

**LAKESHORE BEHAVIORIAL HEALTH ALLIANCE**  
Community Mental Health Services of Muskegon County  
Community Mental Health of Ottawa County  
Lakeshore Coordinating Council for Substance Abuse Services

Policy  
No. 20-033

Prepared by: Judy Kell  
Compliance Review Supervisor

Effective: April 25, 2003  
Revised: November 21, 2008

Approved by:

SUBJECT: Lakeshore Behavioral Health  
Alliance QAPIP and Utilization  
Management Plan

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John North Executive, Director

**I. POLICY :**

Lakeshore Behavioral Health Alliance has established a LBHA Quality Assessment and Performance Improvement process, which ensures that each affiliate, participate in a formal Quality Assessment and Performance Improvement and Utilization Management System. The Community Mental Health Services of Muskegon County Board of Directors as the PHP Board of Directors will receive routine written reports and annually review the implementation of the Quality Assessment and Performance Improvement Plans.

**II. PURPOSE:**

To provide a structure that facilitates planning, measurement, assessment and improvement of processes and systems in accordance with the Department of Community Health, accreditation organizations and applicable Federal standards. The structure is designed to encourage contributions from a variety of sources, facilitate accountability, and ensure follow through for improvement efforts.

**III. APPLICATION:**

The policy applies to all affiliates of Lakeshore Behavioral Health Alliance.

**IV. DEFINITIONS**

**Utilization Management:** A managed care procedure to determine the medical necessity, appropriateness, location, and cost-effectiveness of behavioral health care services

**Quality Assurance:** Activities involving a review of quality of services and the taking of any corrective actions to remove any deficiencies.

**Performance Improvement:** A process for achieving desired institutional and individual results. The goal of Performance Improvement is the provision of high quality, sustainable behavioral healthcare services.

#### **IV. PROCEDURE:**

- A. Each affiliate will assist in the development of affiliation-wide Quality Assessment and Performance Improvement processes and an annual review of the same.
- B. Each affiliate will assist in the development of affiliation-wide utilization management processes.
- C. The LBHA Compliance Review Supervisor is the senior official responsible for the LBHA QAPIP implementation.
- D. The LBHA Compliance Review Supervisor chairs the Affiliate Council, which serves as a mechanism for communication and integration across common/joint areas of quality improvement activities throughout the PHP (Attachment A).
- E. Consumers and providers assist the affiliate Quality Improvement staff in the development of the QAPIP and its implementation through participation on work groups and project teams.
- F. Lakeshore Behavioral Health Alliance members implement the Comparative Performance Monitoring Policy as a method of using standardized indicators in the areas of access, efficiency and outcome.
- G. Each affiliate will ensure the development of performance improvement projects that achieve through ongoing measurement and intervention demonstrable and sustained improvement in significant aspects of clinical and non-clinical services that can be expected to have a beneficial effect on health outcomes and consumer satisfaction.
- H. The QAPIP includes periodic quantitative and qualitative assessments of consumer experiences with each affiliate of the Alliance. The assessments are representative of the consumers served and address the issues of quality, availability and accessibility of care. Each affiliate of the Lakeshore Behavioral Health Alliance as a result of the assessment will take specific action on individual cases as appropriate. It will identify and investigate sources of dissatisfaction. It will develop system action steps to correct a problem and it will inform providers, consumers and the governing body of the assessment results. Each affiliate of the Lakeshore Behavioral Health Alliance will ensure that consumers are active in the review and analysis of the qualitative and quantitative methods through their participation in project teams or work groups.
- I. Lakeshore Behavioral Health Alliance through the MMBPIS work group will analyze the causes of any statistical outliers on State defined performance indicators when they occur.
- J. Each affiliate QAPIP will include the process and follow-up of sentinel events.
- K. Each affiliate will ensure the process for the adoption, development, implementation and continuous monitoring and evaluation of practice guidelines.
- L. Each affiliate will develop and implement procedures for the credentialing, recredentialing and privileging of providers of care, both licensed and non-licensed.

- M. The Compliance Review Unit will monitor the verification methodology to determine whether services reimbursed by Medicaid were actually furnished to enrollees by the affiliates, providers and subcontractors.
- N. Each affiliate of the Lakeshore Behavioral Alliance will develop a utilization management program that includes:
1. Written Plan – Written utilization management program description that includes, at a minimum, procedures to evaluate medical necessity, criteria used, information sources and the process used to review and approve the provision of medical services.
  2. Scope – The Program has mechanisms to identify and correct under utilization as well as over utilization.
  3. Procedures – Prospective (preauthorization), concurrent and retrospective procedures as established and include:
    - a. Review decisions are supervised by qualified medical professionals. Decisions to deny or reduce services are made by health care professionals who have the appropriate clinical expertise to treat the conditions.
    - b. Efforts are made to obtain all necessary information, including pertinent clinical information, and consult with the treating physician as appropriate.
    - c. The reasons for decisions are clearly documented and available to the member.
    - d. There are well-publicized and readily-available appeals mechanisms for the both providers and patients. Notification of denial is sent to both the beneficiary and the provider. Notification of a denial includes a description of how to file an appeal.
    - e. Decisions and appeals are made in a timely manner as required by the exigencies of the situation.
    - f. There are mechanisms to evaluate the effects of the program using data on member satisfaction, provider satisfaction or other appropriate measures.

#### **IV. REFERENCES:**

Balanced Budget Act of 1997, 438.240, 438.228, 438.210, 438.410, 438.236,  
438.242, 438.204, 438.206, 438.208

Department of Community Health, Quality Assessment and Performance Improvement Programs for Specialty Pre-Paid Health Plans, P.6.7.1.1R 5/10/07