




2018 Quality Management Work Plan

The MHC 2018 Quality Management Work Plan has been approved by:
MHC's Quality Improvement Committee (QIC) and the MHC Board Quality Committee (BQC)

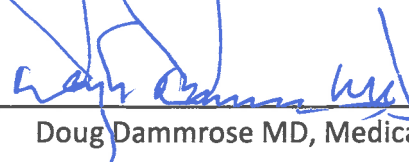
SUBMITTED BY:



Robbie Roberts, Quality Director

12 / 7 / 2017
Date

APPROVED BY QIC:



Doug Dammrose MD, Medical Director

12 / 19 / 2017
Date

APPROVED BY BQC:



Kevin Joplin, Chair

1 / 2 / 2018
Date

Table of Contents

Overview	2
Quality of Clinical Care	3
Safety of Clinical Care	4
Quality of Service	5
Members’ Experience	6
Evaluation of the QI Program	7

Overview

Montana Health CO-OP (MHC) has implemented a Quality Management (QM) Program designed to monitor, evaluate and improve the quality and safety of clinical care and services provided to members, including an evaluation of Member experience, on a continual basis. MHC’s Quality Improvement Committee (QIC) and Board Quality Committee (BQC) are responsible for ensuring the effective implementation and execution of MHC’s QM Program, and monitoring of the organization's performance.

MHC’s annual work plan objectives include the following elements:

1. Yearly planned QI activities and objectives for improving
 - a. Quality of clinical care
 - b. Safety of clinical care
 - c. Quality of service
 - d. Members’ experience
2. Time frame for each activity’s completion
3. Staff members responsible for each activity
4. Monitoring of previously identified issues
5. Evaluation of the QI program

Source: NCQA QI1: Program Structure, Factor 7: Annual Work Plan (2018)

Most QM Program services and activities are delegated in 2018 to the University of Utah Health Plans (Delegate), as outlined in the delegation agreement. MHC’s QM Program is dependent on the Delegate’s staff and quality committees to fully execute the QM Program; however, MHC retains oversight of all delegated activities.

MHC and Delegate entered into a Delegation Agreement on July 17, 2017, which becomes effective January 1, 2018. In this Agreement, MHC and Delegate establish the functions to be delegated and both entities responsibility to provide oversight regarding the scope and effectiveness of delegated activities. The Delegate established a Quality Oversight Committee to overseeing Utilization/Care/Disease/Quality Management and Credentialing activities.

MHC is responsible for identifying QM Program initiatives, goals, accomplishments, trends, barriers to effectiveness, necessary interventions and an overall program evaluation, as well as QIC proposals and completing year-end evaluations of program effectiveness.

Quality of Clinical Care

1. MHC continues a Quality Improvement Strategy focused on CAHPS/EES survey results and in accordance with CMS requirements - Improving childhood and adolescent immunization rates, Childhood Immunization Status (CIS).
2. MHC evaluates possible pilot programs for Smoking Cessation (St. Luke's, SW Idaho), Comprehensive Health Improvement Program [CHIP] (SW Idaho), Hospital Readmissions (Butte Montana area)
3. MHC to evaluate Disease Management areas of low EES scores for possible QIS: Cardiovascular Health (1 Star), Diabetes Care (1 Star), Cancer Screening (1 Star), Staying Healthy Adult (2 Stars)
4. MHC to evaluate SLHS Collaboration on HEDIS Measure Improvement: Controlling High Blood Pressure (CBP), Adult BMI Assessment (BMI), Comprehensive Diabetes Care (CDC)
5. MHC to evaluate SLHS Collaboration: Smoking Cessation
6. MHC to evaluate effectiveness of TPA's Case Management program and staff

Objective: MHC obtains Health Effectiveness Data and Information Set (HEDIS) and Enrollee Experience Survey (EES) data in order to meet CMS and NCQA accreditation requirements. MHC evaluates specific QI Strategies that improve Member health.

Description: MHC has established contracts and processes for HEDIS, QHP EES, and delegation agreements for quality management to maintain our NCQA certification and supply appropriate quality oversight to our members. MHC pursues partnerships that will assist in the evaluation, development, implementation and monitoring of QIS designed to improve Member Health

Goal: Maintain global QRS rating of 3-Stars in 2018 and improve Summary Indicator ratings in identified areas.

Time Frame for Activity Completion: PY2018 - 09/30/2018

Staff Member Responsible for Activity: Quality Director

Monitoring of Previously Identified Issues: QRS Metrics (Stars' Rating), CMS QIS

Safety of Clinical Care

1. MHC to evaluate Annual Monitoring for Patients on Persistent Medications (MPM)
2. MHC to evaluate issues relating to Plan All-Cause Readmissions for improvement opportunities (PCR)
3. MHC monitors Credentialing/Rec credentialing to ensure patient safety
4. MHC monitors TPA's Adverse Events reporting to evaluate opportunities for improving patient safety

Objective: MHC to focus medical management on health care utilization in members with significant pre-existing conditions. MHC to focus on initiatives that promote and maintain patient health and safety.

Description: MHC evaluates HEDIS clinical measures and ongoing TPA reports to identify any outliers and opportunities for improvement in environment that would have a positive influence on improving Member health.

Goal: Maintain Member safety through evaluation of metrics relating to patient safety in the clinical environment.

Time Frame for Activity Completion: PY 2018 – Quarterly (04/15/18, 07/15/18, 10/15/18, 01/15/19)

Staff Member Responsible for Activity: Quality Director

Monitoring of Previously Identified Issues: HEDIS Clinical Measure metrics MPM and PCR, Credentialing/Rec credentialing reports, Previous TPA Adverse Event trends

Quality of Service

1. Data Analysis – MHC to evaluate data analysis needs to improve timeliness and accuracy of data access for MHC and MHC partners reporting needs.
2. MHC monitors the TPA's effectiveness through oversight of their reporting processes along with participation with medical management processes.
 - a. Credentialing/Rec credentialing
 - b. Patient Concerns/Grievances
 - c. Patient Satisfaction
3. MHC continue to educate Providers on issues related to safety and quality improvement
4. MHC to evaluate Members with the 50 most complex HCC's scores to ensure annual assessments have been completed and will work with our partners to follow-up with Members needing these visits.
5. MHC is contracting directly with providers, moving their contracts from Altius to MHC's contract template.
6. MHC continues network expansion of small and large groups in coordination with Montana and Idaho Departments of Insurance to ensure effective provision of services as determined by state law and regulation.
7. MHC maintains member-governed and member-focused non-profit Mission and Vision objectives, including Board of Directors and Committee structure and meetings

Objective: Improve the timeliness and accuracy of data through improved analytics and coordination with TPA of quality initiatives. Provide oversight of TPA effectiveness through report evaluation. Improve provider and Member communication and monitor HCC scores and Risk Adjustment processes.

Description: MHC improves the quality of service to Members through evaluation of current programs, oversight of Delegate, ongoing communication with providers and Members and Network development.

Goal: Improve the quality of MHC's network, TPA effectiveness and outreach to Providers and Members.

Time Frame for Activity Completion: PY 2018 – Quarterly (04/15/18, 07/15/18, 10/15/18, 01/15/19)

Staff Member Responsible for Activity: Quality Director

Monitoring of Previously Identified Issues: Beginning in 2018, MHC moves to a new TPA. Identified need for increasing Provider and Member outreach via annual documents, newsletters, letters and online resources.

Members' Experience

1. HEDIS/EES – MHC obtains Health Effectiveness Data and Information Set (HEDIS) and Enrollee Experience Survey (EES) data to and meet CMS and NCQA accreditation requirements.
2. Member Satisfaction – MHC conducts a Member Satisfaction Survey to improve member experience with enrollment, billing and customer service.

Objective: Improve Member experience through adherence with NCQA standards, evaluation of HEDIS and EES results and outreach to Members through member satisfaction surveys.

Description: MHC performs functions to obtain improved HEDIS, EES and Member Satisfaction survey results during the plan year and performs evaluations to identify areas of improvement that the QI Committee can take action towards improving.

Goal: Maintain global QRS Rating, improve Summary Indicator ratings and Member Satisfaction ratings.

Time Frame for Activity Completion: PY 2018 – 10/31/2018

Staff Member Responsible for Activity: Quality Director

Monitoring of Previously Identified Issues: Annual Member surveys identify need for improved online resources and customer service. In 2018, MHC has brought many service-related elements in-house to improve Member services.

Evaluation of the QI Program

1. MHC to revise QM and UM Program Description revision objectives
 - Align program description with NCQA standards
 - Align program description with MHC/UUHP Delegation Agreement
 - Revise and make document more concise
2. MHC to revise Work Plan objectives
 - Align program description with NCQA standards
 - Align program description with MHC/UUHP Delegation Agreement
 - Revise and make document more concise
3. MHC to evaluate QM and UM Program Evaluation objectives

Objective: Provide sufficient QM program resources to meet objectives and leverage TPA and other partnerships to identify, monitor and evaluate services provided to Members.

Description: MHC is committed to aligning work plans and programs with applicable standards and best practices to improve Member health. MHC seeks to align QI Strategies with TPA objectives increase effectiveness of programs resulting in improved Member health.

Goal: Align Work Plan goals with NCQA Standards, TPA objectives in a concise manner. Obtain key metrics to demonstrate standards compliance and improve QM and UM program effectiveness.

Time Frame for Activity Completion: PY 2018 – 4Q2018 QI Committee Review

Staff Member Responsible for Activity: Quality Director

Monitoring of Previously Identified Issues: Aligning work plan with NCQA standards and review of actions taken, and improved QI Committee and Quality Committee review.

Additional Recommendations for Improvement: During UUHP transition, it is important to identify areas of collaboration to improve Member health, specifically relating to QI Strategies, NCQA standards compliance and alignment of Reporting and Oversight between our organizations.