services providers. Policy and chart review.
- F. Telephones are answered by a live voice within 30 seconds. Telephone abandonment rate is within 5 percent.
- G. Staff are available at least eight hours a day during normal business hours for inbound collect or toll-free calls regarding UM issues. Staff can receive inbound communication regarding UM issues after normal business hours. Staff are identified by name, title and organization name when initiating or returning calls regarding UM issues. TDD/TTY services for members who need them. Language assistance for members to discuss UM issues.

Findings/Opportunities:

Recommendations:

Clinical Practice Guidelines

24. **Report:** Annual Clinical Record Audit

Measurement: Provider compliance rate of evidence of agency adoption of recognized best practices guidelines.

Findings/Opportunities:

Recommendations:

25. **Report:** Clinical Practice Guidelines

Measurement: ASO Medical director review of clinical practice guidelines and publication to provider network.

Findings/Opportunities:

Recommendations:

26. **Report:** Monthly Data Report

Measurement: Number of provider submitted services in a month by agency.

Findings/Opportunities:

Recommendations:

Health Information Systems

27. **Report:** Monthly Data Report

Measurement:

- A. Then number of provider submitted services in a month that were accepted/rejected by agency.
- B. The number of provider submitted services in a month that were received, accepted, and rejected by CPT code.
- C. Number of certified batches submitted during the month.
- D. The number of services received, by agency, within 30, 60, and 90 days from the service date.
- E. The number of corrected services received, by agency, within 30, 60, and 90 days from the date of first receipt.
- F. The number of services that were submitted to contractor by contractor name.

Findings/Opportunities:

Recommendations:

Quality Assessment and Performance Improvement

28. **Report:** Annual Clinical Record Audit

Measurement: Provider UR metrics and summary.

Findings/Opportunities:

Recommendations:

29. **Report:** Annual Utilization Management Committee Report

Measurement: Annual utilization report and summary.

Findings/Opportunities:

Recommendations:

30. **Report:** Program Quality Audits

Measurement: Program audits assessing compliance with contract requirements. County monitoring reports.

Findings/Opportunities:

Recommendations:

31. **Report:** Critical Incident Reporting

Measurement: Type and Count of CI reported by BHA, screened out by BHO, and reported to DBHR

Findings/Opportunities:

Recommendations:

32. **Report:** HR Annual Report

Measurement: Annual report on training for the organization.

Findings/Opportunities:

Recommendations:

33. **Report:** Annual Compliance Risk Assessment

Measurement: Number of risks determined, mitigation plan in place, and progress towards mitigating risk.

Findings/Opportunities:

Recommendations:

34. **Report:** Annual Security Risk Assessment

Measurement: Number of risks determined, mitigation plan in place, and progress towards mitigating risk.

Findings/Opportunities:

Recommendations:

35. **Report:** Exhibit E Quarterly Report

Measurement: Exhibit E-1 HCA Quarterly Summary Report

Findings/Opportunities:

Recommendations:

36. **Report:** Quarterly SABG Capacity Management Report

Measurement: 90% program capacity.

Findings/Opportunities:

Recommendations:

37. **Report:** Exhibit R-1

Measurement: Number of individuals served with diversion funds by category of spending.

Findings/Opportunities:

Recommendations:

38. **Report:** FBG Annual Progress Report

Measurement: Analysis of Federal Block Grant funding to authorized services.

Findings/Opportunities:

Recommendations:

Conclusion

Quality Management Work Plan

This work plan lays out the tasks and timelines for overseeing the quality activities found in the North Sound BH-ASO Quality Management Plan for calendar year 2020. Each oversight area in the Quality Management Work Plan is monitored as noted in the QM Report Area column of the plan, followed by the name of the report, the metric used to monitor the task, and the data source for each metric. The reporting structure for each activity is outlined as well as the staff responsible and the method of reporting.

Monitoring Area	Report	Measurement	Responsible Position	Reporting Structure & Timeline
Availability of Services				
Maintain and Monitor Network of Appropriate Providers	UM Committee Monthly Metrics Report	Number of authorization requests by service type, eligibility type, eligibility criteria, and diagnosis	UM Committee	UM Committee- Monthly
Maintain and Monitor Network of Appropriate Providers	UM Committee Monthly Metrics Report	Number of services (crisis and authorized) by authorization type for a given period of time. (County, provider)	UM Committee	UM Committee- Monthly
Maintain and Monitor Network of Appropriate Providers	UM Committee Monthly Metrics Report	Number of services (crisis and authorized) by diagnosis for a given period of time. (County, provider)	UM Committee	UM Committee- Monthly
Maintain and Monitor Network of Appropriate Providers	North Sound Geo-Access Calculation Report	Population Drive Times and Penetration Rate	Data Analyst	IQMC- Annually
Timely Access	Program Integrity Audit-Delegation Requirements	Policy review. Clinical record review of services occurring 24 hours a day, 7 days a week	Compliance Officer, Clinical Manager	IQMC- Annually
Timely Access	VOA Crisis Hotline Deliverable	Crisis Call Center "call abandonment rate" of five (5) percent or less	Clinical Manager	IQMC- Monthly
Timely Access	VOA Crisis Hotline Deliverable	Ninety (90) percent of all Call Center crisis calls are answered live within thirty seconds	Clinical Manager	IQMC- Monthly

Quality Management Plan

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Monitoring Area	Report	Measurement	Responsible Position	Reporting Structure & Timeline
Availability of Services (continued)				
Timely Access	UM Committee Monthly Metrics Report	The number of mobile crisis outreach events in which the response time was within two (2) hours (or less) of the referral to an emergent crisis and twenty-four (24) hours (or less) for a referral to an urgent crisis. (October 2020)	UM Committee	UM Committee-Monthly
Culturally Appropriate Care and Cultural Humility	Administrative Audit	Review UR audit tools to determine which metrics would be appropriate. Personnel Review staff training	Audit Team	IQMC- Annually
Culturally Appropriate Care and Cultural Humility	CLAS Self Assessment	Assessment completed & action implemented	Audit Team	IQMC- Annually
Accessibility Considerations	Annual Credentialing Report	ADA standards met	Audit Team	IQMC- Annually
Assurance of Adequate Capacity and Services				
Adequate Capacity	UM Committee Monthly Metrics Report	Number of single bed certifications as a percentage of the population	UM Committee	UM Committee-Monthly
Adequate Capacity	UM Committee Monthly Metrics Report	Number of walkaways as a percentage of the total number of investigations	UM Committee	UM Committee-Monthly
Adequate Capacity	UM Committee Monthly Metrics Report	Number of ITA certifications received for a given period of time by facility	UM Committee	UM Committee-Monthly
Adequate Capacity	UM Committee Monthly Metrics Report	Number of psychiatric hospitalizations a percentage of the population	Clinical Manager	UM Committee-Monthly

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Monitoring Area	Report	Measurement	Responsible Position	Reporting Structure & Timeline
Assurance of Adequate Capacity and Services (continued)				
Adequate Services	UM Committee Monthly Metrics Report	Number of services (crisis and authorized) by authorization type for a given period of time. (County, provider)	UM Committee	UM Committee-Monthly
Adequate Services	UM Committee Monthly Metrics Report	Number of services (crisis and authorized) by diagnosis for a given period of time. (County, provider)	UM Committee	UM Committee-Monthly
Adequate Services	UM Committee Monthly Metrics Report	Number of services (crisis and authorized) to individuals as a percentage of the population by demographic breakdown	UM Committee	UM Committee-Monthly
Adequate Services	UM Committee Monthly Metrics Report	Service intensity provided by LOC (i.e. PACT, SUD OP/Residential)	UM Committee	UM Committee-Monthly
Adequate Services	UM Committee Monthly Metrics Report	Length of stay for individuals by LOC (i.e. PACT, SUD OP/Residential)	UM Committee	UM Committee-Monthly
Adequate Services	UM Committee Monthly Metrics Report	Number of telehealth services provided by service type	UM Committee	UM Committee-Monthly
Coordination and Continuity of Care				
Cross System Coordination	UM Committee Monthly Metrics Report	Number of individual's discharged from inpatient hospitalization on Less Restrictive Alternatives (LRA) (October 2020)	Clinical Manager	UM Committee-Monthly

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Monitoring Area	Report	Measurement	Responsible Position	Reporting Structure & Timeline
Coordination and Continuity of Care (continued)				
Cross System Coordination	Annual Care Coordination Review	Provider access to Crisis safety plan and coordination information for individuals in crisis (Pend till process developed)	Clinical Manager	IQMC- Annually
Cross System Coordination	CLIP Report	Total number of CLIP referrals received by each plan operating within the region; Total number of referrals reviewed by the region's CLIP Committee; Total number of referrals "not recommended for CLIP treatment; Documentation of all participating members at each committee meeting	Clinical Manager	UM Committee- Quarterly
Level of Care Tools and Guidelines	Annual Clinical Record Audit	Provider Compliance rate for conducting CA/LOCUS, other standardized assessments, and ASAM	Clinical Manager	UM Committee- Monthly
Individuals with Behavioral Healthcare Needs- Assessment	Annual Clinical Record Audit	Provider compliance rate for conducting initial assessments	Clinical Manager	IQMC- Annually
Individuals with Behavioral Healthcare Needs- Treatment Plans	Annual Clinical Record Audit	Provider compliance rate for developing and maintaining updated treatment plans	Clinical Manager	IQMC- Annually
Individuals with Behavioral Healthcare Needs- Direct access to specialists	UM Committee Monthly Metrics Report	Number of authorizations requests by service type	UM Committee	UM Committee- Monthly

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Monitoring Area	Report	Measurement	Responsible Position	Reporting Structure & Timeline
Provision of Services				
Non Discrimination	Ombuds Quarterly Report	Number of grievances, appeals, agency complaints, and resource provided by ethnicity, gender, and age	Ombuds	IQMC- Quarterly
Non Discrimination	UM Committee Monthly Metrics Report	Authorization requests by ethnicity, sexual orientation, and age	UM Committee	UM Committee- Quarterly
Non Discrimination	UM Committee Monthly Metrics Report	Count and percentage of services by ethnicity	UM Committee	UM Committee- Quarterly
Medical necessity	Annual Clinical Record Audit	Jail Services provided to inmates in Snohomish County Jail meet contract expectations in NSBH-ASO-Snohomish County Contract "Scope of Work" and "Services to be Provided" sections	Clinical Manager	IQMC- Annually
Medical necessity	UM Committee Monthly Metrics Report	Number of services (crisis and authorized) by diagnosis for a given period of time. (County, provider)	UM Committee	UM Committee- Monthly
Authorization of Services	UM Committee Monthly Metrics Report	Number of authorization requests by service type, eligibility type, eligibility criteria, and diagnosis	UM Committee	UM Committee- Monthly
Authorization of Services	UM Committee Monthly Metrics Report	Number of authorization requests by demographic breakdown	UM Committee	UM Committee- Monthly
Authorization of Services	UM Committee Monthly Metrics Report	Number of denials as a percentage of the number of authorization requests	UM Committee	UM Committee- Monthly

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Monitoring Area	Report	Measurement	Responsible Position	Reporting Structure & Timeline
Provision of Services				
Authorization of Services	UM Committee Monthly Metrics Report	Number and percentage of denials by decision code	UM Committee	UM Committee-Monthly
Authorization of Services	UM Committee Monthly Metrics Report	Number and percentage of authorizations/denials (medical necessity or other) completed within 5 calendar days, 14 calendar days for additional information, or 28 calendar days for extension requests from the time of original receipt of standard authorization requests	UM Committee	UM Committee-Monthly
Authorization of Services	UM Committee Monthly Metrics Report	Number and percentage of authorizations/denials (medical necessity or other) completed within 12 hours and acknowledgment provided in 2 hours from receipt of authorization requests for behavioral health inpatient	UM Committee	UM Committee-Monthly
Authorization of Services	UM Committee Monthly Metrics Report	Number of authorizations that resulted in a termination, suspension, or reduction of services that were completed 10 day prior to the action being taken	UM Committee	UM Committee-Monthly
Provider Selection				
Credentialing and Recredentialing	Annual Credentialing Report	Number of new credentials and re-credentials. Denials in credentialing requests	Credentialing Committee	IQMC- Annually

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Monitoring Area	Report	Measurement	Responsible Position	Reporting Structure & Timeline
Provider Selection (continued)				
Nondiscrimination	Annual Credentialing Report	Denials in credentialing and contracting requests	Credentialing Committee	IQMC - Annually
Excluded Providers	Monthly Exclusion Monitoring	Number of possible matches from LEIE, SAM, and WA. State Exclusion Database	Compliance Officer, Data Analyst	Compliance Officer - Monthly, IQMC - Annually
Confidentiality				
Confidentiality	HIPAA Compliance Monitoring	Confirmed internal and external breaches and potential breaches, type, originator (BH-ASO-BHA), resolution, if potential breach investigation determines a breach was made it results in critical incident and reporting per PIHP and OCR, opportunities for improvement	Privacy Officer	Quarterly - IQMC
Grievance and Appeal System				
Notice of Action	UM Committee Monthly Metrics Report	Number of denials as a percentage of the number of authorization requests	UM Committee	UM Committee - Monthly
Notice of Action	UM Committee Monthly Metrics Report	Number and percentage of denials by decision code	UM Committee	UM Committee - Monthly
Adverse Authorization Decisions	HCA Grievance and Appeal Quarterly Report	Number of Adverse Authorization Determinations during quarter	Clinical Manager	Grievance Committee - Quarterly
Adverse Authorization Decisions	UM Committee Monthly Metrics Report	Number and percentage of denials by decision code	UM Committee	UM Committee - Monthly

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Monitoring Area	Report	Measurement	Responsible Position	Reporting Structure & Timeline
Grievance and Appeal System (continued)				
Adverse Authorization Decisions	UM Committee Monthly Metrics Report	Number and percentage of authorizations/denials (medical necessity or other) completed within 5 calendar days, 14 calendar days for additional information, or 28 calendar days for extension requests from the time of original receipt of standard authorization requests	UM Committee	UM Committee- Monthly
Notice of Action	UM Committee Monthly Metrics Report	Number and percentage of authorizations/denials (medical necessity or other) completed within 5 calendar days, 14 calendar days for additional information, or 28 calendar days for extension requests from the time of original receipt of standard authorization requests	UM Committee	UM Committee- Monthly
Notice of Action	UM Committee Monthly Metrics Report	Number and percentage of authorizations/denials (medical necessity or other) completed within 12 hours and acknowledgment provided in 2 hours from receipt of authorization requests for behavioral health inpatient	UM Committee	UM Committee- Monthly
Grievances	HCA Grievance and Appeal Quarterly Report	Number of Grievances received during quarter	Clinical Manager	Grievance Committee- Quarterly
Appeals	HCA Grievance and Appeal Quarterly Report	Number of Appeals received during quarter	Clinical Manager	Grievance Committee- Quarterly

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Grievance and Appeal System (continued)				
Administrative Hearings	HCA Grievance and Appeal Quarterly Report	Number of Administrative Hearing occurred during quarter	Clinical Manager	Grievance Committee- Quarterly
Sub Contractual Relationships and Delegation				
Sub contractual Relationships and Delegation	Ombuds Annual Audit	Contract compliance	Contracts Manager	IQMC- Quarterly
Sub contractual Relationships and Delegation	Administrative Audit	Contract compliance and policy adherence	Contracts Manager	IQMC- Annually
Sub contractual Relationships and Delegation	Administrative Audit	Contract compliance and policy adherence	Contracts Manager	IQMC- Annually
Sub contractual Relationships and Delegation	Compliance Officer Annual Report/Program Integrity Audit- Delegation Requirements	Crisis Services shall be available 24-7-365, including regional crisis hotline that provides screening and referral services. Policy and chart review *	Compliance Officer	IQMC- Annually
Sub contractual Relationships and Delegation	Compliance Officer Annual Report/Program Integrity Audit- Delegation Requirements	Crisis Services shall be available to Members without the need for the member to complete an intake evaluation or other screening or assessment processes. Policy and chart review *	Compliance Officer	IQMC- Annually

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Monitoring Area	Report	Measurement	Responsible Position	Reporting Structure & Timeline
Sub Contractual Relationships and Delegation (continued)				
Sub contractual Relationships and Delegation	Compliance Officer Annual Report/Program Integrity Audit-Delegation Requirements	Percentage of encounters rejected per encounters received *	Compliance Officer	IQMC - Annually
Sub contractual Relationships and Delegation	Compliance Officer Annual Report/Program Integrity Audit-Delegation Requirements	Submission of monthly call center data *	Compliance Officer	IQMC - Annually
Sub contractual Relationships and Delegation	Compliance Officer Annual Report/Program Integrity Audit-Delegation Requirements	Crisis services shall be performed in accordance with all state agency requirements, including Washington Department of Health and HCA regulatory requirements, applicable to Crisis Services and Crisis Services providers. Policy and chart review *	Compliance Officer	IQMC - Annually
Sub contractual Relationships and Delegation	Compliance Officer Annual Report/Program Integrity Audit-Delegation Requirements	Telephones are answered by a live voice within 30 seconds. Telephone abandonment rate is within 5 percent *	Compliance Officer	IQMC - Annually

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Monitoring Area	Report	Measurement	Responsible Position	Reporting Structure & Timeline
Sub Contractual Relationships and Delegation (continued)				
Sub contractual Relationships and Delegation	Compliance Officer Annual Report/Program Integrity Audit-Delegation Requirements	Staff are available at least eight hours a day during normal business hours for inbound collect or toll-free calls regarding UM issues. Staff can receive inbound communication regarding UM issues after normal business hours. Staff are identified by name, title and organization name when initiating or returning calls regarding UM issues. TDD/TTY services for members who need them. Language assistance for members to discuss UM issues *	Compliance Officer	IQMC- Annually
Clinical Practice Guidelines				
Adoption of clinical practice guidelines	Annual Clinical Record Audit	Provider compliance rate of evidence of agency adoption of recognized best practice guidelines	Clinical Manager	IQMC- Annually
Dissemination of clinical practice guidelines	Clinical Practice Guidelines	ASO Medical director review of Clinical Practice guidelines and publication to provider network	Clinical Manager	IQMC- Annually
Data Collection	Monthly Data Report	The number of provider submitted services in a month by agency	Provider Liaison	IQMC- Monthly

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Monitoring Area	Report	Measurement	Responsible Position	Reporting Structure & Timeline
Health Information System				
Data Collection	Monthly Data Report	Then number of provider submitted services in a month that were accepted/rejected by agency	Provider Liaison	IQMC- Monthly
Data Collection	Monthly Data Report	The number of provider submitted services in a month that were received, accepted, and rejected by CPT code	Provider Liaison	IQMC- Monthly
Certification of Data	Monthly Data Report	Number of certified batches submitted during the month	Provider Liaison	IQMC- Monthly
Timeliness of Data	Monthly Data Report	The number of services received, by agency, within 30, 60, and 90 days from the service date	Provider Liaison	IQMC- Monthly
Timeliness of Data	Monthly Data Report	The number of corrected services received, by agency, within 30, 60, and 90 days from the date of first receipt	Provider Liaison	IQMC- Monthly
Submission of Data	Monthly Data Report	The number of services that were submitted to contractor by contractor name	Provider Liaison	IQMC- Monthly
QAPI				
Quality and Appropriateness of Care	Annual Clinical Record Audit	Provider UR report and summary	Clinical Manager	IQMC- Annually
Utilization Management Program	Annual UM Committee Report	Utilization Management report and summary	UM Committee	IQMC- Annually

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Monitoring Area	Report	Measurement	Responsible Position	Reporting Structure & Timeline
QAPI (continued)				
Program Quality Review	Program Quality Audits	Program audits assessing compliance with contract requirements; County monitoring reports	Clinical Manager	IQMC- Annually
Critical Incident Reporting	Critical Incident Annual Report	Type and Count of CI reported by BHA, screened out by BH-ASO, and reported to DBHR	Clinical Manager	IQMC- Annually
Training Plan	HR Annual Report	Annual report on training for the organization	HR	IQMC- Annually Q3
Risk Assessment	Annual Compliance Risk Assessment	Number of risks determined, mitigation plan in place, and progress towards mitigating risk	Compliance Officer	Leadership Team- Annually
Risk Assessment	Annual Security Risk Assessment	Number of risks determined, mitigation plan in place, and progress towards mitigating risk	Security Officer	Leadership Team- Annually
Crisis System Reporting	Exhibit E Quarterly Report	Exhibit E-1 HCA Quarterly Summary Report	Clinical Manager	IQMC- Quarterly
SABG Capacity Management	Quarterly SABG Capacity Management Report	90% Program Capacity	Clinical Manager	IQMC- Annually
Trueblood Reporting	Exhibit R-1	Number of individuals served with diversion funds by category of spending	Fiscal	IQMC- Annually
FBG Management	FBG Annual Progress Report	Analysis of Federal Block Grant funding to Authorized services	Fiscal	IQMC- Annually

*Measurement required by North Sound BH-ASO's contract with MCOs.