




United Behavioral Health

Quality Assurance/Performance Improvement Program Description and Work Plan			Policy Identifier/Number: QA-01
Annual Review Completed Date: February 2018			
Policy Category: Government – Pierce Regional Support Network	Applicable Lines of Business: Medicaid	Entity/Plan: Optum Pierce Behavioral Health Organization	State: Pierce County, Washington
Approved by: Bea Dixon, Executive Director		Signature: 	

Policy Statement and Purpose

Optum Pierce Behavioral Health Organization (BHO) creates an annual *QA/PI Program Description and Work Plan* that describes the QA/PI Program and outlines specific key metrics and activities that focus on prioritized aspects of clinical care and service.

The QA/PI Committee is responsible for oversight of the quality improvement processes and approves all annual core documents to determine the overall effectiveness of the regional system of care. The annual *QA/PI Program Description and Work Plan* is implemented by the QA/PI Committee.

The *Quality Assurance/Performance Improvement (QA/PI) Program Description and Work Plan* serve as the key guiding documents for the QA/PI Program that address both Title XIX and state-funded programs.

Policy Audience and Applicability

This policy is applicable to the Optum Pierce BHO and benefits administered through the Washington State Department of Social and Health Services (DSHS) current Prepaid Inpatient Health Plan (PIHP).

Policy Definitions

N/A

Policy Provisions

1. The QA/PI Manager is responsible for creating and updating the *QA/PI Program Description and Work Plan*.
 - 1.1. The *QA/PI Program Description and Work Plan* complies with the requirements listed in WAC 388-865 and in the current PIHP Contract between Optum Pierce BHO and DSHS, including, but not limited to:
 - 1.1.1. Collaboration with DSHS on the Washington State Quality

Optum is responsible for adhering to all applicable state and/or federal laws governing activities within the scope of this policy, including the Mental Health Parity and Addiction Equity Act (MHPAEA) and the Health Insurance Portability and Accountability Act (HIPAA) privacy requirements, as well as the applicable requirements, standards and regulations as set forth by the Employee Retirement Income Security Act (ERISA), the Center for Medicare and Medicaid Services (CMS), the Department of Labor (DoL), and any applicable accrediting organizations.

Management Strategy, development of assessment tools, and compliance with set standards.

1.1.2. Roles, structures, functions and interrelationships of all the elements of the Quality Management process, including, but not limited to, the Optum Pierce BHO governing board, clinical and management staff, the Advisory Board, Ombuds Service, and Quality Review teams.

1.1.3. Procedures to ensure that Quality Management activities are effectively and efficiently carried out with clear management and clinical accountability, including methods to:

1.1.3.1. Collect, analyze and display information regarding:

1.1.3.1.1. The capacity to manage resources and services, including financial and cost information and compliance with statutes, regulations and agreements;

1.1.3.1.2. System performance indicators;

1.1.3.1.3. Quality and intensity of services including data on the use of evidence based practices and practice guidelines; and

1.1.3.1.4. Incorporation of feedback from individuals in services, their families, allied service systems, community providers, Ombuds and quality review teams.

1.1.4. Targeted improvement activities, including:

1.1.4.1. Performance measures that are objective, measurable, and based on current knowledge/best practice including at least those defined by DSHS in the agreement with the Optum Pierce BHO;

1.1.4.2. As is required in WAC 388-865, an analysis of consumer care covering a representative sample of at least 10% of consumers or 500 consumers, whichever is smaller;

1.1.4.3. Efficient use of human resources; and

1.1.4.4. Efficient business practices.

2. The QA/PI Committee reviews and endorses the *QA/PI Program Description and Work Plan on an annual basis*.

2.1. QA/PI Committee members are asked to review the *QA/PI Program Description and Work Plan* carefully and collaborate with Optum Pierce BHO QA/PI staff to build a comprehensive QA/PI Program.

2.2. The QA/PI Committee includes a broad range of stakeholders including representatives from consumer/family organizations, providers, enrollees, families and allied service providers.

3. The *QA/PI Program Description and Work Plan* includes descriptions of the organization and functions of the QA/PI program including reporting relationships and key program components.

4. The *QA/PI Program Description and Work Plan* includes the following:

4.1. Yearly objectives, program scope, and yearly planned projects or activities;

4.2. Quality and safety of clinical care and quality of service to be achieved;

4.3. The time frame within which each activity is to be achieved;

4.4. Quality monitoring methods to be employed for each activity;

- 4.5. The person responsible for each activity;
 - 4.6. Planned monitoring of previously identified issues, including tracking of data; and
 - 4.7. Planned evaluation of the QA/PI program.
5. The timeframe requirements for submission and approval of the *QA/PI Program Description and Work Plan* are determined by the QA/PI Committee.
 6. In order to complete quality improvement activities and projects, Optum Pierce BHO staff may be asked to participate as members of QA/PI subcommittees or workgroups.
 - 6.1. These subcommittees or workgroups are assigned responsibility for completing all or part of various projects or assigned activities.
 - 6.2. Each subcommittee or workgroup is to maintain documentation reflecting the minutes of meetings, proposals and/or the evaluation of quality improvement efforts.
 7. The *QA/PI Program Description and Work Plan* is submitted to the Washington State DSHS for review and approval within the scope and requirements of the contract.

Related Policies, Procedures & Materials

- Pierce Behavioral Health Organization Policy: QA-02 - *QA/PI Program Annual Evaluation*
- Pierce Behavioral Health Organization Policy: QA-03 - *QA/PI Performance Improvement Projects*
- Pierce Behavioral Health Organization Policy: QA-04 - *QA/PI Monitoring Important Aspects of Care and Service*
- Pierce Behavioral Health Organization Policy: QA-05 - *External Audit Preparation*
- Pierce Behavioral Health Organization Policy: QA-06 - *QA/PI Committee Structure*
- Pierce Behavioral Health Organization Policy: QA-08 - *Site Visits: Clinical and Administrative Review Including Annual Review of CMHAs*
- Pierce Behavioral Health Organization Policy: QA-09 - *Quality Review Team*

Attachments

N/A

Approval History

- Policy created and effective: 07/2009
- Policy and Procedure Committee review and approval: 10/26/2009
- Policy and Procedure Committee review and approval: 08/23/2010
- Policy and Procedure Committee review and approval: 09/26/2011
- Policy and Procedure Committee review and approval: 08/27/2012
- Policy and Procedure Committee review and approval: 12/02/2013
- Policy and Procedure Committee review and approval: 12/15/2014
- Policy and Procedure Committee review and approval: 02/24/2016
- Operational Procedures and Standards Committee Reviewed and Accepted: 01/25/2017
- Optum Pierce BHO reviewed and accepted: February 2018