



Magellan of Virginia

Quality Improvement Program

Summary for 2016

Magellan Healthcare's Virginia Care Management Center (VA CMC) manages mental health and substance use 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 is committed to Continuous Quality Improvement (CQI) and outcomes management through its company-wide Quality Improvement Program that includes assessment, planning, measurement, and re-assessment of key aspects of care and service.

Key Accomplishments

Throughout 2016, the VA CMC QI Program achieved many major accomplishments:

- The National Committee for Quality Assurance (NCQA) awarded Magellan of Virginia a full, three-year Managed Behavioral Health Organization (MBHO) accreditation.
- Magellan of Virginia celebrated its' three-year anniversary as the Behavioral Health Services Administrator (BHSA) for the Virginia Department of Medical Assistance Services on December 1, 2016.
- Completion of the annual 'Trilogy Documents' that describe the QI Program and establish a plan of work and method to evaluate the effectiveness of program activities.
- Conducted 155 Treatment Record and Clinical Practice Guideline Reviews of provider medical records.
- Resolved 100% of reconsiderations and grievances within required timelines.
- Exceeded overall satisfaction goals with providers by 12.8 percentage points and with adult members by 1 percentage point.

Goals for the Future

Throughout the coming year, the VA CMC QI Program aims to achieve many challenging goals that include the following:

Positively influencing Health and Well-being, including patient safety:

- Improve the 7-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 total score on the Suicide Assessment and Management section of Treatment Record Reviews to at least 90%.

Enhancing Service and the Experience of Care:

- Improve member and provider satisfaction survey results.
- Improve routine, urgent and emergent access for members.
- Reduce reconsideration overturn rates.

Meeting and exceeding contractual, regulatory and accreditation requirements:

- Maintain compliance for all NCQA MBHO requirements to attain re-accreditation.
- Ensure successful implementation of Independent Assessment, Certification and Coordination Team (IACCT) and Psychiatric Residential Treatment Facility (PRTF) models upon approval of regulations.
- Successfully implement a contract enhancement, Addiction and Recovery Treatment Services (ARTS), within required regulatory framework.

How we will make things better

Throughout the coming year, the VA CMC QI Program will continue to look for opportunities to improve:

- Rate of overturned reconsiderations
- The number of times members are readmitted to the hospital
- Collaboration between behavioral health care and primary medical care practitioners
- First call resolution
- Follow-up after hospitalization rates
- Analysis of outcomes reporting
- Treatment Record Review (TRR) and Clinical Practice Guideline (CPG) scores
- Utilization of Corrective Action Plans for providers with deficient TRR and/or CPG scores
- Coordination of care activities
- Screening programs
- Patient safety programs
- Member and provider satisfaction survey analysis and reporting
- Discharge planning analysis and interventions
- Timeliness of re-credentialing

Questions?

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