



Program #40068A - Behavioral Health Quality Management 7/14/2022

**Department:** Health Department **Program Contact:** Jennifer Gulzow  
**Program Offer Type:** Support **Program Offer Stage:** As Adopted  
**Related Programs:** 40065, 40067  
**Program Characteristics:**

**Executive Summary**

Quality Management (QM) includes the Compliance, Quality Improvement (QI), Records, Reporting, Evolv and Billing teams. The teams work collaboratively to assure the Division is able to rapidly identify, prevent and mitigate risk; provide timely and meaningful data and outcomes to demonstrate appropriate stewardship of public funds and inform program development; maintain secure electronic health records and billing; and assure compliance with licensing, Oregon Administrative Rules, and other appropriate policies. These teams advance racial equity by providing real time information and data on systems, programs and policies that perpetuate systemic barriers to opportunities and benefits for BIPOC and other underserved populations.

**Program Summary**

The QM, QI and Compliance teams conduct: internal and external agency audits, internal investigations and Root Cause Analysis, onboarding, policy and procedure development and review, contract reviews, timely responses to complaints and assure compliance with grievance procedures, Critical Incident Reviews for high risk incidents; assisting the State with licensing visits and Oregon Administrative Rules (OARs) compliance for residential treatment homes and facilities; investigating complaints about residential care; and monitoring progress of providers found to be out of compliance with OARs.

The Reporting team uses SSRS and Tableau software to produce visuals and reports for measuring outcomes and fulfilling our contractual Reporting duties. They work closely with the Data Governance program, Information Technology (IT) and other Health Department Reporting teams to allocate and share county resources. They continue to lead in the implementation of industry best practices for the software development lifecycle, version control, user documentation, and process standardization.

The Evolv team provides oversight/administration of the Evolv EHR. They build custom forms and fields in the system for teams to collect data and work in conjunction with the Reporting team for the data entering and exiting the system. They perform ongoing upgrades and system maintenance to ensure system efficiencies. The team has representation at the National level in the roles of Board Immediate Past President and Chair of the West User Group, helping to support big improvements in Netsmart’s approach to our experience as an Evolv customer.

The Billing team implements and tracks communication procedures for provider billing set-up to prevent claim denials and reprocessing. They monitor access and use of Community Integration Manager (CIM) and Maintenance Management Information System (MMIS) data platforms, ensuring access controls. This year they optimized workflows to prevent and quickly respond to authorization related denials and monitoring of insurance coverage for BHD clients. They created new procedures and training for staff this year, effectively reducing revenue loss due to insurance and authorization issues by almost 50%. They also developed and delivered training materials to BHD staff on level of care forms, Care Oregon billing requirements, CIM usage and Fraud, Waste and Abuse.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of clinical reviews and incident reports reviewed	13,846	13,500	13,500	13,500
Outcome	Percent of incidents residential programs mitigated through immediate safety implementations	99%	97%	98%	98%
Output	Number of requests managed by Decision Support Unit	3,780	4,000	3,700	3,800

**Performance Measures Descriptions**

## Legal / Contractual Obligation

Each provider of community mental health and developmental disability service must implement and maintain a QA program. Elements of the QA program include maintaining policies and procedures, grievance management, fraud and abuse monitoring, performance measurement, and contract management.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$904,329	\$1,855,187	\$1,060,528	\$1,653,919
Contractual Services	\$0	\$236,536	\$0	\$39,451
Materials & Supplies	\$15,315	\$81,927	\$16,261	\$81,355
Internal Services	\$184,686	\$356,033	\$102,499	\$387,010
<b>Total GF/non-GF</b>	<b>\$1,104,330</b>	<b>\$2,529,683</b>	<b>\$1,179,288</b>	<b>\$2,161,735</b>
<b>Program Total:</b>	<b>\$3,634,013</b>		<b>\$3,341,023</b>	
<b>Program FTE</b>	5.96	12.94	6.51	10.85

Program Revenues				
Intergovernmental	\$0	\$1,518,272	\$0	\$1,501,208
Beginning Working Capital	\$0	\$1,011,411	\$0	\$660,527
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,529,683</b>	<b>\$0</b>	<b>\$2,161,735</b>

## Explanation of Revenues

This program generates \$121,363 in indirect revenues.

- \$ 586,243 - Health Share of Oregon (Medicaid) Beginning Working Capital
- \$ 792,291 - State Mental Health Grant: LA 01 System Management and Coordination
- \$ 492,987 - Unrestricted Medicaid fund through CareOregon
- \$ 80,000 - State Mental Health Grant: A&D 66 Decision Support
- \$ 210,214 - Health Share Unrestricted Medicaid (Off the top) funding

## Significant Program Changes

Last Year this program was: FY 2022: 40068 Behavioral Health Quality Management

FTE reductions in this program are due to moving FTE to scaled offer 40068B.