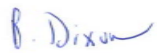




United Behavioral Health

Quality Assurance/Performance Improvement Annual Evaluation		Policy Identifier/Number: QA-02	
Annual Review Completed Date: February 2019			
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

The Quality Assurance/Performance Improvement (QA/PI) Program Annual Evaluation is a comprehensive written document which is reviewed, edited, and approved by the QA/PI Committee, appropriate subcommittees, and the Behavioral Health Advisory Board prior to completion. The QA/PI Program Annual Evaluation is submitted to the Washington State DSHS upon request.

As part of Optum Pierce Behavioral Health Organization's (BHO's) Continuous Quality Improvement (CQI) process, an annual evaluation is conducted of the QA/PI Program to measure progress and set goals for the coming year. The evaluation is based on reconciled data for quality indicators included in the *Quality Assurance/Performance Improvement Work Plan*.

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. A written evaluation of the QA/PI Program is conducted annually and is presented to the QA/PI Committee and appropriate subcommittees for review, editing and endorsement.
2. The evaluation analyzes the effectiveness of the organization's:
 - 2.1. Activities to continuously improve the quality of care and service delivered to Individuals and families in services;
 - 2.2. Processes for Individual and family access to needed care; and
 - 2.3. Actions to improve individual, family and provider satisfaction.
3. Trends are identified and analyzed to determine their significance.

4. Causal links between the interventions and the observed results are examined.
5. Interventions that influenced the outcome, with differentiation of those that were most influential, are identified, including any intervening or confounding factors that may have contributed to any changes that occurred.
6. The QA/PI Annual Evaluation considers relevant input from individuals in behavioral health services, youth, family members, advocates, providers, and other stakeholders.
7. The QA/PI Annual Evaluation includes:
 - 7.1. A description of completed and ongoing QA/PI activities that address the quality and safety of clinical care and the quality of service;
 - 7.2. Trending of measures to assess performance in the quality and safety of clinical care and the quality of service;
 - 7.3. An analysis of whether there have been demonstrated improvements in the quality and safety of clinical care and the quality of service to enrolled individuals and families; and
 - 7.4. An evaluation of the overall effectiveness of the QA/PI Program, including progress toward influencing safe and effective clinical practices throughout the network.
8. The evaluation of the overall effectiveness of the QA/PI Program gives careful consideration to all aspects of the program.
 - 8.1. Optum Pierce BHO addresses issues such as the adequacy of the resources devoted to the program, committee structure, stakeholder participation and leadership involvement.
 - 8.2. The evaluation provides recommendations to consider when determining whether to restructure or change the QA/PI Program for the subsequent year.
9. The results of the annual evaluation are made available to individuals in services, network providers, and other stakeholders via committees and web portals.

Related Policies, Procedures & Materials

- Pierce Behavioral Health Organization P&P: QA-01 - *QA/PI Program Description and Work Plan*
- Pierce Behavioral Health Organization P&P: QA-03 - *QA/PI Performance Improvement Projects*
- Pierce Behavioral Health Organization P&P: QA-04 - *QA/PI Monitoring Important Aspects of Care and Service*
- Pierce Behavioral Health Organization P&P: QA-05 - *External Audit Preparation*
- Pierce Behavioral Health Organization P&P: QA-06 - *QA/PI Committee Structure*
- Pierce Behavioral Health Organization P&P: QA-08 - *Site Visits: Clinical and Administrative Review Including Annual Review of CMHAs*
- Pierce Behavioral Health Organization P&P: QA-09 - *Quality Review Team*

Attachments

N/A

Approval History

- Policy created and effective: 09/2009
- 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: 04/26/2017
- Optum Pierce BHO reviewed and accepted: February 2018

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.

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