

Capital Health

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Commercial Medical Quality Improvement Program Description

2017

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CAPITAL HEALTH PLAN

Commercial 2017 Medical Quality Improvement Program Description

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INTRODUCTION

The purpose of Capital Health Plan (CHP) is to provide the people in Leon and surrounding counties (a seven county area of northern Florida) with high quality, affordable health care that: 1) focuses on delivery of evidence-based medical care under the direction of primary care physicians in an effective, timely and cost-effective manner 2) emphasizes low administrative costs and ethical business practices 3) is proactive and innovative in its quest to continually improve the health of the community. CHP incorporates this Quality Improvement (QI) Program as an integral part of its operation.

The Health Plan, a not for profit corporation, was incorporated in 1978. The first members were enrolled in 1982. The Plan serves the service area of Leon and the surrounding counties of Jefferson, Wakulla, Gadsden, Calhoun, Liberty and Franklin. The Commercial membership as of October 1, 2016 is 114,218. The most recent demographic information from the 2016 NCQA CAHPS Member Satisfaction Survey indicates that 76% of the CHP Commercial population is Caucasian, 18% is African American, 3.7% is Asian, 1.0% is American Indian or Alaska Native and 2.6% are in the Other category. 3% of members are of Hispanic/Latino ethnicity. There is not a significant non-English speaking population in the network of Commercial members; 97.8% speak English as their main language at home. The Commercial population is 61% female and 39% male.

There are currently 576 practitioners in the CHP network; 167 are primary care physicians (PCPs) and 409 are physician specialists. The PCPs include 97 family physicians, 25 pediatricians, and 45 internal medicine physicians. CHP employs 23 PCPs, 1 radiologist, 5 Urgent Care physicians and 8 optometrists. Tallahassee Memorial Hospital also employs 35 PCPs; 11 in the Family Practice Residency Program, 8 in the Internal Medicine Residency Program and 16 are in small practices that operate primarily in rural areas. The remaining PCPs practice in affiliated small groups practices (1-10 practitioners). In accordance with State of Florida law, patients have direct access to podiatrists, chiropractors, dermatologists, and gynecologists for well woman care.

SCOPE

Capital Health Plan provides comprehensive health benefit coverage through an integrated health care delivery system to Federal and Florida State Government employees, large and small commercial employers, and non-group enrollees.

CHP provides inpatient hospital services through 3 primary hospitals. 10 outpatient facilities provide home health and hospice services; 9 skilled nursing facilities provide extended care/rehabilitation services. 11 outpatient facilities provide rehabilitation therapy and durable medical equipment services, and the network has 10 outpatient surgical facilities and 4 dialysis centers.

The following health plan activities are included in the scope of CHP's Commercial QI program:

- ◆ Clinical/service quality
- ◆ Patient safety/risk management
- ◆ Physician and hospital quality
- ◆ Pharmacy management and medication safety
- ◆ Credentialing and recredentialing
- ◆ Utilization management
- ◆ Access and availability to healthcare services
- ◆ Culturally and linguistically appropriate services
- ◆ Continuity and coordination of care
- ◆ Chronic care improvement program
- ◆ Complex case management
- ◆ Disease management and health management programs
- ◆ Wellness program and activities
- ◆ Member connections
- ◆ Delegation monitoring and oversight
- ◆ Member rights and responsibilities
- ◆ Privacy and confidentiality

QUALITY IMPROVEMENT PROGRAM OBJECTIVES

CHP strives to continually improve health care services by pursuing the Institute of Healthcare Improvement's 'Triple Aim;' improving the experience of care, improving the health of populations, and reducing per capita costs of health care. These improvement activities are consistent with the National Strategy for Quality Improvement in Health Care in the Report to the United States Congress in March, 2011.

Quality improvement initiatives that support The Triple Aim and the National QI Strategy will include integration of health care systems of care, redesign of primary care services and structures, population health management and improvements to financial management systems. CHP's staff practices will continue to develop a primary care 'medical home' model to ensure that health care services are safe, patient-centered, timely, effective and efficient. Measurement systems and improvement initiatives will be implemented to continually improve culturally and linguistically appropriate services, ensuring that the health care delivered is equitable for all patients.

VISION OF QUALITY FOR CAPITAL HEALTH PLAN

CHP will maintain a reputation as a local, state and national leader in quality of care and service through:

- ◆ Industry-leading benchmark performance on clinical outcome measures
- ◆ Industry-leading member satisfaction
- ◆ NCQA Commercial rating of 5.0
- ◆ NCQA Commercial Excellent accreditation rating
- ◆ Very low (<2%) voluntary disenrollment

QUALITY IMPROVEMENT PROGRAM STRATEGIC GOALS

NATIONAL AIMS¹:

- ◆ Better Care
- ◆ Healthy People/ Healthy Communities
- ◆ Affordable Care

NATIONAL PRIORITIES²:

- ◆ Engage patients and families in managing their health and making decisions about their care.
- ◆ Improve the health of the population.
- ◆ Improve the safety and reliability of America's healthcare system.
- ◆ Ensure that patients receive well coordinated care within and across healthcare organizations, settings and levels of care.
- ◆ Ensure appropriate and compassionate care for patients with life-limiting illnesses.
- ◆ Eliminate overuse while ensuring the delivery of appropriate care.

CLINICAL CARE

- ◆ Achieve scores on HEDIS clinical indicators that demonstrate national leadership with scores that meet or exceed the 90th national percentile.
- ◆ Maintain a dialogue with the best "delivery system" health plans in the country.
- ◆ Provide community leadership in access, satisfaction, clinical outcomes, and efficient care for the chronically ill through the 'Medical Home' model provided by staff PCP practices.
- ◆ Promote evidence-based clinical practice within the medical networks.
- ◆ Improve the health status of members through preventive/wellness activities, disease management, and case management.
- ◆ Coordinate clinical care to ensure seamless delivery of healthcare services across the medical network.
- ◆ Create incentives which align goals of the health plan, practitioners and health plan staff.

¹ Source of National Aims: Report to the U.S. Congress, National Strategy for Quality Improvement in Health Care, March 2011

² Source of National Priorities: National Priorities Partnership convened by the National Quality Forum, November 2008

MEMBER/PRACTITIONER SATISFACTION

- ◆ Achieve and maintain scores for CAHPS Rating of Health Plan measure that exceeds the 90th national percentile.
- ◆ Achieve and maintain scores for CAHPS member satisfaction measures that meet or exceed the 90th national percentile.
- ◆ Achieve member satisfaction results for 'Physician Group of Capital Health Plan' practitioners that are superior to affiliate network practitioners.
- ◆ Maintain optimal practitioner satisfaction by targeting issues identified through practitioner surveys.

ACCESS AND AVAILABILITY TO CARE AND SERVICES

- ◆ Maintain affordability of CHP's products.
- ◆ Establish community leadership in access to urgent care, primary care, eye care, infusion services and other network services.
- ◆ Continually improve member access to medical services, with particular emphasis on vulnerable populations (ex. CHP's Center for Chronic Care).
- ◆ Strive to meet member expectations by achieving access and availability targets.

CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES

- ◆ Evaluate the needs and availability of language services within the network; implement interventions when improvement opportunities are identified.
- ◆ Maintain compliance with Affordable Care Act; Section 1557 (took effect in 2016).

PATIENT SAFETY

- ◆ Monitor and implement interventions to improve performance on HEDIS patient safety measures.
- ◆ Monitor and address adverse events, medication errors, adverse drug events and quality of care issues through incident reporting, analysis and interventions.
- ◆ Provide members with access to provider and practitioner patient safety information.
- ◆ Conduct reporting of patient safety data according to applicable state and federal regulations.
- ◆ Implement interventions to ensure safety at CHP facilities through the CHP Safety Committee.

QUALITY IMPROVEMENT/ ACCREDITATION

- ◆ Maintain an NCQA Commercial rating of 5.0.
- ◆ Maintain an NCQA Commercial "Excellent" Accreditation.
- ◆ Maintain compliance with state and federal regulations related to quality improvement.
- ◆ Implement QI initiatives according to priorities outlined in the 2017 QI Workplan:
 - Priority 1 improvement opportunities: implement new interventions, or enhance current QI initiatives
 - Priority 2 improvement opportunities: monitor and/or enhance current QI initiatives
 - Priority 3 improvement opportunities: monitor and/or maintain current QI initiatives
- ◆ Integrate quality improvement (QI) processes throughout Capital Health Plan and its delivery system, striving to integrate QI at every level of the organization.
- ◆ Integrate procedures for monitoring and ensuring compliance with NCQA standards to departments that provide the specified services. Maintain overall oversight monitoring procedures to ensure that CHP achieves the highest accreditation scores possible that will contribute to optimal national ratings.
- ◆ Allocate and distribute resources necessary to support QI initiatives.
- ◆ Integrate enrollee feedback into the design of the QI program through analysis of member satisfaction and complaint data.
- ◆ Set performance targets based on the national 90th percentile for measures when available
- ◆ Expand and standardize quality measurement and reporting capabilities through the medical network.
- ◆ Develop the capability to conduct a virtual on-site NCQA survey.
- ◆ Develop the capability to submit HEDIS data electronically (new ECDS measures).
- ◆ Develop procedures to provide timely and accurate HEDIS member level data available for QI interventions.

ACCOUNTABILITY OF THE GOVERNING BODY

The Capital Health Plan Board of Directors maintains the ultimate accountability for the QI program. The Healthcare Delivery Committee, a committee of the Board, provides direct oversight to the QI program through quarterly review of program activities. This Board committee reports directly to the Board of Directors on a quarterly basis.

ACCOUNTABILITY OF QUALITY COMMITTEES

The Board of Directors and Health Delivery Committee have delegated the direct responsibility and authority for QI Program oversight to the Plan's Quality Improvement Management Team (QIMT). The Quality Improvement Management Team consists of key CHP senior managers, including the Chief Medical Officer and Associate Medical Directors. QIMT relies on the following committees to oversee specific aspects of the QI program:

- ◆ Quality Improvement Committee (QIC): coordinates, provides oversight to clinical improvement activities.
- ◆ Medication Management Committee: coordinates pharmacy QI activities and safe medication practices, and provides oversight for delegated procedures, including the formulary.
- ◆ The Pharmacy Continuous Quality Improvement Committee: reviews pharmacy data and information about medication quality-related events that occur within CHP health centers.
- ◆ Credentials Committee: reviews practitioner/provider information during initial credentialing/recredentialing; makes approval decisions, or recommendations for adverse decisions related to network participation.
- ◆ Compliance Committee: provides oversight for CHP's Compliance and HIPAA programs.

QUALITY COMMITTEES: MEETING/DECISION-MAKING PROCEDURES

- ◆ Quality committees meet according to their planned schedule unless the chairperson cancels or reschedules a meeting, or the committee does not have a quorum for a specific meeting.
- ◆ A quorum for a meeting is met when the minimum of 50% of the committee members are present.
- ◆ Quality committees document the outcome of their meetings through meeting minutes. Committee members are offered the opportunity to review and suggest revisions to meeting minutes. The chairperson of each committee signs final meeting minutes to attest to committee acceptance of the minutes. All committee documentation is marked "confidential records for quality and/or peer review".
- ◆ Decision-making procedures:
 - ◆ Each committee defines which members are eligible to vote. Each eligible committee member is entitled to one vote per decision.
 - ◆ Decisions are made by majority vote.
- ◆ Credentials Committee - decision-making procedures:
 - ◆ Each committee member reviews a checklist for practitioners and/or providers that have not been approved by an Associate Medical Director. The checklist that the committee reviews outlines compliance with each credentialing or recredentialing requirement.
 - ◆ The committee reviews and evaluates information and discusses issues of concern before making a decision. The committee makes approval decisions related to initial credentialing and recredentialing. The committee may make a recommendation to the CHP Senior Management Team for an adverse decision related to network participation. In this case, the Senior Management Team would make a final decision.

ACCOUNTABILITY OF KEY CHP MANAGERS

The Chief Executive Officer (CEO) has the ultimate responsibility for the overall coordination and direction of the QI program. The CEO's active participation in QIMT ensures that the Plan's service and clinical improvement initiatives receive appropriate integration and linkage to CHP's strategic planning and budgeting processes, including allocation of financial and human resources for QI initiatives.

- ◆ The CHP Board of Directors and CEO have designated the CHP Chief Medical Officer (CMO) as the chief physician responsible for the medical aspects of the QI program. The CMO works to integrate and implement QI activities collaboratively with network practitioners and providers.
- ◆ The Past President of the Medical Staff for 2016 chairs the Quality Improvement Committee, and participates on the Medication Management Committee. An Associate Medical Director is the chair of the Credentials Committee, and works together with the CMO to integrate and implement QI activities collaboratively with network practitioners.
- ◆ The Senior Vice-President of Clinical Operations and Quality Improvement is an active member of QIMT, and is responsible for assuring that quality outcomes support the strategic initiatives of the Plan. The Senior Vice-President is responsible for reporting QI activities to the Board of Directors and providing feedback to the

QIMT and QIC committees.

- ◆ The Senior Vice-President of Marketing and Administrative Services participates as a member of QIMT. The Senior Vice-President is responsible for communicating quality improvement activities to CHP's members through newsletters, member handbooks and other informational program materials. This Senior Vice-President provides oversight over benefit development/maintenance procedures, and develops member educational programs.
- ◆ The Director of Quality Improvement leads and coordinates the quality improvement program, and is responsible for the day-to-day operation of the program. The Director develops data collection tools, then collects, analyzes and presents quality data to internal and external audiences to identify and monitor improvement activities. The Director provides expertise in QI tools and methods to teach and facilitate a culture of quality improvement at CHP. The Director is accountable for the administration of HEDIS, and CAHPS national performance measurement programs. The Director is accountable to ensure that CHP maintains compliance with NCQA, and regulatory standards related to quality improvement.
- ◆ The Compliance Officer is accountable for CHP's Compliance program. The Compliance Officer also functions as CHP's HIPAA Privacy Officer and Risk Manager (meeting State of Florida Risk Management requirements related to clinical operations). The Vice-President of Information Systems is the designated HIPAA Security Officer. The two HIPAA officials work in partnership to provide leadership and coordination for CHP's HIPAA privacy and security program.

CONFIDENTIALITY OF MEMBER INFORMATION

All quality improvement practices and activities fully comply with the requirements established by CHP's HIPAA compliance program. CHP safeguards confidential information and only makes disclosures in accordance with state and federal law, as well as industry standards and professional ethics. Therefore, all records, writings, data, reports, information, and any other material labeled as "quality improvement" are held in strictest confidence. Clinical review and information used in activities and functions of the QI Program are appropriately safeguarded by CHP staff members and committee members whose duties require knowledge of, and access to this information.

QUALITY IMPROVEMENT PERFORMANCE INDICATORS/ ACTIVITIES

A number of performance indicators and activities exist to support the goals of the QI Program. They are evaluated and prioritized annually based on:

- ◆ Recommendations from the previous year's QI Program Evaluation
- ◆ Capital Health Plan's Strategic Plan
- ◆ HEDIS data analyzed at the health plan level, staff vs. affiliates, and individual physicians.
- ◆ CAHPS member satisfaction data analyzed at the health plan level, staff vs. affiliates, and State of Florida members.
- ◆ Medication therapy management measures
- ◆ Individual physician level performance measures (National Quality Forum measures)
- ◆ Hospital clinical quality and safety measures
- ◆ Practitioner satisfaction data
- ◆ Customer complaint and grievance data
- ◆ Analysis of clinical data, health risks, claims, demographic, race/ethnicity and language data
- ◆ Feedback from external customers
- ◆ Analysis of HEDIS/CAHPS data
- ◆ Performance data from quality indicators or accreditation/regulatory surveys
- ◆ Clinical and service improvement activities
- ◆ Care coordination data and indicators
- ◆ Hospital readmission data
- ◆ Risk management and patient safety data
- ◆ Disease management and chronic care improvement program indicators
- ◆ Wellness and health promotion indicators
- ◆ Confidentiality/HIPAA indicators
- ◆ Practitioner quality review data
- ◆ Utilization management data
- ◆ Performance levels established by NCQA and federal and state governmental agencies

CARE FOR MEMBERS WITH COMPLEX HEALTH NEEDS

The CHP Case Management Program works with members with complex health needs to arrange and coordinate care and services. Members identified for the program include those with multiple chronic conditions and physical or developmental disabilities. Case managers assess their needs, and provide interventions up to and including complex case management.

CHP's Center for Chronic Care provides a comprehensive teamwork approach to the medical care of members with chronic and complex conditions. The Center's physicians and staff work with members to support the physical, social and emotional aspects of chronic illness to achieve optimal clinical outcomes.

CONTINUITY/COORDINATION OF CARE

CHP monitors and analyzes data on an ongoing basis to ensure that members receive seamless, continuous and appropriate care. Specific indicators are routinely monitored that evaluate communication between medical services, and between medical and behavioral health services. The use of pharmacological medications is also routinely evaluated. Opportunities for improvement in the continuity and coordination of care are identified and addressed on an ongoing basis.

ADVERSE INCIDENTS AND QUALITY OF CARE ISSUES

The review and trending of adverse incidents (including adverse drug events and medication errors) and quality of care issues provides information on potential problems requiring further investigation. Investigation of individual events and trends in adverse incidents/quality of care issues are used to detect potential unsafe/ineffective treatments. Results from this activity may lead to interventions such as quality improvement activities, changes in policies, or clinical practice guidelines. Quality of care issues that are related to individual physicians are incorporated into recertification decisions.

USE OF EXTERNAL CONSULTANTS

CHP utilizes external board certified physician consultants to review and evaluate potential quality of care issues.

DELEGATION

Capital Health Plan delegates the following functions:

- ◆ Primary source verification for Credentialing is delegated to Med Advantage, Inc., an NCQA certified CVO (credentials verification organization).
- ◆ Credentialing of practitioners for telemedicine services is delegated to Online Care Network II P.C.
- ◆ Web-based pharmacy claims and benefit information for all members with a pharmacy benefit are delegated to Prime Therapeutics, a pharmacy benefit management organization. Commercial formulary development and maintenance, pharmacy utilization management criteria and determinations are also delegated to Prime Therapeutics.
- ◆ CHP provides member experience and/or clinical performance data as part of delegation agreements, if requested by the delegate. CHP provides a report with trended data results that are specific to the performance of the delegate.
- ◆ CHP will investigate in 2016 and 2017 the potential to delegate utilization management decisions for specific health care services.

REGULATORY AND ACCREDITING BODIES

Capital Health Plan maintains compliance with all regulatory and accrediting bodies overseeing managed care organizations. These regulatory/accrediting bodies include the following:

- ◆ National Committee for Quality Assurance (NCQA) – accreditation organization
- ◆ Florida Department of Health/ Agency for Healthcare Administration (AHCA)
- ◆ Office of Insurance Regulation

Compliance with these agencies includes, but is not limited to the following:

- ◆ Participating and coordinating quality/clinical site visits and inquiries by government regulatory agencies.
- ◆ Partnering with CHP's Compliance Program to implement and monitor compliance with new and existing HIPAA regulations.
- ◆ Preparing and submitting required regulatory reports and filings in a timely manner.
- ◆ Achieving minimum performance levels or above as required.
- ◆ Preparing, implementing and monitoring improvement plans as necessary.

ANNUAL QI PLAN EVALUATION

The effectiveness of CHP’s quality improvement program is evaluated by annual evaluations for Commercial and Medicare clinical and service performance measures, and evaluations for topics that include access, availability, continuity and utilization measures. The summary of effectiveness includes adequacy of QI program resources, QI committee structure, and practitioner participation and leadership involvement in the program. The health plan’s achievements are identified through this process. The need to restructure or change the QI program for the following year is addressed. The Quality Improvement Management Team and the CHP Board of Directors approve these evaluations on an annual basis.

CHP Quality Committees

Committee	Objectives	Membership
<p>Quality Improvement Management Team (QIMT)</p> <p>Meets minimum of 10 times per year.</p>	<ul style="list-style-type: none"> • Review and approve the QI and Utilization Management program documents on an annual basis (program descriptions, work plans and program evaluations). • Assess and ensure progress toward annual QI, and Utilization Management goals. • Integrate the QI Program with strategic initiatives and budgeting processes. • Monitor and promote continual improvement in member and practitioner satisfaction. • Monitor and promote continual improvement in practitioner access and availability of services. • Monitor and ensure compliance with accreditation and regulatory bodies. • Prioritize, select and provide oversight to service quality initiatives, including risk management, patient safety and language/diversity activities. • Provide guidance and feedback to committees reporting to QIMT. 	<ul style="list-style-type: none"> • CEO • Vice-Presidents • Chief Medical Officer • Associate Medical Directors
<p>Quality Improvement Committee (QIC)</p> <p>Meets minimum of 4 times per year.</p>	<ul style="list-style-type: none"> • Review QI program documents (program descriptions, work plans, program evaluations and quarterly reports) on an annual basis. • Review and approve Disease Management, and Case Management Program Descriptions and reports on at least an annual basis. • Prioritize, select and monitor clinical quality initiatives, including behavioral health and patient safety. • Provide clinical expertise, feedback and analysis for clinical performance indicators and quality activities. • Provide oversight to wellness and preventive health activities. • Review and approve clinical practice guidelines and preventive health guidelines at least every other year (according to established schedules). 	<ul style="list-style-type: none"> • Past President of Medical Staff 2016 • Chief Medical Officer • Associate Medical Directors • Practicing Network Physicians • Psychiatrist • CHP Staff
<p>Compliance Committee</p> <p>Meets minimum of 4 times per year, more often as needed.</p>	<ul style="list-style-type: none"> • Review and approve policies, procedures and practices related to compliance and HIPAA regulations. • Provide oversight for CHP’s compliance and HIPAA programs. 	<ul style="list-style-type: none"> • Compliance Officer • Chief Executive Officer • Chief Medical Officer • Senior Vice Presidents • Controller • Directors
<p>CHP Safety Committee</p>	<ul style="list-style-type: none"> • Review and approve policies, procedures and practices related to the safety within CHP facilities. • Provide oversight for the implementation of safety procedures. • Review incident reports regarding safety issues and recommend/approve solutions. 	<ul style="list-style-type: none"> • IT Security Administrator • Sr. Vice President • Facilities Manager • Nursing Director • CHP Staff

Committee	Objectives	Membership
<p>Medication Management Committee</p> <p>Meets minimum of 6 times per year, more often as needed.</p>	<ul style="list-style-type: none"> • Monitor compliance with accreditation and regulatory requirements. • Review and approve pharmacy policies and procedures on an annual basis. • Review and approve delegate policies, procedures and formulary on an annual basis. • Review and approve utilization and clinical criteria pertaining to medication use. • Monitor and promote continual improvement in safe medication practices. • Develop interventions to improve performance measures related to medication use. • Collaborate with the pharmacy benefit management company (PBM) to resolve benefit and quality issues. • Review and analyze routine reports from the PBM; review and provide oversight over delegated functions. 	<ul style="list-style-type: none"> • Chief Medical Officer • Associate Medical Director • Pharmacist • Practicing Physicians • Psychiatrist • CHP Staff
<p>Pharmacy Continuous Quality Improvement Committee</p> <p>Meets 4 times per year.</p>	<ul style="list-style-type: none"> • Review pharmacy data and information about medication errors and quality-related events that occur within CHP medical centers. • Recommend improvement interventions as appropriate. 	<ul style="list-style-type: none"> • Associate Medical Director • Practicing Physicians • Pharmacist • Vice President • CHP Nurses
<p>Credentials Committee</p> <p>Meets minimum of 4 times during each calendar year, more often as needed.</p>	<ul style="list-style-type: none"> • Review and approve practitioners and providers into the CHP network based on specific credentialing/recredentialing criteria. • Review and make recommendations for adverse decisions to the Senior Management Team. • Review and approve credentialing criteria, and policies and procedures on at least an annual basis. • Review and approve delegate credentialing policies and procedures on an annual basis. • Review and analyze delegate quarterly and annual credentialing reports; provide oversight over delegated functions in credentialing. 	<ul style="list-style-type: none"> • Associate Medical Director • Practicing Network Physicians • Manager, Network Services

Commercial 2017 Medical QI Program Description/Workplan

Summary of Key Medical Improvement Priorities for 2017

QI Initiatives: Quality of Clinical Care

- Increase medication adherence for the following:
 - Statins (NCQA rating; CMS star rating)
 - Asthma medications (NCQA rating; CMS star rating)
 - Beta blockers (NCQA rating)
- Increase adolescent (including HPV), childhood and flu immunizations (NCQA rating)
- Improve pharmacologic management of COPD: corticosteroids and bronchodilators (NCQA rating; CMS display)
- Decrease use of non-recommended cervical cancer screenings (NCQA rating)
- Increase number of diabetic eye exams completed (NCQA rating; CMS star rating)
- Increase control of blood pressure for members with hypertension (NCQA rating; CMS star rating)
- Use of Imaging Studies for Low Back Pain (NCQA rating)

QI Initiatives: Member Experience

- Improve Customer Service CAHPS composite (NCQA service standards; CMS star ratings)
- Improve CMS measure: Availability of foreign language interpreter & TTY (CMS star ratings)
- Increase Getting Needed Care CAHPS composite (NCQA satisfaction with UM standard; NCQA ratings; CMS star ratings)
 - Improve survey results: Easy to get care and treatment as soon as needed (CAHPS Q 14)

QI Initiatives: Access/Availability of Services (new NCQA 2016 standard)

- Increase Getting Needed Care CAHPS composite (NCQA NET standard and ratings; CMS star ratings)
 - Improve member satisfaction with ability to get an appointment with a specialist in a timely manner (CAHPS Q 25)
- Increase Access to PCPs (HEDIS measure: children and adolescents; age 7-11 (NCQA NET standards)

QI Initiatives: Continuity and Coordination of Care

- Reduce preventable hospital readmissions (NCQA continuity standards)
- Improve results for Care Coordination CAHPS composite (NCQA rating; NCQA continuity standards)
 - PCP informed and up to date on care from specialists
 - PCP has medical records and other information about members' care
 - PCP communicates test results to members in a timely manner
 - PCP office manages care between different providers
- Improve Transitions in Care (new HEDIS measure being developed; NCQA continuity standards)
 - PCPs are notified of hospital admissions
 - PCPs receive discharge information
 - PCP follow up visits after hospital discharge
 - Medication reconciliation

QI Initiatives: Safety of Clinical Care

- Decrease use of opioids from multiple providers (new HEDIS measure being developed; planned for CMS star ratings; NCQA patient safety and continuity standards)
- Decrease use of high risk medications (NCQA patient safety standards; CMS display measure)

Commercial 2017 QI Work Plan

#1 Priority Measures	2016 Results	Target 2017 (2016 90 th %)	Planned Improvement Activities/Comments
Adolescent Immunizations (HEDIS: combo 1)	77.4%	87%	HEDIS 2017: added HPV vaccine for boys. Added a Combo 2 with Tdap, Meningococcal and HPV. Report available on Connect and on the EHR Dashboard. Network News articles. MJO and financial incentive for affiliates. Investigate possibility of holding weekend/ evening clinics.
Customer Service (CAHPS % usually/always)	89.4%	92.5%	Added to NCQA ratings in 2016. Composite questions: 1) Customer Service staff gives information member needs: measure has decreased from 94% in 2014 to 82% in 2016. 2) Customer Service staff is courteous and respectful: results stable at 96% from 2014 to 2016. CHP reception staff will train staff to survey members if their questions have been answered; Member Services staff will likely make the same procedural change.
Asthma Medication 75% Compliance (HEDIS)	34.5%	57%	Rx benefit required. Monitoring patient fill history. Gap report available on CHP Connect and EHR Dashboard. Monitor internal data and reach out to PCPs if members in danger of becoming non-adherent. Outreach to prescribers of patients filling Singular to write prescriptions for 90 day supply. Current adoption of the 90 day RX has increased by 38% (YTD). Working with PCPs who offer samples of inhalers to obtain information such as NDC number, days' supply, route etc. so that the information can be entered into the HEDIS supplemental data base. Annual Network News article. Plan for staff practices in 2017: staff will document non-compliance in EHR for follow-up by the PCP.
Persistence of Beta Blocker Tx (HEDIS)	80.0%	91%	Rx benefit required. Health Promotion (HP) staff following fill history of patients included in the denominator. Offer refills of beta blocker for one month copay if member in danger of becoming non-adherent. (Commercial only). Working with non-network providers to obtain necessary prescription history and medication data such as NDC number, quantity dispensed etc. to add prescriptions to the supplemental data base. Reviewing patient records if the member is not filling the Beta blocker for appropriate exclusion criteria to have member removed from the data base.
Non-recommended Cervical CA Screening (HEDIS: low score better)	2.5%	1%	Utilizing Verisk data, HP staff is contacting the physicians who have completed PAP testing on women in this age group asking the reasons for completing PAP testing. The intent is to provide education to the physicians that this testing is not recommended. Annual Network News article. Financial incentive for affiliates. Investigate possibility of using this measure as an MJO for staff PCPs (Dr. A. Neal).
Pharm. Mgt of COPD – Corticosteroids (HEDIS)	68.6%	84%	Rx benefit required. HP staff reviewing all discharges with COPD as primary diagnosis. Chart reviews completed. If COPD is not the primary diagnosis, working with TMH medical record staff to restack the claims. If COPD is the primary diagnosis, phone call by HP staff to each patient who is not filling assessing the reasons for not filling. Works with member to either get meds filled or to offer a prescription at \$0 copayment (Commercial only) to get the medication. Currently working with Prime to develop a smoother process for co-payment overrides. HP interdepartmental discussion to set up a meeting with both hospitals' QI staff. Network News article reviewing GOLD standards.

Commercial 2017 QI Work Plan

#1 Priority Measures	2016 Results	Target 2017 (2016 90 th %)	Planned Improvement Activities/Comments
Pharm. Mgt of COPD – Bronchodilators (HEDIS)	80.0%	88.5%	Rx benefit required. HP staff reviewing all discharges with COPD as primary diagnosis. Chart reviews completed. If COPD is not the primary diagnosis, working with TMH medical record staff to restack the claims. If COPD is the primary diagnosis, phone call by HP staff to each patient who is not filling assessing the reasons for not filling. Working with PCP office to get a hand held bronchodilator inhaler prescribed if member is only using nebulizers or if the patient does not have an active prescription for bronchodilator. Works with member to either get meds filled or to offer a prescription at \$0 copayment (Commercial only) to get the medication. Currently working with Prime to develop a smoother process for co-pay overrides. HP interdepartmental discussion to set up a meeting with both hospitals' QI staff. Network News article reviewing GOLD standards.
Alcohol Dependence (Initiation - HEDIS)	34.0%	40%	HP following members who were diagnosed as an outpatient (not ER and not hospital). HP requesting office visit records, reviewing records and following up with PCP if the chart documentation does not support acute alcohol dependence.
Use of Imaging Studies for Low Back Pain (HEDIS)	74.1%	83%	HEDIS 2017: Added physical therapy and Telehealth visits when identifying members with low back pain in the event/diagnosis criteria. Added exclusions. Communicate with staff physicians about this topic.
Flu Shots for Adults (CAHPS)	49.9%	58%	Plan to hold Flu clinics for members of staff practices in 2017.
Comp Diabetes – Eye Exams (HEDIS)	58.4%	69%	CHP Eye Care staff plan to contact and schedule appointments for members needing eye exams.
Appropriate Tx. for Children w/ Upper Resp. Infection (HEDIS)	90.7%	95%	Rx benefit required. Report available on Connect. Added back to affiliate incentives for FP for 2017. Remains on Pediatrician incentives for 2017. Network News article 1 st quarter during flu season.
Aspirin Use and Discussion (CAHPS)	42.4%	48%	Added to NCQA ratings in 2016. Educate staff PCPs
Statin Therapy for Patients with Cardiac Disease (HEDIS)	68.9%	NA	Report available on CHP Connect and EHR defining members who are in danger of becoming non-adherent. Will begin pilot program in 2017 offering a one year supply of generic statins for \$20 for the Commercial population through mail-order only. This benefit is not allowed for the Medicare members. Affiliate incentive.
Statin Therapy for Patients with Diabetes (HEDIS)	58.5%	NA	Report available on CHPConnect and EMR defining members who are in danger of becoming non-adherent. Network News article 1 st quarter. If a member receives a prescription for a one year supply as described above, the prescription will fill.

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#1 Priority Measures	2016 Results	Target 2017 (2016 90th %)	Planned Improvement Activities/Comments
Use of PHQ9 to Monitor Depression for Adol/Adults	NA	NA	New pilot ECDS (electronic clinical data systems) measure for 2016. Plan to evaluate current use of PHQ9 tool within the staff practices.
Depression Remission/Response for Adol/Adults	NA	NA	Second measure in the ECDS category. Measure is voluntary; CHP can only submit data from our staff practice EHR at the current time. Investigate current use of PHQ9 tool in staff practices.
Follow-up after ED Visit for Mental Illness (HEDIS)	NA	NA	% members with follow-up visit within 7 and 30 days after discharge. Includes telehealth visits. Enhance current ER report to identify members in this population. Continue to work with TMBC staff on this measure.
Follow-up after ED Visit for AOD (HEDIS)	NA	NA	% members with follow-up visit within 7 and 30 days after discharge. Includes telehealth visits. Enhance current ER report to identify members in this population. Work with TMBC and CRMC staff on this measure.
Hospital Acquired Infections (HEDIS)	NA	NA	Weighted average of infections: central line, catheter, surgical site, MRSA, C. difficile).
#2 Priority Measures	2016 Results	Target 90th %	Planned Improvement Activities/Comments
Transitions in Care	NA	NA	Measure includes: PCP notified of hospital admissions; receipt of discharge information; PCP follow-up visits; medication reconciliation.
Alcohol Screening & Follow-up	NA	NA	% adults 18 and older screened for unhealthy alcohol use, and if screened positive, received follow-up care.
Controlling High BP (<140/90) (HEDIS)	75.2%	74%	Measure is barely over the 90 th national percentile; need to continue to monitor. Action items: Affiliate physicians encouraged to submit category II CPT codes for BP reading on claims. Gap report updated for EHR September 2016. Update for affiliates Nov. 2017 to pull in the CPT codes onto the report. Continues as affiliate incentive. Information included in annual letter to Disease Management members. Network news article reminding of the BP targets. Nursing staff re-educated on proper techniques of taking BP. BP posters in CHP exam rooms.
Childhood Immunization Status (HEDIS: Combo 10)	63.3%	62.9%	Results barely meet the 90 th %; need to continue to monitor. Plan to provide education for the CHP nursing staff in 2017 about the immunization requirements and time frames.
Coordination of Care (CAHPS: % usually/always)	84.6%	87%	New HEDIS measures being developed for 2018 to replace CAHPS measure: <ul style="list-style-type: none"> • PCPs are notified of hospital admissions • PCPs receive discharge information • PCP follow up visits after hospital discharge • Medication reconciliation
Getting Needed Care (CAHPS: % us/always)	90.4%	91%	Survey question that decreased: getting appointments with Specialists. Plan to write a Healthline article about access to Specialists.
Rating of Specialist (CAHPS: 9-10)	68.3%	72%	

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#2 Priority Measures	2016 Results	Target 90th %	Planned Improvement Activities/Comments
Health Promotion and Education (CAHPS: % usually/always)	80.4%	80%	Measure is barely at the 90 th national percentile; need to continue to monitor.
Asthma Medication Ratio (HEDIS)	82.8%	84%	HP staff tracks fills.
Follow-up after Hosp. for Mental Illness-7 Day (HEDIS)	64.4%	66%	Work with staff from TMBC and Apalachee to implement follow-up visits, and submit claims data to meet the measure.
Well Child Visits (HEDIS: ages 3-6)	85.8%	86%	Member gap reports available on CHP Connect identifying children who need a well child visit. Continues as Affiliate pediatrician incentive. CHP receptionists will contact members needing to schedule a well child visit.
Appropriate Testing for Children w/ Pharyngitis (HEDIS)	91.7%	92%	Rx benefit required. Member gap reports available on CHP Connect identifying children who need a well child visit. Continues as Affiliate pediatrician incentive
Cervical Cancer Screening (HEDIS)	80.8%	81%	
Well Child Visits – First 15 Months (HEDIS)	84.3%	88%	Member gap reports available on CHP Connect identifying children who need a well child visit. Continues as Affiliate pediatrician incentive. CHP receptionists will contact members needing to schedule a well child visit.
Adolescent Well Care Visits (HEDIS)	57.4%	61%	Member gap reports available on CHP Connect identifying children who need a well child visit. Continues as Affiliate pediatrician incentive.
Avoidance of Antibiotics, Bronchitis (high # = better) (HEDIS)	31.7%	39%	Rx benefit required.
Prenatal Care Visits (HEDIS)	91.7%	94%	
Breast Cancer Screening (HEDIS)	81.4%	80%	Measure is barely at the 90 th national percentile; need to continue to monitor. HEDIS 2017: diagnostic screening is excluded. Evaluate new interventions to keep this measure above the 90 th national percentile.

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#3 Priority Measures	2016 Results	Target (90th%)	Planned Improvement Activities/Comments
Chlamydia Screening in Women (HEDIS)	63.9%	60%	
Comp Diabetes - BP Control (<140/90) (HEDIS)	78.8%	75%	Revised hypertension report on CHPConnect identifies Diabetic members. Affiliate IM incentives. See interventions listed under Controlling BP.
First Line Psychological Care: Child & Adol.(HEDIS)	NA 78.6%	69%	Added to NCQA ratings in 2016. HP staff monitoring children in population for adherence to measure.
Rating of PCP (CAHPS: 9-10)	73.6%	72%	
Claims Processing (CAHPS % us/always)	94.2%	92.5%	
Comp Diabetes – Nephropathy Monitoring (HEDIS)	95.9%	93%	Lab slips mailed to staff PCPs who opted into the program in September 2016. Will repeat the program in 2017 after data analysis completed.
Comp Diabetes – A1c <8 (HEDIS)	67.9%	66%	Lab slips mailed to staff PCPs who opted into the program in September 2016. Will repeat the program in 2017 after data analysis completed. As of 11/3/16 33% of members who were sent a lab slip have had labs completed from HP's mailing. Patients may have had labs completed using a lab slip from the PCP, whereby HP would not see the results. Affiliate incentives.
Getting Care Quickly (CAHPS: % usually/always)	90.9%	90%	
Postpartum Care Visit (HEDIS)	89.3%	87%	
Child/Adol. BMI Assessment (HEDIS)	89.1%	82%	BMI measure continues as Affiliate PCP incentive
Rating of Health Plan (CAHPS: 9-10)	70.8%	50%	

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#3 Priority Measures	2016 Results	Target 90th %	Planned Improvement Activities/Comments
Rating of Health Care (CAHPS: 9-10)	63.1%	58%	
Adult BMI Assessment (HEDIS)	96.1%	91%	
Colorectal Cancer Screening (HEDIS)	79.8%	72%	Continue current screening procedures & follow-up.
Metabolic Monitoring for Children/Adol. (HEDIS)	63.8%	43%	Added to NCQA ratings in 2016. HP staff monitoring the population for obtaining necessary labs. HP staff sends letters to the treating physician and the PCP requesting the labs be completed. If no response from either physician after several attempts, Dr. David Jones and Dr. Dalrymple are contacted by HP staff. The physicians contact the treating physician directly to order the labs. If no response, HP will send parent a lab slip under Dr. Jones/Dalrymple's name.
Antidepressant Med Mgmt – Acute Phase Tx (HEDIS)	85.1%	74%	Rx benefit required. Focusing on correct coding of members with major depression. HP follows population. If member is not filling anti-depressant, physician office medical records are obtained and reviewed by HP nurse. If chart documentation is not consistent with patient having major depression, correct coding letter sent to physician asking if a coding change would be more appropriate for this patient. Working with prescribers for 90 day fills. SOF commercial members are not included in the HEDIS population; however HP is notifying the PCPs when a SOF member is diagnosed with major depression in the ER or inpatient. A copy of the CVS medication fill history is sent to the PCP.
ADHD-Initiation Tx. (HEDIS)	75.8%	50%	HP staff sends letters and makes phone calls to the prescriber and /or PCP to get the 30 day follow-up visit scheduled.
Measures not Included in NCQA 2016 Ratings	2016 Results	Target 90th %	Planned Improvement Activities/Comments
Alcohol Dependence: Engagement (HEDIS)	5.3%	19%	
Plan All Cause Readmissions (HEDIS – low score is better)	8.6%	3%	

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Measures not Included in NCQA 2016 Ratings	2016 Results	Target 90 th %	Planned Improvement Activities/Comments
Smoking: Advising to Quit (CAHPS: % usually/always)	78.2%	83%	
Adolescent Nutrition Counseling (HEDIS)	71.8%	79%	Measure removed from the NCQA ratings in 2016.
Adolescent Counseling for Physical Activity (HEDIS)	70.3%	74%	Measure removed from the NCQA ratings in 2016.
Children & Adolescents Access to PCP (age 7-11)	93.9%	97%	Continues as Affiliate incentive with the intent that during this visit, appropriate vaccines will be administered.
Comp Diabetes – HbA1c Control ≤ 9 (HEDIS)	76.9%	78%	Members who do not have an HgA1C done during the year are considered non-complaint and included in this population. A lower percentage is better. Lab slips mailed to staff PCPs who opted into the program in September 2016. Will consider repeating the program in 2017 after data analysis completed (did members get labs done?).
Use of Multiple Antipsychotics in Child/Adol (HEDIS: low score better)	2.5%	NA	Measure: % children/adolescents age 1-17 who are on two or more antipsychotic medications. HP staff monitors the population of members
Plan Information on Costs (CAHPS)	76.5%	69%	
Antidepressant Med Mgmt – Cont. Phase Tx (HEDIS)	63.1%	59%	Rx benefit required.
ADHD – Cont. Tx (HEDIS)	80.0%	57%	Rx benefit required.

Report date: 11/28/2016
 QIMT approval: 11/29/2016