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Qualified Health Plan (QHP)	<p>Qualified health plans (QHPs) are the new product type that will be sold through the new insurance exchanges created by the Affordable Care Act (ACA). QHPs will be offered, starting in 2014, by different insurers and will include a standardized set of essential health benefits.</p> <p>A QHP must be certified by the Health Insurance Marketplace, provide essential health benefits, follow established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meet other requirements. A qualified health plan will have a certification by each Marketplace in which it is sold.</p>
Quality Blue Hospital Pay for Value Program	<p>The Highmark Quality Blue Pay for Value Hospital Program is designed to help providers align care with industry standards and best practices to better manage the care our members receive and improve outcomes.</p>
Quality of Care Concern	<p>A quality of care concern arises when an episode of care deviates from accepted medical standards. The occurrence of an adverse outcome does not, in and of itself, indicate a breach of accepted medical standards and/or warrant action.</p>
Quality Program	<p>The purpose of the Highmark Quality Program is to promote the availability and accessibility of a quality medical and behavioral health care practitioner and provider network; to monitor, evaluate, and improve the quality and equity of clinical care provided to members; to maximize safe clinical practices; and to continuously enhance the services provided to members.</p> <p>The Highmark Quality Program provides a framework for continuous assessment and improvement of all aspects of health care delivery and services for its membership. This involves the collection and quantitative/qualitative analyses of relevant data to identify barriers or causes for less-than-optimal performance, identification of opportunities for improvement, and implementation of interventions to improve results.</p>