2023 Quality Improvement Program Executive Summary for PA Medicaid Providers

BACKGROUND AND HISTORY

Highmark Wholecare, formerly Gateway Health, was established in 1992 as an alternative to the Pennsylvania Department of Human Services' Medical Assistance Program. For over 30 years, our members have benefited from services such as disease management, health, and wellness programs, and preventative care. We are one of the nation's leading managed care organizations that serves more than 374,000 members. Highmark Wholecare's network includes 47,542 physicians and health care providers, 162 hospitals, and 5,002 pharmacies and clinics within the state of Pennsylvania.

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.

Wholecare's platform emphasizes key core values along with new social initiatives. In addition to members' physical health, Wholecare will focus on the social determinants of health of the members, such as sexual orientation, gender identity, economic status, family and social support, and the safety of the community which emphasizes total health covering the members' physical health as well as addressing these factors: food, housing, employment or transportation. Wholecare maintains a healthcare delivery system that ensures the availability of high-quality medical care for the Wholecare member, based upon access, quality, and financial soundness.

PURPOSE

The purpose of the Quality Improvement (QI) Program is to encourage and enable members to access appropriate care and ensure that such care is delivered in a timely and professional manner:

- Identifying opportunities to improve the provision and delivery of healthcare and health plan services
- Achieving optimum member health outcomes
- Identifying opportunities to improve member and provider satisfaction with care delivery and services

Of specific importance, the QI Program focuses on these key areas: (a) patient preventive healthcare, (b) prevalent chronic health conditions, (c) service indicators, (d) quality of clinical care, (e) safety of clinical care, (f) quality of service, (g) member experience, and (h) health equity. The QI Program also strives to improve members' compliance with preventive care guidelines, disease management strategies, and therapies that are essential to the successful management of certain chronic conditions, as well as identifying opportunities to impact racial and ethnic disparities and language barriers in healthcare.

GOAL

The goal of the QI Program is to ensure the provision and delivery of high-quality medical and behavioral healthcare, pharmaceutical, and other covered healthcare services and quality health plan services. The QI Program strives to improve patient safety by educating members and practitioners on safe practices by assessing and identifying opportunities to improve patient safety throughout the practitioner/provider network, and by communicating to members and practitioners any safety activities and provisions that may be in place throughout the network.

By considering population demographics and health risks, utilization of healthcare 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, social determinants of health, 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.

SCOPE OF THE PROGRAM

The scope of the QI Program includes a comprehensive evaluation and analysis of the utilization of healthcare 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 program is directly related to the integral collaboration of all employees in support of Highmark Wholecare's mission. The responsibility to implement 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 QI Program will utilize appropriate internal resources, information systems, practitioners, and community resources to monitor and evaluate the utilization of healthcare patterns and the continuous improvement process and to assure implementation of positive change. The scope of the program includes:

- Quality of Clinical Care
- Quality of Service
- Safety of Clinical Care
- Member Experience
- Clinical Quality
- Service Quality
- Health Equity Program
- Practitioner and Provider Activities
- Utilization Management
- Credentialing and Recredentialing
- Care Management/Complex Care Management
- Maternity Home Visiting Program
- Delegate Oversight
- Activities of Pharmacy and the P&T Committee
- Risk Management/Patient Safety
- Behavioral Health Services

- Center of Excellence for Opioid Addiction
- Integrated Care Plan

- Resources and Analytical Support
- Population Health Management
- Shared Savings Value-Based Programs (Patient-Centered Medical Home)

OBJECTIVES OF THE QUALITY IMPROVEMENT PROGRAM

The objectives of the QI Program are consistent with the Highmark Wholecare mission, which is a commitment to both effective uses of healthcare resources and to continuous quality improvement in order to positively affect the member's whole care 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, evaluate the QI/UM Work Plan on a quarterly basis to monitor progress toward achievement of goals, and to identify opportunities for improvement.

- Ensure processes are in place utilizing Total Quality Management principles to analyze, develop, implement, and evaluate interventions when opportunities are identified regarding the utilization of healthcare resources, quality of care and service, coordination of care, patient safety, and access to services.

- Utilize scientific evidence and recommendations from expert and professional organizations and associations to develop and update guidelines that address key healthcare needs, based upon an assessment of the population**.**

- Conduct established guideline studies to measure the quality of healthcare provided, specifically evaluating improvements, barriers and opportunities and to develop interventions to address the identified opportunities.

- Monitor Delegation activities to ensure effective oversight of vendors delegated to perform various QI and UM Program functions. Activities may include but are not limited to: a review of the delegates of the QI Program, evaluating a potential relationship that constitutes delegation and what regulatory or subcontractor requirement it has and provide direction to business owners regarding pre-delegation/annual assessment and ongoing performance monitoring requirements.

- Review delegate's QI Program, policies, procedures, and quarterly reports of delegated services, and monitoring practitioner performance through member satisfaction surveys, access to care analysis, and utilization of services.

- Measure the effectiveness of healthcare programs, including preventive and disease management and care management programs, integrating the public health goals, with particular focus on those

related to preventive health, social determinants of health, and smoking cessation, develop member and practitioner educational materials.

- Evaluate appropriate and effective utilization and quality performance of Highmark Wholecare practitioners and providers to assure quality standards are met, and to identify in collaboration with the practitioners and providers, both opportunities for improvement and best practices.

- Evaluate Highmark Wholecare's supplementary formulary review, an evaluation of medication indication for prior authorization status, an assessment of pharmacy utilization, evaluation of medication use, and file reviews. A quantitative and qualitative assessment and barrier analysis of pharmacy activities shall also be included in the annual evaluation of the QI/UM Program.

- Maintain a relationship with Highmark Wholecare's behavioral health managed care organizations (BH-MCO) partners in Highmark Wholecare's current service area to provide care co-coordination and collaboration. Highmark Wholecare has oversight and responsibility for the retrospective review of non-participating behavioral health emergency room visits.

- Collaborate with BH-MCOs, to integrate the use of Opioid Use Disorder Centers of Excellence (OUD-COE) to support members impacted by substance abuse by providing comprehensive care coordination.

- Maintain the Integrated Care Plan (ICP) initiative which is focused on integrated care planning between Highmark Wholecare and the behavioral health managed care organizations.

- Develop a plan that outlines goals, including ongoing cultural competency awareness training, such as sexual awareness and gender identity training, for staff and providers, program partnerships, and targeted member outreach interventions that are culturally, ethnically, and linguistically sensitive and inclusive.

- Participate as a community partner to connect members with community resources and/or promotes community programs. Population Health will identify and assess the characteristics and needs of the members and inform the members of their eligibility and program services based on their need(s).

- Maintain a regulatory compliant process for credentialing and recredentialing all practitioners, providers, and facilities in Highmark Wholecare's network.

- Conduct satisfaction surveys to determine member, practitioner, and provider satisfaction with Highmark Wholecare's services, administrative policies, and the provision of healthcare, as well as analyze results for barriers and opportunities, and develop and implement interventions to increase satisfaction and improve the quality of care and services provided.

- Develop comprehensive processes and tools to appropriately oversee Highmark Wholecare's delegates and vendors and to ensure their performance reflects a high level of quality.

- Conduct an annual evaluation of the QI/UM Program, utilizing the identified goals and objectives of the program, with quality standards as set forth by the National Committee for Quality Assurance (NCQA).

- Develop and address Social Determinants of Health issues through various Health Equity programs to ensure members are cared for holistically. A Few examples of applicable programs include Thrive 18, ALC Transportation, Regional Housing Coordinator and AHN Healthy Food Center. The Health Equity Committee (HEC) monitors and assists in coordinating these efforts.

ORGANIZATION AND ACCOUNTABILITY OF THE QUALITY IMPROVEMENT PROGRAM: QUALITY MANAGEMENT COMMITTEEE (QMC)

The cross functional QMC is dedicated to the continuous improvement of the quality, safety, and equity of clinical care and service provided by the practitioners and providers who contract with us. QMC reports to the Board of Directors and is the committee to which the Board of Directors has delegated responsibility and authority for providing senior-level leadership and direction over day-to-day quality-related activities and initiatives of the organization. The QMC has oversight responsibility and input, including review and approval, on all QM and UM program activities. The activities of all quality-related committees are reported to the QMC.

The role of the QMC is to oversee the QI Program by monitoring and reviewing the 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 Advisory Committee (HEAC), and the Quality Improvement Program Oversight Committee (QIPO), for all lines of business. QMC Meetings are held at least quarterly, or more often as needed.

QUALITY IMPROVEMENT/UTILIZATION MANAGEMENT (QI/UM) COMMITTEEE

The QI/UM Committee is chaired by the Chief Medical Officer or designee and is required to maintain a current, unrestricted Pennsylvania license to practice medicine. The formal meetings are conducted monthly. The Committee consists of Highmark Wholecare providers who are physician representation of the composition of the credentialed provider network and a board-certified psychiatrist with a current, unrestricted license. The Committee's physicians 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 and reviewing utilization management activities, such as making UM approval determinations and denial determinations based on medical necessity and appropriateness.

The role of the QI/UM Committee is to define and evaluate parameters for the utilization of healthcare resources, new technology assessment, quality measurement and improvement policies, and the appropriateness and cost-effectiveness of the healthcare provided to our members. The Committee reviews at least an annual basis our program description, program evaluation, work plan, and/or other quality

information and provides oversight, feedback, and recommendation to the Quality Improvement Program Oversight Committee.

The QI/UM Committee is accountable to the Quality Management 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 COMMITTEEE (QI OVERSIGHT)

The Quality Improvement Program Oversight Committee (QI Oversight) is chaired by a member of the QI and Accreditation team as appointed by the Director, QI 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.

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 QI activities including performance trends, and Health Equity programs to provide guidance and direction as needed. The interdepartmental 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 Wholecare. 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.

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").