Region V Systems

Network Management Procedures   Revised: RA 9/21/17
CARF Standard 12
206 NAC 3-003.01A

■   Data Collection, Analysis, & Performance Improvement Procedures

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The following procedures are established for Region V Systems (the Network) and its Provider Network to address data collection methods, measurements, and performance of the Network.

Standard 12.a.   Collection of Data

Annually, at a minimum, Region V Systems collects a variety of information from Network Providers which includes but is not limited to:

1.   Effectiveness;
2.   Efficiency;
3.   Access to services including waiting lists, denials, and referrals determined to be ineligible for services;
4.   Satisfaction;
5.   Elements of completed assessments of persons served;
6.   Service utilization;
7.   Complaints, grievances, and appeals;
8.   Critical incidents;
9.   Financial performance; and
10.   Other data as necessary to evaluate network and contract performance.

The information is produced in a variety of reports by Region V Systems and its system partners. These reports measure levels of care, applicable services, substance abuse or mental health services, adult or youth services (if it is a required measurement for compliance or contracts), if it addresses a priority measure, what area of measurement does it assess (i.e. access, effectiveness, efficiency, satisfaction), scope, frequency of report (if there is a target/goal/threshold), and who prepares the report.

Standard 12.b.   Performance of Provider Network
Network Provider performance targets are established by Region V Systems and its system partners, such as the Nebraska Department of Health and Human Services, Division of Behavioral Health. Some of these teams include, but not limited to, the Statewide Quality Improvement Team (SQIT), Regional Quality Improvement Team (RQIT), as well as the Statewide Audit Team.

Other targets are set by the federal government which would include the National Outcome Measures (NOMs).

Regular meetings occur through "Tuesday Data Calls" to continually examine the system, which includes representatives from the Division of Behavioral Health, statewide regional representatives, and Network Providers as deemed necessary.

Annually, at a minimum, Region V Systems reports on the performance of its Provider Network in relationship to established targets in each area as identified in Standard 12.a., addressing the following:

1.   Trends.
2.   Actions for improvement.
3.   Results of performance improvement plans.
4.   Necessary education and training of participating Network Providers.

Standard 12.c.   Aggregate Data from Participating Providers for the Network
Data that is produced and is covered in the above areas is reviewed by staff members, Network Providers, the Regional Quality Improvement Team (RQIT), Statewide Quality Improvement Team (SQIT), Behavioral Health Advisory Committee, and Regional Governing Board. Region V Systems has dedicated staff members and resources to lead and facilitate both data collection and analyses. Multiple reports are compiled on a respective time schedule of monthly, quarterly, bi-annually, and annually.

At a minimum, the organization compiles two annual reports (*Management Summary* and the *Annual Report)* that summarize activities and performance in the areas of demographics, effectiveness, efficiency, fidelity, content, and consumer satisfaction over the prior year. These reports are shared with others through the *Communications Plan* to aid in the data-driven, decision-making process for future planning.