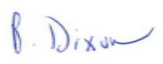




United Behavioral Health

Monitoring of Important Aspects of Care and Service			Policy Identifier/Number: QA-04
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

Specific aspects of service and care monitored through the QA/PI Program are listed as metrics in the *Quality Assurance/Performance Improvement Work Plan*. The *Quality Assurance/Performance Improvement Work Plan* is updated throughout the year to reflect progress on QA/PI activities and input from the health care delivery system.

Optum Pierce Behavioral Health Organization (BHO) regularly monitors key aspects of clinical and non-clinical services as part of its Quality Assurance/Performance Improvement (QA/PI) efforts.

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 Optum Pierce BHO monitors and evaluates important aspects of clinical and non-clinical services.
 - 1.1. The *QA/PI Work Plan* includes a variety of QA/PI measures.
 - 1.2. These indicators are objective, measurable, and based upon current knowledge and clinical experience.
 - 1.3. Updates on performance in regard to these QA/PI measures are provided to the QA/PI Committee and any appropriate subcommittees at a frequency listed for each metric in the work plan.
 - 1.4. Frequency of reporting ranges anywhere from monthly to annual reports.

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.

2. Data trends and corrective actions are reported to the QA/PI Committee and/or in the Annual QA/PI Program Evaluation.
 - 2.1. If a continuous clinical or non-clinical quality monitor does not meet a performance goal, Optum Pierce BHO conducts an analysis of barriers and opportunities for improvement and implements actions to improve performance and meet the goal by an established date.
 - 2.2. Once the analysis of barriers and opportunities for improvement is completed, the QA/PI Manager presents a plan of corrective action to the QA/PI Committee.
 - 2.3. Corrective action may be as formal as a long-term performance improvement project or may consist of operational or procedural changes.
3. Once a corrective action is implemented, a follow-up review is conducted to evaluate the outcome and effectiveness of the corrective action.
4. Data trends are continuously monitored over time to see that corrective actions are having the desired effect.

Related Policies, Procedures & Materials

- Pierce Behavioral Health Organization Policy: QA-01 - *QA/PI Program Description and Work Plan*
- 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-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