



## 2023 Quality Improvement Program Executive Summary for PA Medicare Assured® Providers

### BACKGROUND AND HISTORY

Highmark Wholecare, coverage by Gateway Health Plan, which is an independent licensee of the Blue Cross Blue Shield Association serves as a Medicare dual eligible special needs plan(D-SNP) and began serving members in Pennsylvania through its contract with Centers for Medicare & Medicaid Services (CMS) on January 1, 2006.

### MISSION STATEMENT

*We believe in going beyond health care. That means caring for the whole person - physically, mentally and financially. Regardless of whether you qualify for both Medicare and Medicaid or just Medicaid, we're all about connecting you with the right resources to become a healthier, more complete you.*

This document has been developed with the intent to outline the goals, objectives, structure, and functions of the Quality Improvement (QI) Program that are in place to provide the framework needed to overcome any challenges presented of the Highmark Wholecare mission. The Executive Summary will demonstrate Highmark Wholecare's focus on improving quality of care, safety of clinical care, quality of service and member experience. The Quality Management Committee (QMC), Quality Improvement/ Utilization Management (QI/UM) Committee, and its Quality Improvement Program Oversight Committee guide and monitor the QI Program.

### PURPOSE

The purpose of the QI program is to ensure that members have access to and receive safe, appropriate, timely, and equitable quality medical and behavioral health care services. The QI Program monitors and evaluates the quality and appropriateness of care provided by Highmark Wholecare's provider network, and the effectiveness and efficiency of systems and processes that support the health care delivery system. Utilizing quality improvement methodologies and industry-accepted quality measurement tools, Highmark Wholecare evaluates its performance outcomes to:

- Oversight and governance of SNP Model of Care (MOC)
- Identify opportunities to improve the provision and delivery of health care and health plan services
- Identify opportunities to improve member and provider satisfaction with care and delivery of services
- Achieve optimum member health outcomes

The QI Program strives to improve member adherence to preventative care guidelines, disease management strategies, and therapies that are essential to the successful management of certain chronic conditions.

The QI Program also strives to improve patient safety through:

- Educating members and providers regarding safe practices

- Assessment and identification of opportunities to improve patient safety throughout the provider network
- Communication to members and providers of safety activities and provisions that may be in place throughout the network

To ensure these efforts impact all members equally, the QI Program aspires to continually identify opportunities to positively impact health outcomes and address any health disparities as well as language barriers.

## **GOALS**

The goal of the QI Program is to ensure the provision and delivery of high-quality medical and behavioral health care, pharmaceutical, and other covered health care services and quality health plan services.

The QI Program focuses on monitoring and evaluating the quality and appropriateness of care provided by the Highmark Wholecare provider network, and the effectiveness and efficiency of systems and processes that support the health care delivery system.

By considering population demographics and health risks, utilization of health care resources, and financial analysis, the organization ensures that the major population groups are represented in QI activities and health management programs chosen for assessment and monitoring. This information, along with high-volume/high-cost medical and pharmaceutical reports, health risk appraisal data, disease management and case management data, satisfaction survey information, and other utilization reports, will be used to identify members with special needs and/or chronic conditions and develop programs and services to assist in managing their conditions.

The QI program includes a focus on members who are considered the most vulnerable and receive coordinated care as defined in the MOC. Highmark Wholecare developed five focused plan level goals which are:

1. Improve access and affordability of the healthcare needs of the population.
2. Improvements made in the coordination of care and appropriate delivery of services.
3. Enhance care transitions across settings and providers.
4. Ensure the appropriate utilization of services for preventive health and chronic conditions.
5. Improve member experience.

## **OBJECTIVES OF THE QUALITY IMPROVEMENT PROGRAM**

The objectives of the QI Program are consistent with the Highmark Wholecare mission, which is a commitment to effective use of health care resources and continuous quality improvement to positively affect the personal health of its members and their social determinants of health.

The objectives are as follows:

- Implement a comprehensive and effective Quality Improvement/Utilization Management (QI/UM) Work Plan that identifies and assures completion of planned QI/UM activities for each year. The QI Program is evaluated quarterly and annually to determine the effectiveness and to identify opportunities for improvement and ensure completion of planned QI activities for each year.

- The QI Program ensures processes are in place utilizing Total Quality Management principles (Plan, Do, Study, Act) to assess, monitor, and implement interventions when opportunities are identified regarding the utilization of health care resources, quality of care, and access and availability to services.
- Utilizing member race/ethnicity and language data to assess the existence of healthcare inequities and to focus on quality improvement efforts towards improving the provision of services that are socially, culturally and linguistically appropriate and decreasing healthcare inequities.
- Standardized and documented process for the development, review, adoption and promotion of clinical practice or preventive health guidelines from nationally recognized sources or through involvement of board-certified practitioners from appropriate specialties when the guidelines are not from recognized sources to assist practitioners in providing appropriate healthcare for specific clinical circumstances that are relevant to Highmark Wholecare's vulnerable population. The guidelines are evaluated on an ongoing basis at least annually and are adopted based on the prevalent diseases or conditions and relevance to Highmark Wholecare members.
- Monitoring activities of the Delegation Oversight Committee to ensure effective oversight of vendors delegated to perform various QI/UM Program functions. Activities may include, but are not limited to, a review of the delegate's QI Program, policies, procedures, and quarterly reports of delegated services.
- Monitoring practitioner performance through member satisfaction surveys, access to care analysis, and utilization of services.
- Measures the effectiveness of health care programs, including Disease Management, preventive health, transition management, Care Management, and Chronic Care Improvement Program (CCIP).
- Development/adoption and implementation of recognized criteria and protocols for utilization review, including new technology review and care management to ensure appropriate and equitable access to care across the Highmark Wholecare network.
- Evaluation of the Highmark Wholecare Formulary to ensure the inclusion of pharmaceuticals that reflect the current standards of care for pharmaceutical management.
- Monitoring and improving coordination of care between settings and transitions (i.e., primary care practitioners, specialty care practitioners, hospitals, and ancillary providers); coordinating behavioral health care and medical/physical care with a special focus on exchanging information in order to promote a holistic approach to providing health care services to the members.
- Monitoring Highmark Wholecare service standards to improve satisfaction (member, provider, and practitioner), availability, accessibility (including primary care services, specialty care services, hospitals, and urgent care services); member and provider telephone response standards, claims payment, and timeliness and consistency of service (including those for special needs members).
- Monitoring and improving the quality of care delivered to members through systematic analysis and consistent evaluation of provider performance, and by tracking and trending sentinel events, quality indicators, and never events.
- Credentialing and re-credentialing all applicable licensed practitioners, hospitals, and ancillary entities in the Highmark Wholecare network.
- Assessment of practitioner performance through evaluating the utilization and quality performance of Highmark Wholecare practitioners to assure that the Highmark Wholecare standards are met and to identify both opportunities and best practices.
- Monitoring practitioner performance with QI objectives and facilitating the implementation of educational programs, corrective actions, and sanctions when necessary.

- Monitoring activities of the Delegation Oversight Committee to ensure effective oversight of vendors delegated to perform various QI/UM Program functions through a review of the delegate's QI Program, policies, procedures, and quarterly reports of delegated services.
- On-going monitoring of practitioners and delegates through the credentialing/re-credentialing process.
- Developing, implementing, and evaluating an annual Stars-related quality incentive program, Highmark Wholecare Practitioner Excellence (HWPE).

## **SCOPE OF THE PROGRAM**

The scope of the QI Program includes a comprehensive evaluation and analysis of the utilization of health care services and programs, access to those services, the needs of the members served, the quality of the care provided, and establishment of utilization criteria and review processes.

The success of the Quality Improvement Program is directly related to the collaboration of all our employees in support of our Mission. The responsibility of implementing the QI Program is a corporate responsibility, not only that of the Quality Improvement and Utilization Management Departments. Implementation and evaluation of the QI Program are embedded into our daily operations.

The scope of the QI Program focuses on the following areas:

- Quality of Clinical Care
- Quality of Service
- Safety of Clinical Care
- Member Experience
- Model of Care
- Clinical Quality
- Service Quality
- Health Equity Program
- Practitioner and Provider Activities
- Utilization Management
- Credentialing and recredentialing
- Case Management
- Delegate Oversight
- Activities of Pharmacy and the P&T Committee
- Risk Management/Patient Safety
- Behavioral Health Services
- Resources and Analytical Support
- Highmark Wholecare Lifestyle Management Program
- Population Health Management

## **QUALITY MANAGEMENT COMMITTEE (QMC)**

The mission of the Quality Management Committee is to ensure that QI Programs achieve their goals and objectives. The QMC accomplishes its mission through periodic and regular review of Quality performance trends, QI activities, MOC activities, Population Health Management programs and provides guidance and direction as needed. The interdisciplinary QMC is dedicated to the continuous improvement of the quality, safety, and equity of clinical care and service provided by the practitioners and providers that contract with Highmark. Highmark Wholecare's Board of Directors has the ultimate authority over the QI Program. Members of senior leadership who sit on the QMC, report QI Program activities to the Board of Directors.

The role of the QMC is to oversee the QI Program by monitoring and reviewing QI program descriptions/evaluations, activities, performance, and goals, etc. The QMC has delegated oversight responsibility of QI operations to the respective Quality Committees, the Quality Improvement/Utilization Management (QI/UM) Committee, Health Education and Advisory Committee (HEAC), and the Quality Improvement Program Oversight Committee, for all lines of business. Meetings are held routinely, at least four times a year, and more often as needed.

## **QUALITY IMPROVEMENT/UTILIZATION MANAGEMENT (QI/UM) COMMITTEE**

The QI/UM Committee is accountable to the Quality Management Committee. The QI/UM Committee consists of a multidisciplinary group of Highmark Wholecare participating practitioners and interdepartmental health plan representatives. Plan practitioners are appointed by the Chief Medical Officer to serve on the Committee and provide geographic and service representation.

The Committee is chaired by the Highmark Wholecare Chief Medical Officer, or designee, who is required to maintain a current, unrestricted Pennsylvania license to practice medicine. The Committee consists of Highmark Wholecare's physician/medical director representative of the composition of the credentialed provider network and a board-certified psychiatrist with a current, unrestricted license.

The Committee's physicians/medical directors are board-certified in their respective specialties which consist of pediatrics, psychiatry, OB/GYN, dental, neonatology, family practice, and internal medicine just to name a few. Committee members are responsible for reviewing quality cases, reviewing utilization management activities, such as making UM approval determinations and denial determinations based on medical necessity and appropriateness. Committee members are responsible for providing clinical leadership to the case management and pharmacy programs, contributing to clinical guideline revision and development, providing clinical direction to internal preventive health or disease-specific workgroups, and actively participates in the QI/UM Committee. The QI/UM Committee reports findings back to the Quality Management Committee, as applicable.

The role of the QI/UM Committee is to define and evaluate parameters for the utilization of health care resources, new technology assessment, quality measurement and improvement policies, and the appropriateness and cost-effectiveness of the health care provided to our members. The QI/UM Committee reviews at least on an annual basis the program description, program evaluation, work plan, and/or other quality information and provides oversight, feedback, and recommendations to the Quality Improvement Program Oversight Committee. The Quality Management Committee reviews activities of the QI/UM Committee, as applicable, including those related to utilization management, quality improvement, credentialing, pharmacy, members' rights and responsibilities, medical record review, preventive health, disease management, and case management.

## **QUALITY IMPROVEMENT PROGRAM OVERSIGHT COMMITTEE**

The Quality Improvement Program Oversight Committee (QI Oversight) oversees the Quality Improvement Program at a management level. The mission of the Quality Improvement Program Oversight Committee is to ensure that the QI Program achieves its goals and objectives. The QI Oversight accomplishes its mission through periodic and regular review of Population Health Management programs, Quality performance trends and QI activities, and provides guidance and direction as needed. The interdisciplinary QI Oversight is dedicated to the continuous improvement

of the quality, safety, and equity of clinical care and service provided by the practitioners and providers that contract with Highmark Wholecare. The QI Oversight reviews QI program activities, performance and goals, implementation of proposed and current initiatives, on-going operational performance, and overall strategy. The QI Oversight has authority over all QI operations and programs for all lines of business. The QI Oversight, in turn, reports its activities up through the committee structure as appropriate.

The Quality Improvement Program Oversight Committee is chaired by a member of the Quality Improvement and Accreditation team as appointed by the Director, Quality Improvement and Accreditation and will meet routinely (weekly) during the calendar year. The membership of the QI Oversight is designed to provide representation from and reciprocal communication to all key functional areas/regions within all of Highmark Wholecare's lines of business. The QI Oversight membership is agreed upon by QI department leadership and includes voting members and non-voting members. Key stakeholders will be asked to present topics of impact to the Quality Program as needed.

## **HEALTH EDUCATION AND ADVISORY COMMITTEE (HEAC)**

The HEAC operates under the authority of the QI/UM Committee and in addition to developing effective member education and outreach programs, the HEAC serves to identify, prioritize and act on opportunities to limit cultural, linguistic and inclusive health care disparities by obtaining substantive input and participation from Highmark Wholecare's Membership. Health Equity Program activities, the Health Equity Program Description, and the Health Equity Program Evaluation analysis and outcomes are presented to the HEAC for review and comment. HEAC members include a robust sampling of Highmark Wholecare Members, Highmark Wholecare Medical Directors and providers of the community served to advise on the health education, needs, and opportunities for improvement of all members. The HEAC functions in a way to allow Highmark Wholecare's diverse membership to have input on operational policy and process as well as future benefit development.

## **CONFIDENTIALITY**

All information generated by Quality Improvement activities is considered confidential. All committee members, sub-committee members, ad hoc invitees, and other guests attending these meetings are required to sign confidentiality statements. Material discussed, presented, or distributed at the committee, subcommittee, and ad hoc meetings are considered confidential and may not be copied or distributed outside of duly constituted meetings designated specifically for quality improvement or utilization management purposes and with the full knowledge and approval of the Chief Medical Officer. Exceptions to this rule may be granted by the Chief Medical Officer in writing if the intended use for the material is educational and all individual identities have been expunged.

We execute a Business Associates Agreement with any non-employed person or entity that may have access to personal health information through their work with Highmark Wholecare.

Health benefits or health benefit administration may be provided by or through Highmark Wholecare, coverage by Gateway Health Plan, an independent licensee of the Blue Cross Blue Shield Association ("Highmark Wholecare").