




United Behavioral Health

Customer Service Call Responsiveness and Resolution			Policy Identifier/Number: QA-10
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

The Clinical Manager and the Quality Management Unit perform regular quantitative and qualitative reviews to monitor customer service and call responsiveness and the quality and accuracy of information provided to callers by Optum Pierce Behavioral Health Organization staff.

To provide quality oversight of telephone responsiveness and the telephonic interactions between Optum Pierce BHO care management staff and stakeholders.

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. Business Hours: Call Answering and Tracking:
 - 1.1. During business hours Optum Pierce BHO has a shared line for incoming calls that rings on all care management staff telephones concurrently. At least one Care Manager shall be available at all times to answer the shared line.
 - 1.2. Care Management staff are to:
 - 1.2.1. Answer customer service lines via both local and toll free numbers to respond to service requests, inquiries, and complaints from 8:00 a.m. until 6:00 p.m. Monday through Friday, holidays excluded;
 - 1.2.2. Respond to service requests, other inquiries or complaints and assist Individuals in services, family members and stakeholders in a manner that resolves the inquiry, including the ability to respond to

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.

- those with limited English proficiency or the hearing impaired; and
 - 1.2.3. Be trained to triage calls regarding an appeal or grievance to the appropriate staff in the Quality Assurance Unit.
- 1.3. Call Resolution Timeliness and Resolution
 - 1.3.1. Care managers are to log all calls in order to track date of call, time of call, caller type, and disposition.
 - 1.3.2. The Clinical Manager is to review all call logs on a monthly basis to monitor care management completion and appropriate disposition.
 - 1.3.3. The Clinical Manager is to review the work of Care Managers whose work is consistently below average and, when necessary, shall provide coaching or re-training.
- 2. After-Hours Responsiveness
 - 2.1. Care Managers are on-call after hours to review requests for inpatient admissions to psychiatric hospitals and other inpatient facilities, to respond to requests for resources from providers of crisis services, and to receive immediate notification of Critical Incidents.
 - 2.2. Care Managers are to respond to a page by the after-hours answering service within 10 minutes, or the triage service is to call the Clinical Manager (or designee) who is on back-up via cell phone.
 - 2.3. Call reports generated through the after-hours answering service (ProtoCall Inc.) are reviewed on a daily basis by the Clinical Manager to monitor response times and look for additional follow up needs by care managers.
- 3. Individual Performance Monitoring
 - 3.1. When staff do not meet performance standards, or are shown through audits to be in need of additional training, Optum's Clinical Manager is to immediately:
 - 3.1.1. Arrange for additional training; and
 - 3.1.2. Increase monitoring of the staff member until performance shows the staff member can return to routine monitoring and oversight.
 - 3.1.2.1. In some instances, the level of supervision provided to staff may be reinstated.
 - 3.1.2.2. In general, one to three months of more intensive monitoring and training is all that is needed to restore the staff member's skills to appropriate performance levels.
- 4. QA/PI Work Plan Monitoring
 - 4.1. The *QA/PI Work Plan* includes a variety of customer service-related quality indicators
 - 4.1.1. Indicators monitored shall include, but may not be limited to:
 - 4.1.1.1. Trends in consumer grievances related to access to care and intake;
 - 4.1.1.2. Call responsiveness statistics; and
 - 4.1.1.3. Call resolution timeliness.
- 5. Monitoring of Individual Complaints
 - 5.1. Any complaint regarding a Care Manager shall be reviewed by the Clinical Manager to determine if individual coaching or re-training is necessary.
- 6. Corrective Action Plans

- 6.1. When data show that goals or benchmarks are not met, Optum Pierce's Continuous Quality Improvement (CQI) process shall be invoked and a corrective action plan shall be required. In addition, if the QA/PI Committee or subcommittees see a concerning trend, they may recommend corrective actions to address this trend which may include training, system or policy changes, or other interventions.
- 6.2. Corrective action plans are to include a root cause analysis to locate the barriers to achieving the goal or benchmark, implementation of actions designed to improve performance and more frequent monitoring of performance to determine if the corrective actions are having the desired effect.
- 6.3. Once performance is maintained at, or better than, the goal or benchmark consistently, performance monitoring is to return to routine oversight.

Related Policies, Procedures & Materials

- Pierce Behavioral Health Organization Policy: QA-11 - *Care Management Oversight and Inter-rater Reliability Audits*
- Pierce Behavioral Health Organization Policy: CM-05 - *UM/Resource Management Plan*
- Pierce Behavioral Health Organization Policy: CM-19 - *After Hours Availability*
- Pierce Behavioral Health Organization Policy: CM-10 - *UM/Authorization and Concurrent Review*

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