



Magellan Behavioral of Virginia

Quality Improvement Program

Summary for 2015

Magellan Healthcare's Virginia Care Management Center (VA CMC) manages mental health and substance abuse services in a variety of settings delivered by providers from multiple disciplines. The population served by the VA CMC includes residents of the Commonwealth of Virginia with Medicaid coverage. The scope of the Quality Improvement (Qi) Program includes the objective and systematic monitoring of the quality of recovery and resiliency focused health care and services provided to the members of Magellan's customer organizations.

Magellan of Virginia ensures quality behavioral health services are delivered to Virginia Medicaid enrollees. Partnering with members, providers and stakeholders, we elevate the quality and satisfaction in healthcare delivery. We work to improve the overall health and well-being of Virginians.

So far...

Key Accomplishment and Highlights

Throughout 2014, the VA CMC Qi Program achieved several major accomplishments:

- Established the Qi program scope and functions including development of the “Trilogy Documents” that describe the program, clarify a plan of work and annually evaluate program activities.
- Launched over fourteen innovative recovery and resiliency program initiatives, as well as Cultural Competency trainings for staff and providers and coordinating care between medical and behavioral health providers.
- Established regular management sessions with customers and stakeholders, as well as various quality focused committees that include consumers, family members, customers and other stakeholders.
- Exceeded overall satisfaction goals with providers by 5 percentage points, adults by 13 points and children by 7 points.
- Established mechanisms to monitor providers' Clinical Practice Guideline (CPG) adherence and patient safety and concerns.
- Resolved 100% of reconsiderations and grievances within required timelines; and
- Started preparations to apply for National Committee for Quality Assurance (NCQA) accreditation in 2015.

What's next?

Goals for the future

Throughout the coming year the VA CMC Qi Program aims to achieve many challenging goals.

Positively influencing health and well being, including patient safety:

- Conduct care coordination activities including follow-up after hospitalization, discharge planning and provider shaping.

- Monitor quality of care concerns and provide interventions as appropriate.
- Improve the seven day ambulatory follow-up rate to at least 46% (Medicaid 50th percentile).
- Improve the 30 day ambulatory follow-up rate to at least 58% (Medicaid 75th percentile).
- Increase the average number of days spent in the community for members aged 0-17 with two or more inpatient psychiatric admissions, to at least 165.6 days out of a possible 184 days (90% of days spent in community).
- Decrease the average number of inpatient hospitalizations for members aged 0-17 with two or more inpatient psychiatric admissions, to two inpatient hospitalizations.
- Increase the total score on the suicide assessment and management section of treatment record reviews to at least 95%.

Enhancing Service and the Experience of Care:

- Improve member and provider satisfaction survey results.
- Conduct treatment record reviews against CPGs for major depressive disorder, Schizophrenia, ADHD, and substance use disorder.
- Improve routine, urgent and emergent access for members.
- Reduce reconsideration overturn rates.

Meeting and Exceeding Contractual, Regulatory and Accreditation Requirements:

- Improve overall provider satisfaction.
- Achieve NCQA accreditation through successful survey in 2015.
- Attain full three year accreditation of the program.
- Solve for and ensure delivery of all contractual obligations of Virginia Governor's Access Program (GAP) program.

Coming soon...

How we will make things better

Throughout the coming year the VA CMC Qi Program will look for opportunities to improve:

- Reconsideration of overturn rates.
- The number of times members are readmitted to hospital.
- First call resolution.
- Follow-up after hospitalization rates.
- Outcomes reporting.
- Treatment record reviews and the review of CPGs.
- Coordination of care activities.
- NCQA survey preparation.
- Screening programs.
- Patient safety programs.
- Member and provider satisfaction survey analysis and reporting.
- Accessibility assessments and interventions.
- Timeliness of utilization management decisions.
- Discharge planning analysis and interventions.
- Timeliness of re-credentialing.

Thank you for being on this journey with us to ensure the quality of behavioral healthcare in the Commonwealth of Virginia remains high, and constantly gets better!