

QUALITY IMPROVEMENT

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This chapter summarizes our quality improvement programs established to improve the medical and behavioral health care outcomes of our members.

OVERVIEW

EmblemHealth's corporate mission is to provide access to affordable, quality health care services in ways that respect and respond to members' fundamental needs. In line with our corporate mission, the Quality Improvement Program (QIP) establishes a framework and processes that will facilitate the continuous improvement in medical (including pharmaceutical and dental) and behavioral health care and service to EmblemHealth's complex, culturally and language-diverse membership. As a result of this ongoing improvement and monitoring process, the Plan will better serve the needs of members, employers, employees, participating practitioners, providers, accounts, service partners, brokers, consultants and regulatory and accreditation bodies.

2017 Primary Care Physician (PCP) Incentive Award Program

EmblemHealth has launched its 2017 PCP Incentive Award Program to recognize the efforts you take to provide high quality care to our members. When you encourage and provide well visits, preventive screenings, and appropriate follow-up care, you help improve patient outcomes and satisfaction. By continuing to do so, EmblemHealth will thank you with an incentive award. What's more, the greater percentage of our members receiving this quality care, the larger the potential incentive award.

The program tracks performance on quality measures, which will be calculated using claims and other administrative data. Your incentives are paid on a per member, per measure basis.

PCPs are eligible if they care for EmblemHealth members with Medicare, Medicaid/Child Health Plus, or Health Exchange plans. Enrollment is automatic for those meeting the eligibility criteria. For more details on the program, please refer to the materials below.

- **Program Flyer**
- **Measures and Tips Table**
- **Frequently Asked Questions**

We want to acknowledge your dedication to quality patient-centered care and look forward to incentivizing you for your commitment to the health and well-being of our members. If you have any questions, please call Provider Services at **1-866-447-9717**.

GOALS AND OBJECTIVES

The QIP's objectives include:

- Systematically monitoring, evaluating and improving both the process of care and the outcome of care delivered to members.
- Identifying and implementing opportunities for improvement in the quality of care and service to members, including cultural competency.
- Investigating and correcting all problems that come to the Plans' attention through internal surveillance, complaints or other mechanisms related to Quality and the QIP structure.
- Evaluating and improving members' access to and satisfaction with clinical and administrative services.
- Evaluating practitioner satisfaction with EmblemHealth.
- Monitoring member access to safe medical and behavioral care.
- Assisting members in becoming more knowledgeable, active participants in their own medical and preventive care by implementing initiatives and health management programs that focus on member education in a format understood by the member.
- Addressing cultural and linguistic health literacy through developing and implementing mechanisms for members to obtain, understand and use health information and services, including information from their physicians, so that they can make appropriate choices.
- Addressing the cultural and linguistic needs of its membership through appropriate materials and communication including appropriately addressing members' needs through quality of care initiatives.
- Monitoring continuity of health care for all members.
- Carrying out systemic data collection related to plan and practitioner performance and communicating this data and its interpretation to internal and peer review committees for analysis and action.
- Developing a communication plan to share information regarding the QIP and its progress in meeting goals with members and providers.
- Complying with applicable regulatory and accreditation requirements.
- Ensuring practitioner participation in quality improvement initiatives, including CMS and HHS specific initiatives, implemented by the Plans' QIP through the Quality Committee structure.
- Addressing members' complex needs through quality of care, coordination of care, disease management and case management initiatives.

SCOPE OF ACTIVITIES

The QIP provides a framework to monitor and evaluate significant aspects of care and service provided to members and their service delivery systems. The Plan takes an active position in helping our members stay healthy, get better quickly and live effectively with illness. Measures for monitoring important aspects of medical care, behavioral health care and quality of service, including patient safety, have been developed and implemented. These activities include:

- Quality of care
- Quality of service
- Patient safety
- Care management
- Member and physician satisfaction
- Accessibility
- Availability
- Business transformation/Lean Six Sigma
- Delegation
- Member complaints, grievances and appeals
- Member decision support tools
- Cultural diversity
- EmblemHealth Human Resources
- Integrative Wellness initiatives

AUTHORITY AND RESPONSIBILITIES

QUALITY IMPROVEMENT

The Board of Directors of the EmblemHealth companies has delegated ultimate authority for the QIP, QIP Work Plan (QIPWP) and QIP Evaluation to the Board's Quality Committees. Responsibility for the strategic and tactical management of the QIP resides with EmblemHealth's chief medical officer or that person's designee.

The Quality Improvement Committee (QIC) is responsible for policy decisions, planning, designing, implementing, coordinating, analyzing, and evaluating QI activities, instituting needed actions and ensuring follow up as appropriate.

The QIC also ensures practitioner participation in the QIP through planning, design, implementation, committee participation and review. Various committees and subcommittees support the functions of the QIP and report their activities to the QIC at least quarterly.

Network practitioners, including behavioral health care practitioners and consumers participate on the following committees that advise the QIC:

- Health Status Improvement Committee
- Credentialing/Recertifying Committee
- Peer Review Subcommittee
- Medical Policy Subcommittee
- Pharmacy & Therapeutics Committee
- Customer Experience and Satisfaction Improvement Committee
- Medicaid BH UM Subcommittee
- Medicaid BH QM Subcommittee
- HARP Medicaid BH UM Subcommittee
- HARP Medicaid BH QM Subcommittee
- HARP Medicaid BH Advisory Subcommittee

A detailed chart of the **QIC Structure** can be found at the end of this chapter.

ACTIVITIES AND PERFORMANCE INDICATORS

EmblemHealth uses appropriate processes and methodology for conducting and evaluating quality improvement activities through appropriate study design that includes baseline measurement, root cause analysis, development and implementation of appropriate interventions and re-measurement to determine the impact of the interventions.

A sampling methodology is developed and the frequency of data collection is determined based on the nature of the quality indicators and/or committee recommendations. Once goals are set for each aspect of care, indicators are compared against performance goals. These indicators are tracked over time and enable the Quality Improvement department to establish thresholds for the outcomes of required actions.

Performance indicators are established based on sound scientific evidence or adopted from authoritative sources and are measured periodically to monitor multiple aspects of performance.

DATA SOURCES AND RESOURCES

The data sources used for quality improvement measurement, analysis of barriers and determining appropriate interventions include, but are not limited to:

- Claims data
- Utilization review data
- Pharmacy data
- Laboratory data
- Enrollment data
- Behavioral health data
- Medical records
- Appeals data
- Practitioner and member surveys and complaints
- Applicable case management and disease management databases
- Health Outcomes Survey (HOS) data
- Healthcare Effectiveness Data and Information Set (HEDIS®¹) data
- Quality Assurance Reporting Requirements (QARR) data
- Consumer Assessment of Healthcare Providers and Systems (CAHPS®²) data
- Quality Compass®³
- National and regional epidemiological, demographic and census data

Integrated data collection systems - such as claims systems, NCQA-approved HEDIS software, credentialing and recertifying software, etc. - may also be used to collect member, practitioner and provider information; utilization, projects, population based and/or specific member information; and practitioner- and provider-specific information.

¹ HEDIS® is a registered trademark of the NCQA.

² CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

³ Quality Compass® is a registered trademark of the National Committee for Quality Assurance (NCQA).

The Healthcare Effectiveness Data and Information Set (HEDIS®)

HEDIS is a set of performance measures used to assess, compare and report the quality of care that managed care organizations provide. The National Committee for Quality Assurance (NCQA), a private, non-profit organization dedicated to improving health care quality, develops and maintains HEDIS specifications and requires managed care organizations to report HEDIS results annually.

HEDIS technical specifications include general guidelines for data collection, reporting and sampling in measures across five domains of care:

- Effectiveness of care
- Access/availability of care
- Experience of care
- Utilization and relative resource use
- Health plan descriptive information

EmblemHealth requires practitioners to strictly adhere to the NCQA HEDIS guidelines and specifications for all members during each measurement year.

EmblemHealth will communicate the HEDIS results to both practitioners and members to encourage the use of preventive services and thus improve healthy

outcomes.

NCQA compares HEDIS performance of managed care plans both regionally and nationally in Quality Compass. Summary data and additional information can be found at NCQA's Web site, www.ncqa.org.

MONITORING AND EVALUATION

Quality Improvement Program Evaluation

The Quality Improvement Leadership, in collaboration with all relevant EmblemHealth departments, prepares the Annual QIP Evaluation which:

- Describes completed and ongoing QI activities that address quality and safety of clinical care and quality of service.
- Identifies oversight and evaluation of the QIC, the effectiveness of the Quality Improvement Committee structure and the organizational structures that support implementation.
- Evaluates and analyzes the results of each Quality Improvement activity described within the program and Work Plan, including delegated functions, implemented during the year.
- Identifies trends in measure performance over time reflecting the quality and safety of clinical care and quality of service. This includes quantitative analysis of changes in trends and interventions as a result of the trends.
- Identifies meaningful improvements in care and service.
- Evaluates the overall effectiveness of the QIP, including progress towards influencing network-wide safe clinical practices.
- Includes limitations and barriers to improvement identified by staff as a result of direct experience with the examined processes.
- Identifies opportunities for improvement, including adequacy of resources, committee structure, practitioner participation and leadership involvement in the QIP.
- Recommends activities for the next calendar year, including existing activities to be continued into the next calendar year.

The Quality Improvement Program Work Plan

Each year, the Quality Improvement Directors, with input from the Plan's resources including, but not limited to, Quality Management and Disease Management develop a Quality Improvement Program Work Plan (QIPWP) for the upcoming year. The QIPWP integrates the following Quality Improvement elements from both clinical and administrative areas:

- Yearly planned activities
- Yearly written, measurable objectives for each activity
- Identification of the person(s) responsible for implementation and management, initiation of the time frame, and the targeted completion date
- Metrics for quality of care concerns and service monitors
- Schedules of:
 - Reports to the QIC
 - Document reviews/approvals
 - Delegated activities reporting
 - The evaluation of the utilization management program
 - The annual evaluation of the Quality Improvement Program

The QIP, the QIP Evaluation and the QIPWP are presented to the Health Status Improvement Committee for feedback, and to the QIC and Quality Committees of the Boards of Directors for final approval, in accordance with the QIPWP.

Information about EmblemHealth's annual Quality Improvement Program is also available on our Web site. The provider and member newsletter (*News&Notes* and *Health Matters*, respectively) also contain updates on the quality initiatives.

CONFIDENTIALITY

EmblemHealth requires each employee and committee member to sign a confidentiality agreement to ensure that information regarding its members and practitioners is held to the highest confidentiality standards. Confidentiality standards are governed by written policies and procedures, and are applicable to all oral and written confidential information, including member, practitioner/provider and company proprietary information. In addition, key departments have internal confidentiality policies and procedures specific to their function.

It is the responsibility of department management to review these policies and procedures annually with each of their employees. The Corporate Compliance Committee has oversight responsibility for development and implementation of privacy and confidentiality policies.

All quality assessment and improvement data, committee minutes, reports, recommendations and actions are kept confidential and under the auspices of the QIC. Information pertaining to a member and his/her family will not be released to any third party without the written authorization of the member or his/her legal guardian except as required or permitted by law or with a bona fide legal demand. All medical information utilized to study the general quality and effectiveness of medical services provided to members, shall be presented in de-identified form, excluding all individual patient information.

Provider and practitioner-specific quality assessment and improvement information is maintained in each provider and practitioner's file with restricted access. Documents and information obtained through the QIP are regarded as confidential and protected under Quality Assurance and Peer review processes.

DELEGATION OVERSIGHT

Contracted delegates may be engaged for one or all of the following functions:

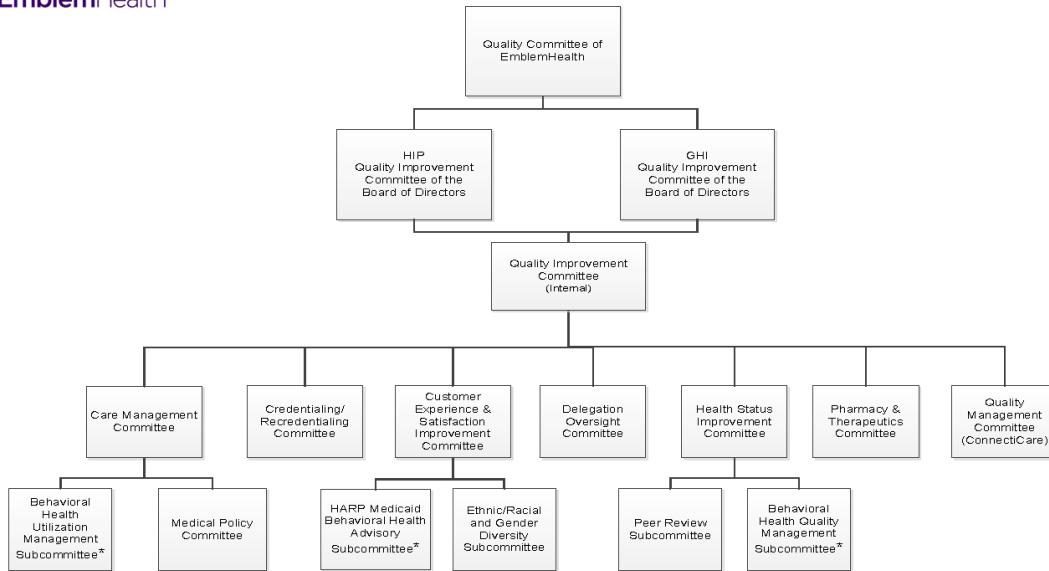
- Claims processing
- Customer services
- Complaints and grievances
- Credentialing/recredentialing
- Utilization or quality management
- Disease and complex case management programs
- Health and wellness

Prior to entering into a written contractual agreement with an outside entity, EmblemHealth reviews the entity's ability to perform one or all functions to our standards. The QIC must approve all delegated entities, and the relationship is subject to an annual review based on EmblemHealth standards. Annual auditing may result in a corrective action plan to ensure that the delegate meets our requirements within a specific time frame. In the event EmblemHealth identifies an issue that may result in an adverse member event and/or noncompliance with our standards, we reserve the right to monitor any delegated entity on a more frequent basis or to terminate the contract for failure to comply with its quality standards.

2016 EMBLEMHEALTH QUALITY IMPROVEMENT COMMITTEE STRUCTURE



2016 EmblemHealth Quality Improvement Committee Structure



* Behavioral Health specific subcommittees. All other committees are integrated and are responsible for addressing medical and behavioral health (effective 07/01/15).