MercyCare Health Plans
2006 Quality Improvement Program Description
for MercyCare HMO

I. MISSION

MercyCare Health Plans (MCHP) is a wholly owned subsidiary of Mercy Health System Corporation. The Mercy Health System has had a Culture of Excellence Program for over ten years. The following are the mission and vision-2009 statements of the Mercy Health System as approved on December 5, 2005:

MISSION

The mission of Mercy Health System is to provide exceptional healthcare services resulting in healing in the broadest sense.

VISION

Quality
- *Assure excellence in patient care using best practice benchmarks to ensure continuous improvement.*
- *Promote a culture of patient safety.*
- *Uphold an effective compliance program*
- *Provide state-of-the-art information systems and technology.*

Service
- *Provide exceptional patient service through measured customer satisfaction*
- *Continually improve integrated programs and services based on patient need*
- *Promote educational programs and health initiatives to improve community quality of life*
- *Sustain competitively priced services.*

Partnering
- *Cultivate high partner satisfaction by being a best place to work*
- *Recruit and retain board-certified physicians and other qualified partners*
- *Promote a safe and healthy work environment*
- *Foster a learning organization*

Cost
- *Continue growth initiatives and integration strategies*
- *Emphasize cost containment through efficient operations*
- *Enhance access to capital*
- *Promote long-term financial success*

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MercyCare Health Plans seeks to apply the four principles of quality, service, partnering, and cost to its business practice and internal culture in the following ways:

1. Quality – the Quality Program at MercyCare Health Plans is not limited to a distinct department but is an integral part of the work ethic of all partners at MercyCare Health Plans. We consistently apply the principles of continuous quality improvement (Plan, Do, Check, Act) to improve the quality of our services and communications. Annually, we participate in HEDIS® reporting and follow-up initiatives designed specifically to improve ratings.

2. Service – the Quality Improvement Committee approved The Service Quality Commitment on September 12, 2001.

   Service Quality is the way of doing business within MercyCare. Every MercyCare partner is committed to the following:
   - ♦ Recognize that every partner within the company shares the responsibility for quality and quality improvement;
   - ♦ Create an environment whereby both internal and external customer expectations are met or exceeded;
   - ♦ To make incremental continuous improvements in every aspect of our work; and
   - ♦ To respond to every customer complaint with effective corrective action and by annual review of patient perceived satisfaction ratings of CAHPS® data.

3. Partnering – we seek to achieve quality partnerships with physicians and other practitioners, providers, employees, vendors, drug companies, and employers, to achieve better health for our members.

4. Cost –as a managed care organization we are extremely conscious of both the cost of health care and the cost of our administrative activities.

II. PURPOSE

This document describes the scope, structure, and function of MercyCare Health Plans Quality Improvement Program for MercyCare Health Plans. The purpose of the Quality Improvement Program is to provide the operational structure and processes necessary to achieve the goals and objectives approved by MCHP's Board of Directors.

III. AUTHORITY AND RESPONSIBILITY

Mercy Health System's Board of Directors holds the ultimate authority and accountability for the quality of care and service delivered to MCHP members, and is the highest level of oversight for the Quality Management Program. The Board of Directors delegates responsibility for quality management oversight to MCHP Vice President and Medical Director.

The Vice President is the de facto Chief Executive Officer of the health plan. The Vice President chairs the Quality Improvement Committee, which is the key

quality committee of MercyCare Health Plans. The Quality Improvement Committee actively monitors quality program goals, activities, and results.

The Medical Director of MercyCare Health Plans is responsible for development, implementation, direction, and evaluation of quality improvement activities. The Medical Director is the manager of the Quality Health Management Department, which is responsible for all of the quality management, utilization review, case management, health management, credentialing, and provider relations activities of the health plan. Annually, the Medical Director presents the Quality Improvement Program current work plan. This is customarily presented at the October or December meeting of the Board of Directors. An analysis of the prior year's Quality Improvement Program is presented to the Board of Directors for approval during the 3rd quarter of the calendar year when HEDIS® and Quality Compass® results are available.

The Behavioral Health Medical Director reports to the Medical Director and sits on the Quality & Utilization Management Committee, Credentials, Pharmacy and Therapeutics Committee, and chairs the Behavioral Health Quality Improvement Committee and Behavioral Health Advisory Committee. Responsible for clinical support and guidance regarding behavioral health care to the Quality Health Management Department staff and committees. Conducts utilization management reviews for prior authorization, concurrent review and retrospective case reviews. Is the liaison for the behavioral health practitioner community. Develops, implements, directs and evaluates all behavioral health quality programs and activities.

IV. SCOPE

The scope of the Quality Improvement Program encompasses the assessment, monitoring, and improvement of all aspects of care and service received by members, including the following:

- Care delivered in inpatient and outpatient settings at all acuity levels;
- Primary and specialty care, including care delivered by behavioral health practitioners, ancillary providers, and other contracted practitioners; and
- Services delivered by the health plan and its contractors.

V. PROGRAM OBJECTIVES

The following are key objectives of the Quality Improvement Program:

- To conduct routine monitoring of members' access to and availability of practitioner services.

- To identify several areas of clinical relevance to MCHP member population (for preventive and acute/chronic care), establish evidence based practice guidelines, disseminate the guidelines, and assess the degree to which members receive care consistent with those guidelines.
- To assess practitioner and member satisfaction with MCHP utilization & pharmacy management services including prior authorization, concurrent review, and case management services.
- To identify chronic diseases that impact MCHP member population. To implement disease management programs and to monitor and improve the receipt of recommended services by these populations.
- To design and maintain the quality structure and processes that support continuous quality improvement including identification of quality improvement opportunities, measurement, trending, analysis, intervention, and re-measurement.
- To initiate quality improvement activities in clinical and service quality which meet or exceed NCQA, GM, and the State of Wisconsin quality standards.
- Tracking and trending of practice patterns to identify over and under utilization.
- Establish credentialing and related quality standards and ensure that all network practitioners and providers meet those qualifications.
- Address patient safety issues through identification and review of sentinel events and sub-standard care and require corrective action from providers involved.
- Ensure confidentiality of patient information and medical records.

VI. ORGANIZATIONAL STRUCTURE

A. Committees:

An organizational chart depicting the QI Committee structure is available in Appendix A.

MercyCare Health Plans physician committee participation information sheets can be found in Appendix B.

Quality Improvement Committee (monthly)– Responsible for oversight of the quality management program, including care and service issues. Reviews and approves quality monitors and performance on QI goals, identifies and approves major quality improvement initiatives for the organization and provides resources to support the improvement activities. Monitors the care and service provided by contracted practitioners, providers, and health plan

staff. Approves annual quality management work plans, evaluations and performance goals for quality indicators. Responsible for problem identification and resolution strategies as revealed by quality monitoring activities. Uses the following data sources to evaluate care and service: clinical measurement studies, member and practitioner satisfaction surveys, ambulatory medical record review, risk management reviews, utilization management reviews, and complaint and grievance tracking and trending.

Quality & Utilization Management Committee (monthly) - Provides clinical expertise to the Quality Management Program. Approves clinical care guidelines, health management programs. Provides medical feedback on health management programs, improvement interventions, and technology assessment activities. Profiles and evaluates patterns of use for inpatient and outpatient services, including pharmacy services.

Credentialing Committee (PRN or at least annually) – Responsible for the development and implementation of the credentialing policies and procedures and has the authority to approve or deny applicants and re-applicants. Reviews performance, monitoring indicators at the time of re-credentialing.

Peer Review Committee (PRN, at least annually)- Reviews cases of sub-standard care and sentinel events that need to be addressed and monitors corrective action plans. The Medical Director, if during the course of business or medical management activities an instance of possible sub-standard care or a patient safety issue is identified, refers cases to the committee for review and determination.

Pharmacy & Therapeutics Committee (quarterly) - Constructs and maintains the plan's formulary. Works with the plan's pharmacy benefits manager (PBM) to maintain the pharmacy policies and procedures. Evaluates drugs for inclusion in the formulary, and reviews medical literature in support of the efficacy and appropriate use of drugs.

Service Quality Committee ()- Identifies opportunity for improvement in service quality of MercyCare Health Plans by reviewing practitioner and member satisfaction surveys and customer service inquiry, complaint, and grievances data.

Appeals Committee (weekly) – Internal review of member appeals.

Grievances Committee (weekly)– Gives members a fair grievance hearing when they have adverse decisions made by the Medical Director that have been upheld by the Appeals Committee.

Benefit Interpretations Committee (bi-weekly) - On-going review and update of benefits stated in the plan policy and related documents including certificate, schedule of benefits, drug riders and member handbooks. This committee also provides interpretation of policy language.

Privacy and Confidentiality Committee (quarterly)– reviews/develops policies to document the privacy practices in place at the health plan, relative to the use, disclosure and storage of personally identifiable information. Responsible for implementation of HIPAA Privacy rule, education of staff on privacy policies, responds to reports of breaches in confidentiality (complaints), and audits practices relative to the privacy policies. This committee is comprised of the privacy officer, Behavioral Health Medical Director, and a staff member from each of the functional business areas.

Behavioral Health Quality Improvement Committee (weekly) –reviews behavioral health policies and practices with the goal of providing quality behavioral healthcare to our members. The committee monitors progress of quality projects. Maintains and updates the behavioral health work plan. Responsible for analyzing behavioral health data, identifying opportunities for improvement, analyzing barriers to care, implementing interventions, and measuring the effectiveness for the interventions.

Behavioral Health Advisory Committee (annually) – the purpose of this committee is to collaborate with our Behavioral Health specialists to improve the quality of care our members receive. At this committee, we obtain Behavioral Health colleagues input, opinions, ideas and suggestions regarding our quality improvement projects. The committee helps to determine our quality improvement priorities and interventions related to behavioral health.

Quality Improvement Taskforce Committee (weekly) – internal committee comprised of multi disciplinary team of medical and behavioral health professionals that reviews all of our clinical quality projects incorporating standards of excellence for managed care as established by NCQA, GM and the State of Wisconsin and develops plans to meet standards. Active participation in our quality cycle of Plan, Do, Check, and Act (PDCA) relative to documented work plan initiatives.

Childhood Health Initiatives Taskforce Committee (monthly)- the committee is comprised of multi-disciplinary staff specifically addressing: receipt of Immunizations, and Well Child visits as indicated in the annual MCHP QI Work Plan and other active Performance Improvement Plans.

Internet Advisory Committee (PRN)- this committee was formed in 2003 to address necessary upgrading and posting of provider and member information relative to healthcare benefit coverage, member rights and responsibilities, quality initiatives, disease management programming, provider network, behavioral health, and utilization management.

B. Program Staff

All members of the Quality Health Management Department report directly to the Medical Director and are included in the quality process to the greatest extent possible. Each staff member is accountable for the quality projects related to their area of responsibility.

Pharmacist (1@ FTE)**:** Responsible for controlling overall formulary management while promoting high quality medication prescribing practices on the part of our providers. Conducts and evaluates drug utilization review studies, troubleshooting claims processing issues, and participates on therapeutic committees. Conducts research studies measuring clinical and economic outcomes associated with MercyCare programs and policies; evaluates and interprets research results and recommends strategies to improve program design. Authors a variety of physician and patient-oriented materials and provide written drug information responses as required.

Quality Improvement Coordinator (1@ FTE)**:**

- Assists the Medical Director with the development of quality improvement activities, supports program design, implementation and execution.
- Supports committee analysis of quality improvement initiatives.
- Ensures compliance with accrediting standards and meeting contractual obligations for National Committee on Quality Assurance (NCQA) and Wisconsin Quality Improvement Medicaid Program. Manages the process of accreditation and compliance in a timely and efficient manner.
- Responsible for the design of clinical and service quality improvement studies. Ensures that studies conform to regulatory body specifications. Devises strategies for data collection and analysis.
- Supports service quality studies

Quality Data Analyst (1@ PTE):

- Supports the Quality Health Management Department through data base development and reporting.

- ♦ Supports all quality activities through database management, data reporting, data analysis, and presentations.
- ♦ Provides necessary computer analysis and report writing for HEDIS® data collection.
- ♦ Manages HEDIS® data collection; devise project timeline, coordinate data collection teams, analyze data and submit results to NCQA.
- ♦ Coordinates HEDIS® audit and prepare Baseline Assessment Tool (BAT).

Utilization Review Nurses (4@ FTE):

- ♦ Conduct concurrent and retrospective reviews for all MercyCare inpatient members and identify possible quality of care issues including coordination of care problems between medical and behavioral health providers
- ♦ Review of outpatient service requests for benefit determination and provider appropriateness
- ♦ Monitor for over/under utilization trends
- ♦ Participate on various quality committees including: Appeals, Grievances, Benefit Interpretations, Quality Improvement Task Force, and other specialized health management committees.

Case Management Coordinator(s) (4@FTE):

- ♦ Responsible for coordinating case management and disease management of MercyCare Health Plans member populations as directed by the Medical Director.
- ♦ Responsible for coordinating and monitoring quality initiatives and reviews including but not limited to, focus studies, clinical guidelines and preventive health guidelines.
- ♦ Attends and contributes as required to health plan committees such as Quality Improvement Taskforce, specialized Disease Management Task Force committees, and others as designated by the Medical Director.
- ♦ All case management activities are conducted or supervised by a Certified Case Manager (CCM).

Health & Wellness RN (1@ FTE):

- ♦ Markets and organizes health fairs on site for employer groups affiliated with Mercy Care Health Plans.
- ♦ Provides leadership in quality improvement activities related to health maintenance, health screening, and periodic physical exams.

- Spearheads the feasibility and effectiveness analysis of proposed health initiatives that are workplace or committee based.
- Responsible for quality review of medical records in cases in which a potential quality issue exists.
- Facilitates Community Health & Wellness Partnerships.

Credentials Specialist (1@ FTE)**:**

- Obtains primary source verification necessary for credentialing.
- Coordinates all credentialing activities including implementation and maintenance of the credentialing database, provider files, and provider directory.
- Coordinates the maintenance of department policies & procedures including review of their compliance with MCHP and NCQA Standards.
- Assists with the preparation of key documents that are required for NCQA accreditation including the internal work plan document.
- Collects quality information from a variety of sources for presentation to the Credential Committee for re-credentialing instances.

Provider Relations Representatives – (2@1.75 FTE)

- Representatives visit practitioner offices for dispensing pertinent MCHP administrative and clinical information regarding updates and changes.
- Responsible for monitoring of practitioner appointment access and availability in accordance with MCHP policies and NCQA standards.
- Conducts provider site visits semi-annually.
- Participate in practitioner appeals and policy needs, as well as field any peripheral practitioner/clinic manager concerns or complaints.
- Work with customer service in helping to resolve member complaints regarding MCHP participating practitioners.
- Participate in quality improvement task forces and committees.
- Participate in some chart reviews related to medical and behavioral health quality improvement activities.

Quality Health Management Specialists (3@ FTE)

- This staff provides the clerical and data entry support for utilization review, health management and quality improvement activities and service quality projects.

VII. QUALITY MANAGEMENT METHODS AND MONITORS

A. Methods

MHP's quality management and improvement methods include a four-stage process for identifying and improving the quality of clinical care and service rendered by the plan and plan practitioners:

- Identification of monitors of important aspects of care and service **(Plan)**
- Implementation of interventions addressing the identified opportunities for improvement, and **(Do)**
- Identification of opportunities for improvement as a result of monitoring clinical care and service **(Check)**
- Re-measurement to determine if the interventions were effective in improving clinical care and service **(Act)**

B. Monitors

The categories of monitors for care and services are listed below.

1. **HEDIS®:** The health plan participates in HEDIS® reporting yearly.

2. **Clinical and Preventive Guidelines:**
   - Cholesterol Management
   - Major Depression (including postpartum depression)
   - Essential Diabetes Mellitus Care
   - Asthma
   - Tobacco Dependence
   - Adult & Pediatric Preventive Health*
   - Pharmaceutical Management of Alcohol Withdrawal

   *Our preventive health guidelines are age specific, describe the prevention or early detection interventions, are based upon scientific basis or authority, and are developed with practitioners who have appropriate knowledge. New/updated preventive health guidelines are distributed to practitioners. Preventive Health guidelines are distributed to members at least annually. Members receive ongoing information that encourages health promotion, health education and preventive health services. Members identified as "at-risk" i.e. OB cases, are informed about prevention and early detection services.

3. **Continuity and coordination of care monitors:**

Medical Director meets daily to conduct concurrent review with the Utilization Reviewers, Behavioral Health RN, and Disease/Case Managers for evaluation of prior authorizations, inpatient admissions, and complex cases. Case management cases, sentinel events, and other possible quality problems are identified at this time. Any coordination and continuity of care needs between specialists or medical and behavioral health specialists are identified and discussed for resolution.

4. **Member satisfaction:**
   CAHPS® – data is obtained yearly by our vendor and is analyzed by the Service Quality, Quality Improvement, and Quality Utilization Management Committee. Opportunities for improvements are pursued in accordance with our quality improvement process. Members who have had a referral request or a formulary prior approval request processed are surveyed at least yearly to assess satisfaction and opportunities for improvement.

5. **Practitioner satisfaction with UM services:**
   Practitioners are surveyed at least annually to measure their satisfaction with the UM process. This data is reviewed, analyzed and opportunities for improvement identified by the QUM Committee. Provider Relations representatives visit all medical and behavioral health practitioners at least twice a year. This is an opportunity for questions, suggestions, or comments to be received and returned to MCHP for action.

6. **Monitoring of access and availability:**

   MCHP ensures that the overall network availability of primary care and behavioral health care practitioners is sufficient based on total membership. MCHP's standards take into account the number and geographic distribution of primary care and specialty practitioners. Annually, an overall network composition summary is prepared using specialized software, GeoAccess® that includes identification for special cultural needs, preferences, or secondary languages requests that determine network adequacy.

7. **Medical Record Documentation:**
   MCHP reviews and promotes medical record documentation standards including communication, documentation and continuity of treatment and coordination of care. A medical record

improvement project is conducted annually and includes ongoing and focused follow-up interventions.

VIII. HEALTH MANAGEMENT PROGRAMS

In addition to the quality improvement process described above, MCHP also employs several proactive programs to manage the health status of enrollees with specific high-risk conditions or diseases. The following disease management programs are operational during this program year:

- Asthma Health Management Program. This program includes members with a diagnosis of Asthma as identified by pharmacy or medical encounter claims. Educational activities target member, practitioner, and community (e.g. schools). The goal of the program is to increase the delivery of optimal treatment to members by network practitioners as defined by the NHLBI Asthma Guideline. This includes promotion of increased use of inhaled corticosteroids in members with persistent asthma and the use of a written Asthma Action Plan & Peak Flow Meter. Case management is focused on those members who are stratified as having sub optimal control due to having had emergency room visits, inpatient hospitalizations, over-utilization of "rescue" medications, and under-utilization of preferred treatment.
  Telephonic Case Management, interventions (individualized asthma action plans), education (targeted member and provider mailings, seminars, web site postings, and newsletter distribution), and community and State collaboration efforts comprise the make-up of the asthma program.

- Diabetic Health Management Program. This program is for all MCHP members who have been diagnosed with Type I or Type II diabetes. The goal of the program is to increase $HgbA_1c$ awareness, decrease $HgbA_1c$ levels and increase the frequency of foot exams and retinal eye exams. Educational activities include targeted mailings for members and practitioners. Patients who have had $HgbA_{1c}$> or = to 8.5 are placed in case management. Education and interventions to these members are provided telephonically in addition to the targeted mailings received by members with diabetes.

- Hyperlipidemia Health Management Program This program is for all MCHP members who have been diagnosed with high cholesterol. The main goal of the program is to assist members with getting their elevated LDL to goal. The Hyperlipidemia RN Case Manager initiates

contact with members to provide education on therapeutic lifestyle changes such as diet, exercise, weight loss, smoking cessation, and medication compliance.
Members who have a LDL >or = to 160 are stratified and placed in case management. Telephonic Case Management, education (for members and providers), and interventions (targeted mailings, website postings, individualized cholesterol lowering action plans, and newsletter articles) comprise the make-up of the Hyperlipidemia Program.

Depression Case Management Program- Newly formalized, this program is for all adult members 18 years and older identified with major depressive disorder and/or prior depressive episodes within the last 4 months. Proactive coordination of care, including screening, patient self-management, clinician education, treatment guidelines, treatment coordination and clinician availability are core elements for the Depression Disease Case Management Program.

IX. BEHAVIORAL HEALTH SERVICES

Monitors the activities MCHP and collaborates with behavioral health specialists to monitor and improve coordination between medical and behavioral health care in several areas:

- Outpatient behavioral health correspondence. Outpatient behavioral health charts are reviewed for correspondence to the member's primary care physician and medical charts will be reviewed during the medical record audit for evidence of behavioral health correspondence. Results of chart review are shared with provider clinics. Primary Care Physician records are reviewed to determine if they are receiving behavioral health correspondence. MCHP surveys behavioral health practitioners and primary care physicians for their perceptions of exchange of information.
- Inpatient psychiatric discharge summaries sent to the Primary Care Physicians. MCHP monitors the percentage of mental health discharge summaries, which are received by Primary Care Physicians. Results are shared with Inpatient Mangers. Barriers are discussed and addressed.
- Appropriate diagnosis, treatment and referral of depression in the primary care setting. A guideline has been developed and distributed and compliance with guideline standards is monitored. Through HEDIS® measures and drug utilization reports created by our

pharmacy management company, antidepressant medication management is monitored and feedback given to individual physicians.

- Substance Abuse Detoxification Project. We review the care of patients admitted for detoxification to medical facilities to ensure appropriate AODA assessment and detoxification schedules, and coordination of care with behavioral health practitioners.
- Concurrent Medical Problems are reviewed by the Behavioral Health Utilization Review Nurse on all psychiatric admissions. Attending Physicians are notified if a referral for medical consultation seems warranted after discussion with the Medical Director, the Attending Physician is notified of our request and compliance monitored. The Medical Director or Behavioral Health Medical Director intervenes if necessary.
- A preventive guideline has been developed on identifying and treating postpartum depression in all outpatient settings. This prevention protocol includes a screening tool for detecting postpartum depression, the Edinburgh Postnatal Depression Scale. Education about the disorder targets new mothers and practitioners and efforts are coordinated with the OB Case Management Program.

X. PATIENT SAFETY MONITORS AND ACTIVITIES

MCHP addresses patient safety in the following ways:

- Monitoring sentinel/adverse events occurring in inpatient and residential settings. Identifying trends that could indicate unsafe environments or policies in these contracted institutions.
- Monitoring medical record legibility and implementing follow-up of substandard documentation practices.
- Monitoring clinical sites for safety issues.
- Monitoring polypharmacy.
- Monitoring the continuity and coordination of care between PCPs and specialists.
- Determining if members diagnosed with Asthma and Diabetes received appropriate care according to medical care guidelines.
- Monitoring complaint and members satisfaction data to determine if any adverse trends in patient safety exist.
- Working with our Pharmacy Based Manager to monitor member prescriptions for possible contraindications.
- Monitoring the continuity & coordination of care between PCP and behavior health practitioners.
- Monitoring for compliance with privacy & confidentiality policies.

XI. CONFIDENTIALITY AND CONFLICT OF INTEREST

Member and practitioner information is confidential and MercyCare Health Plans is compliant with the HIPAA privacy rule standards. Some of the physical safeguards employed to ensure confidentiality include: locked cabinets for member and practitioner files; controlled access to the building; secured access to computer drives and systems where information is stored. Some of the privacy practices in place include: deployment of a "minimum necessary" standard, whereby employees have access to only that personally identifiable information which is required to perform their job functions; education of all staff in privacy policies and procedures, which includes the yearly signing of a confidentiality agreement; implementation of appropriate authorization to release member information, per HIPAA and State or Wisconsin statutes; provision of Notice of Privacy Practices to both members and practitioners; de-identification, when necessary, of information disclosed outside the health plan. The QIC is responsible, via the Privacy and Confidentiality Committee: to develop and implement MercyCare Health Plans privacy policies and procedures.

To avoid conflicts of interest, no person may participate in the review, evaluation or disposition of any quality utilization management case in which she/he has been professionally or personally involved.

XII. ANNUAL WORK PLAN AND PROGRAM EVALUATION

The quality management work plan includes quality management program objectives, including associated performance goals, and activities planned for the year, with timeframes and responsible parties. The work plan is monitored throughout the program year and is evaluated on an annual basis. Results of the evaluations are used to plan quality improvement activities for the next program year. Opportunities for improvement that do not meet established goals in the current program year are carried over into the next program year for continued monitoring and improvement efforts. The program evaluation is reviewed and approved annually by the Board of Directors.

XIII. APPROVALS:

Stephen VanGalder Board of Directors, Chair	Date
Joseph D. Nemeth Vice President & COO	Date
Philip S. Bedrossian, MD MercyCare Medical Director	Date