



It's your health ... your life SM

*2020 Quality
Improvement
Program Description*

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Background and History

In October 1995, the Kentucky Department for Medicaid Services (DMS) received approval from the Health Care Financing Administration to revise its payment mechanism and delivery systems to improve health care services to Kentucky's Medicaid population. The Department requested special permission to allow it to contract with regional groupings of Medicaid partnerships to be known as Health Care Partnerships. These partnerships would be responsible for providing services to many of the non-institutionalized Medicaid beneficiaries on a capitated basis.

In 1997, in response to a state Request for Proposal, a group of historic Medicaid providers established University Health Care, Inc. (UHC) d/b/a Passport Health Plan, and contracted with the State to provide services for Medicaid beneficiaries residing in Region 3. Passport Health Plan enrolled its first members in November 1997 and currently has approximately 307,011 enrolled (as of November 2019) in AFDC, SOBRA, and SSI with and without Medicare, Foster Care and KCHIP programs within the Commonwealth of Kentucky. The provider sponsors of UHC are:

- University of Louisville Physicians
- University Medical Center
- Jewish Heritage Fund for Excellence, Inc.
- Norton Healthcare, Inc.
- Louisville/Jefferson County Primary Care Association (comprised of the Federally Qualified Health Centers (FQHCs), the Louisville Metro Department of Health and Wellness, and the University of Louisville Primary Care Center).

In 2014, Passport noted significant changes in membership with the Affordable Care Act (ACA) allowing for expanded Medicaid coverage and of our coverage area to include all the counties in Kentucky.

Passport Health Plan's practitioners are independent health care providers that include primary care practitioners (PCPs), behavioral health, and specialists. Primary care practitioners are defined as individual practitioners who provide primary care services and manage routine health care needs, including family practice, internal medicine, general practice, and pediatric specialty types. Women may also select an obstetrician/gynecologist as their PCP if the practitioner has agreed to assume that role and if all credentialing and contracting criteria have been met. The major facility contracts include hospitals and home health agencies.

Mission Statement

Passport Health Plan's mission is to improve the health and quality of life of our members.

Purpose

The purpose of the Quality Improvement (QI) Program is to provide the infrastructure for the continuous monitoring, evaluation and improvement in care, safety, and service while complying with standards and requirements of regulatory and accrediting agencies, including the Kentucky Department for Medicaid Services (DMS) and the National Committee for Quality Assurance (NCQA)

Additionally, the purpose of the program is to establish standards and criteria while providing processes, procedures and structure for the quality of care and service delivered to the Passport membership. Quality Improvement activities are coordinated with other performance monitoring activities and management functions including, but not limited to, utilization management, case and disease management, health management, risk management, patient safety, cultural and linguistic competency, credentialing, claims, member and provider services, and network development. In addition, collaborative health outcome measures are developed with DMS and the External Peer Review Organization (EQRO).

Scope

The QI Program is broad in scope and encompasses the range of clinical, safety, and service issues relevant to external and internal customers. External and internal customers are defined as eligible members, practitioners, providers, the Department for Medicaid Services (DMS), the Centers for Medicare and Medicaid Services (CMS), and Passport employees.

- The scope of quality review is reflective of the health care delivery systems, including quality of clinical care, safety, and quality of services including non-clinical services.
- All activities reflect Passport Health Plan's population in terms of age groups, disease categories, special risk status, and cultural and linguistic needs of the members.
- The scope of services includes, but is not limited to, services provided in institutional settings, ambulatory care, home health care, and services provided by primary care, specialty care and other practitioners.

Prospective Quality Improvement Activities

Prospective quality improvement activities include but are not limited to:

- Implementation of best practices for quality management and performance improvement
- Credentialing Activities
- Utilization Management Activities
- Adoption of nationally recognized Preventive Health Guidelines
- Adoption of nationally recognized Clinical Practice Guidelines
- Clinical Focus Activities
- Performance Improvement Projects
- Process Improvement Projects

Concurrent Quality Improvement Activities

Concurrent quality improvement activities include but are not limited to:

- Case Management Activities
- Disease Management Activities
- EPSDT and Adult Preventive Health Activities
- Wellness Activities

Retrospective Quality Improvement Activities

Retrospective quality improvement activities include but are not limited to:

- Appeals and Grievances
- Claims Reprocessing
- Member Inquiries
- Peer Review
- Medical Record Review audits for compliance with documentation and Continuity and Coordination of Care Standards
- Clinical Practice Guideline Audits
- Preventive Health Guideline Audits
- EPSDT Audits
- Health Outcome Audits

Passport Health Plan has mechanisms to identify quality of care and service issues that have occurred and utilizes that information to prevent future incidents of non-compliance in care, safety, and service.

Goals

The goal of the QI Program is to link together the knowledge, structure, and processes throughout Passport Health Plan as well as to assess and improve quality of care, safety, and service. Passport utilizes QI philosophy and tools to achieve this goal. Passport utilizes the following QI philosophy and tools to achieve this goal:

- Maintain a continuous cycle of quality improvement across the organization

- Perform ongoing monitoring of clinical programs and services for appropriateness of medical and behavioral health standards as well as the ability to meet the needs of the members.
- Analyze and identify opportunities for improvement across the organization
- Implement interventions and monitor during measurement cycles
- Ensure patient safety
- Comply with all local, state, and federal regulatory requirements and accreditation standards.

Priority Goals for 2020 based on finding from the 2019 program evaluation and accreditation cycle:

- Continued progress on HEDIS Quality Strategy for identified gap closure
Areas of focus are determined through both collaboration with the regulatory bodies, in this case, the Kentucky Department of Medicaid Services (DMS) and based on previous performance and alignment with organizational goals. Those areas for 2020 are the following:
 - Reducing the burden of substance use disorder (SUD) Improve overall health outcomes for chronic disease with a specific focus on diabetes
 - Increase preventive services for all members
 - Decrease avoidable hospitalization and ED use
- Maintenance and measurement of the program effectiveness for the Population Health Management Strategy
- Identify health care disparities in the membership population and implement interventions to address
- Identify ongoing opportunities to address member and provider satisfaction
- Create and updated policies, processes and reporting to meet accreditation standards

Objectives

The objectives of the QI Program are:

- To continuously monitor and analyze key clinical, safety, and service indicators
- To monitor quality activities of the health management programs
- To monitor the quality of health programs and interventions related to complex health needs of members with physical disabilities, development disabilities, chronic conditions and severe mental illness
- To conduct outreach and health education activities
- To ensure members are provided culturally and linguistically appropriate services by addressing health care disparities in clinical areas, improve health literacy across the member population, to provide an adequate provider network for any underserved populations.
- To drive, assist in the development and monitor programs to better serve populations with special needs
- To conduct performance improvement projects and select studies in clinical and service areas in collaboration with DMS and the EQRO
- To perform appropriate oversight of delegated activities

- To annually assess member and provider/practitioner satisfaction with services to identify areas to improve
- To coordinate activities across functional areas to improve care, safety, and service
- To foster an environment that assists practitioners and providers with improving the quality and safety of their practices
- To conduct oversight of risk management
- To evaluate the effectiveness of the QI Program

QI Activities to Fulfill the Scope

Passport Health Plan has ongoing quality improvement activities to fulfill the scope of the QI Program. While a summary of major activities is listed below, the full detail including time frames for completion, responsible parties, and planned monitoring and evaluation is included in the QI Work Plan. Passport Health Plan QI activities include, but are not limited to:

- Assessment of patient safety via:
 - Sentinel events and member complaints related to quality of care
 - Annual member safety plan
 - Harmful medication monitoring
 - Accessibility to high quality healthcare providers
 - Provider adherence to documentation standards
 - Medical Directors assistance with clinical decision-making
- Assessment of member satisfaction via:
 - Annual satisfaction survey
 - Member complaint and appeal reports
 - Average speed of answer and abandonment reports for member services areas
- Assessment of practitioner satisfaction via:
 - Annual practitioner satisfaction survey
 - Provider/practitioner complaint reports
 - Accuracy and timeliness of claims processing reports
 - Average speed of answer and abandonment reports for provider services areas
 - Provider/practitioner appeal trends
- Assessment of continuity and coordination of care via:
 - Case Management
 - Disease Management
 - Behavioral Health programs
 - Medical record review
 - Investigation of member complaints
 - Oversight of internal policy implementation regarding practitioner terminations
- Assessment of practitioner access and availability via:
 - Provider site visits
 - Provider/practitioner access and availability reports
 - Member complaints regarding access
 - Member utilization reports
 - Member satisfaction survey
- Delegation oversight

- Pre-contractual evaluations
- Annual oversight visits and evaluations
- Quarterly report reviews and evaluations
- National Accreditation/certificate monitoring
- Credentialing and recredentialing of practitioners and providers
 - Sanction and license monitoring
- Medical management programs and activities:
 - Rapid Response Team
 - EPSDT Program
 - Mommy Steps Program
 - Diabetes Disease Management Program
 - Chronic Respiratory Disease Management Program
 - Congestive Heart Failure Program
 - Cardiovascular Disease Program
 - Phone and mail outreach activities for targeted populations
 - Adoption and promotion of preventive health guidelines
 - Adoption and promotion of clinical practice guidelines
 - Utilization management services
 - Case management services, both medical and behavioral health
 - HEDIS^{®1}
- Ongoing assessment of population, including, but not limited to:
 - All member medical and behavioral health needs and preferences
 - Special needs and preferences
 - Cultural needs and preferences
 - Linguistic needs and preferences
 - Ethnic needs and preferences
 - Racial needs and preferences
 - Needs of relevant subpopulations
- Assessment of QI Program
 - QI Work Plan/Executive Summary
 - Annual QI Evaluation
 - Annual update to the QI Program Description as a result of the QI Evaluation
 - Assessment of Service Initiatives
 - Process analysis of internal departments
- Annual assessment completed by the External Quality Review Organization (EQRO)
 - Healthy Kentuckians health outcomes
 - Annual EQRO audit

¹ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

Program Structure

The Quality Program promotes quality improvement as a strategic component in conjunction with Passport Health Plan's mission to improve the health and quality of life of the members. The Plan relies on a continuous readiness cycle as the basis for quality improvement activities. Utilizing this methodology, Passport ensures that appropriateness of care and services are constantly monitored for best practice and opportunities for improvement. The continuous readiness cycle builds and strengthens processes and interventions while maintaining compliance. The Quality Program design and methodology includes the following tools:

- An annually reviewed program description, including major components, activities and updated annual goals for the overall program. It is designed to meet the overall strategy and objectives of the quality improvement program and the Commonwealth of Kentucky DMS contract.
- An annually revised workplan which outlines deliverables with the associated timeframes to implement and achieve quality improvement outcomes for the year. The workplan includes the quality management and quality improvement activities, resources, designated staff/department responsibilities, level of completion, goals and objective statuses.
- An annual Quality Improvement evaluation by which the organization assesses the effectiveness of the program through the described activities outlined in the workplan and program description. It utilizes data and analytics to address barriers and captures trends for the identification of opportunities. It analyzes the efficacy through remeasurement of identified interventions and applies findings towards goals for the upcoming year.
- Responsibility for the program to the Partnership Council through the review and collaboration of the QMMC members.
- Accountability to the Kentucky Department for Medicaid Services for approval of the annual workplan
- Direction and oversight by the Passport Chief Medical Officer
- Committee and sub-committee collaborative structure to inform decision making and report findings to the QMMC
- Data, analytics and system resources to support the reporting requirements to monitor performance.
- Monitoring tools and resources to provide oversight of delegated Quality Improvement activities
- Processes for the distribution of Member service rights and responsibilities to the membership and provider network

- Processes for which members and providers may provide feedback, grievances or file appeals of Passport’s decisions.

Annual review of the program is completed by department staff for revisions. All revisions are submitted to the appropriate committee for input and approval.

Authority

The UHC Board has final accountability for the quality of care delivered under the product Passport Health Plan. Ongoing oversight of program deliverables has been delegated to the Partnership Council. The Quality Medical Management Committee (QMMC) and Director of Quality have the responsibility for planning, designing, implementing, and coordinating the patient care and clinical quality improvement activities as delegated by the Partnership Council.

Performance accountabilities of the Partnership Council, as delegated by the UHC Board, include, but are not limited to the following:

- Annual review and approval of the QI Program Description, QI Work Plan, and QI Program Evaluation.
- Designation of a QI Committee, QMMC, to design and implement the QI Program.
- Review status of the QI Work Plan twice annually.
- Support the QI Committee in evaluating the effectiveness of QI activities and providing feedback as appropriate.
- Establish direction and strategy for the QI Program.
- Approval of subcommittee recommendations following peer review and credentialing review.

Quality Management Oversight Bodies

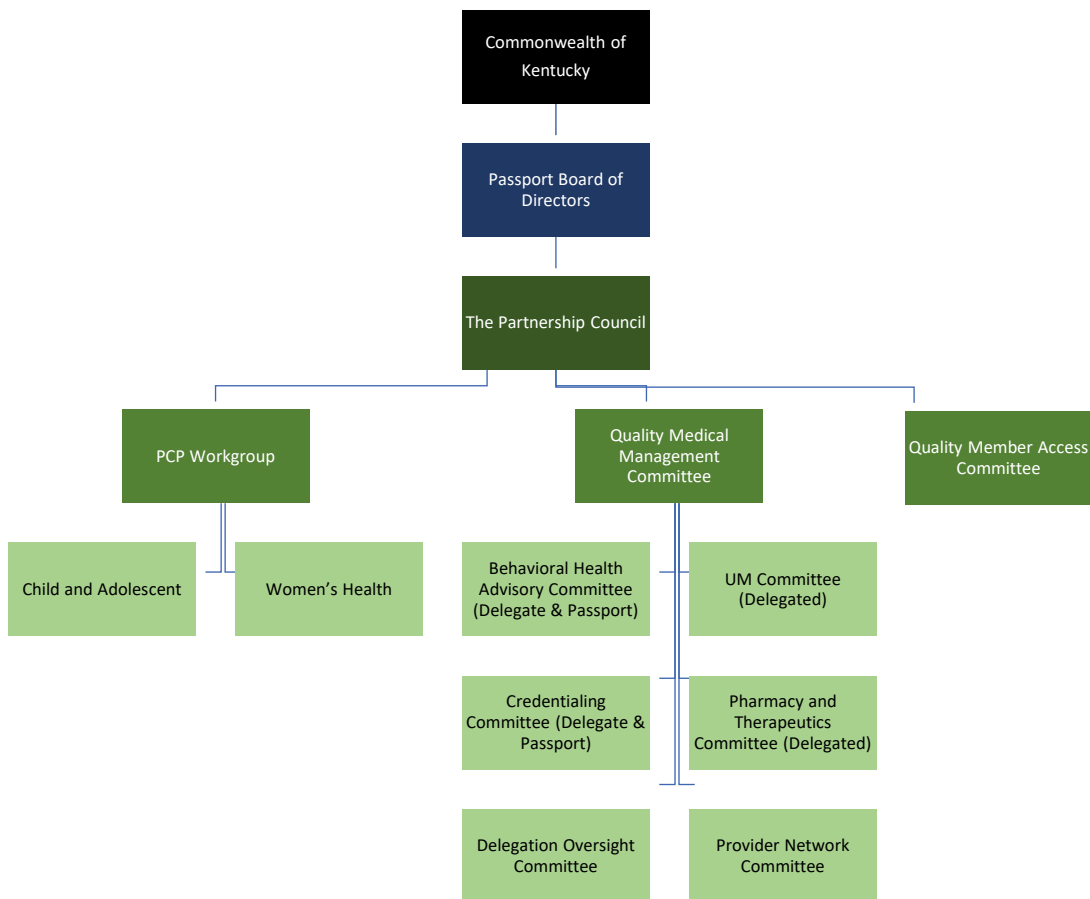
Formal committees, sub-committees, and workgroups advise and guide the Quality Improvement process. Committee and workgroup members work collaboratively to increase understanding at the organizational level to integrate care management, operations, the provider network and member services. This collaboration ensures the Passport mission remains consistent across activities and interventions. The quality department provides administrative support for the coordination of meetings and follow-up activities lending expertise regarding quality improvement standards and activities. The Quality Medical Management Committee (QMMC) provides executive clinical support and review of quality activities. The QMMC members lend expertise and direction to sub-committees and workgroups through reporting and the review of minutes.

Passport Health Plan Committee Structure

The Partnership Council receives and reviews quality management and improvement activities from the following committee structure:

- Quality Medical Management Committee
 - Behavioral Health Advisory Committee
 - Delegation Oversight Committee
 - Credentialing Committee
 - Pharmacy & Therapeutics
 - Medical Policy Review
 - Provider Network Committee
- PCP Workgroup
 - Child and Adolescent Health
 - Women’s Health
- Quality Member Access Committee
 - Member Experience
 - Marketing Materials
 - Member Access

Committee Charters are attached as appendices to the QI Program Description for reference.



Quorum

The committees and sub-committees meet regularly with ad-hoc meetings, as necessary. A quorum of 50% voting members must be present for the committee(s) to conduct business. A majority vote is sufficient to meet committee approval.

Membership Responsibilities

Members are expected to attend all committee meetings or delegate a representative in their place to ensure quorum is met.

Minutes

Minutes are recorded by an assigned attendee at each committee meeting. Minutes include all logistics regarding the meeting, date and time, and any guests, if applicable. Minutes will record discussion, decisions and recommendations from the committee as well as items for follow-up. Committee minutes are reviewed and approved by the members. After approval, committee minutes are provided to governing committees for review.

Quality Medical Management Committee (QMMC)

Purpose

The primary role of the QMMC is to provide oversight and input for quality improvement and accreditation activities throughout the health plan and the provider network...

Responsibilities

- QI Program Description,
- QI Program Evaluation
- QI Workplan
- Clinical Practice Guidelines (CPG) approval
- Under and over utilization findings,
- UM Program Description and Evaluation
- UM criteria,
- Clinical and service audit findings,
- Policies and procedures that affect member's health care.
- Provider education and interventions, health education programs, development of new and revision of existing programs.
- Member and provider surveys and interventions to improve scores.
- Clinical program descriptions and evaluations.
- EQRO focused study, audit, or findings.
- Performance Improvement Program oversight

Voting Membership

5-10 participating providers (medical and behavioral) including specialists appointed or elected on an annual basis

Membership (Staff)

- Medical Director(s)
- Operations Executive
- QI Director and/or Manager(s)
- UM Director and/or Manager(s)
- Clinical Operations Director and/or Manager(s)
- Compliance Manager
- Member Services Director and/or Manager(s)
- Pharmacy Director
- Provider Network Director and/or Manager(s)

Meeting Frequency and Documentation

The QMMC meets quarterly. Minutes are recorded and prepared by support staff. The minutes are approved on a quarterly basis and stored electronically on a secure server.

Behavioral Health Advisory Workgroup

Purpose

The Behavioral Health committee provides feedback and recommendations related to behavioral health care and pharmacy in collaboration with the behavioral health delegate.

Responsibilities

- Formulary decisions
- BH Clinical Guidelines
- BH performance standards
- BH workplan and program activities
- Provide recommendations to QMMC for BH activities
- BH Performance Improvement Projects
- Oversight of delegated BH activities

Membership

Voting Members

- Participating providers (psychiatrists and psychologists)
- Psychiatrist with children and adolescent specialty
- Member advocate
- Pharmacist
- Community Mental Health Care Facility representatives
- Community advocates

Support Staff

- Chief Medical Officer
- Director of BH
- Director of Pharmacy
- Pharmacy (PBM) Advisor
- Director, Beacon Health Strategies
- Provider Network Representative (BH focused)

Meeting Frequency and Documentation

The committee meets quarterly. Minutes are recorded and prepared by support staff. The minutes are approved on a quarterly basis and stored electronically on a secure server.

Credentialing Committee

Purpose

The credentialing committee administers credentialing/re-credentialing policies, procedures, trends, and issues regarding health plan participation in collaboration with the credentialing delegates.

Responsibilities

- Reviews credentials of practitioners and organizational providers who do not meet the standard credentialing and re-credentialing certification process
- Peer Review of quality of care concerns and sentinel events.

Membership

Voting Members

- 5-10 participating providers of specialties representative of practitioners being credentialed/recredentialed. Ad hoc members should there not be a specialist on the roster with the expertise to determine appropriate action for peer review cases.

Support Staff

- Chief Medical Officer
- Medical Directors
- Provider Credentialing Management and support staff

Meeting Frequency and Documentation

The Credentialing Committee meets monthly. Minutes are recorded and prepared by support staff. The minutes are approved monthly and stored electronically on a secure server. Minutes from the Credentialing Committee are confidential and protected due to the non-discoverable nature of documentation of conversations and actions taken by the committee members.

Delegation Oversight Committee (DOC)

Purpose

The Delegation Oversight committee is tasked with oversight of all delegated entities and monitoring compliance of contract requirements and reporting.

Responsibilities

- Review each delegates report of their SLAs
- Performance reports
- Review QI/UM reports (if applicable)
- Review annual delegation audit to ensure compliance with all Federal, State, DMS, and contract requirements.
- Review of Pre-delegation assessments prior to effective date of new delegation contracts

Membership

- Delegation Oversight Manager
- IT Manager
- Provider Network Director
- Internal Audit Director
- Compliance Director/Coordinator
- Provider Representatives for each vendor

Meeting Frequency and Documentation

The committee meets quarterly. Minutes are recorded and prepared by support staff. The minutes are approved on a quarterly basis and stored electronically on a secure server.

Pharmacy & Therapeutics (P&T) Advisory Committee (delegated to Evolent Health)

Purpose

The P&T Committee is charged with the review, evaluation, and delivery of recommendations related to utilization (under and over) of drugs; additions and deletions to the formulary; and, monitoring and review of pharmacy programs and program results. The committee is also tasked with the review of medical policies related to pharmacy utilization.

Responsibilities

- Pharmacy policies and procedures
- Operating metrics
- Complaints and grievances
- Clinical program descriptions
- Analysis and evaluation of data
- Recommend opportunities for improvement

Membership

Voting Members:

- Medical Director,
- the membership includes 5-10 pharmacists and physicians and a consumer advocate.

Support Staff:

- Pharmacy Operations Executive with four members of Pharmacy management staff. The members of the Committee represent each of the respective areas of Pharmacy
 - Operations,
 - Clinical operations
 - Population health
 - Passport operations and Compliance.

Meeting Frequency and Documentation

The committee meets quarterly. Minutes are recorded and prepared by support staff. The minutes are approved on a quarterly basis and stored electronically on a secure server.

Provider Network Management Committee (PNM)

Purpose

To monitor the availability, accessibility, and effectiveness of the provider network. To identify the linguistic and cultural makeup of the network to ensure it meets the needs of

the membership. To provide education and data to the provider network to increase the quality of care and service delivered to the members.

Responsibilities

- Policy and procedure review
- Analysis of provider performance, accessibility and availability
- Communicate health plan information to the provider network
- Ensure provider data is accessible to the membership via the directory

Membership

- Provider Network Director
- Provider Network staff
- Enrollment Director
- Enrollment staff
- Population Health Management Director
- Population Health Management staff.

Meeting Frequency and Documentation

The committee meets quarterly. Minutes are recorded and prepared by support staff. The minutes are approved on a quarterly basis and stored electronically on a secure server.

Utilization Management Committee (delegated to Evolent Health)

Purpose

The UM Committee provides medical and behavioral health expertise with regard to medical necessity criteria selection and approval.

Responsibilities

- Review and evaluate utilization data sets and other information, such as member demographics, costs, and recommend actions
- Review and approve studies, standards, clinical guidelines, and trends in utilization patterns
- Review and recommend approval, revision, or denial of medical review criteria
- Identify opportunities to improve the care and services provided to members, and recommend solutions to the Regional CMO
- Assist in developing action plans: review and approve action plans submitted to the committee from other sources and review action plan progress reports
- Review and approve the utilization management program description, work plan and annual evaluation
- Provide oversight of inter-rater reliability review process and opportunities for improvement
- Monitor quality of care or service and member safety issues
- Make process and quality improvement recommendations to the Regional CMO, and request follow-up by the Credentialing and Performance Committee (CPC), if appropriate
- Review utilization issues (cases) requested by the Regional CMO

- Recommend policies for development; review and approve, deny, or recommend revisions to policies related to the utilization management program and quality management or utilization management activities
- Review quarterly utilization reports from delegated entities and make recommendations for improvement
- Review delegation oversight reports and approve corrective action plans
- Review, evaluate and recommend provider and member educational activities and interventions

Membership

- Chaired by the Regional CMO
- Market Medical Director for Each Client
- Medical Director, Behavioral Health
- Senior Director Clinical Implementation
- Vice President, Utilization Management Operations
- Managing Director, Utilization Management Operations
- Managing Director, Quality and Accreditation
- UM Manager for Each Client
- Compliance Senior Director (or above)
- UM Pharmacist
- Analytics & Reporting
- Scribe

Meeting Frequency and Documentation

The committee meets quarterly. Minutes are recorded and prepared by support staff. The minutes are approved on a quarterly basis and stored electronically on a secure server.

Child and Adolescent Health Committee

Purpose

The Child and Adolescent Committee provides direction, oversight, and management of the care provided to members newborn to age 21

Responsibilities

- Approval of medical and administrative policy, clinical practice guideline, and work plan deliverables.
- Provides guidance for the development of new programs or interventions, EPSDT issues and results including screening, participation, immunizations, and special studies.

Membership

Voting Members:

5-10 participating pediatric providers (medical and behavioral) including specialist and consumer advocates appointed or elected on an annual basis

Support Staff:

- CMO/Medical Director,

- Clinical Operations Director/Manager
- Quality Director/Manager
- Provider Relations staff

Meeting Frequency and Documentation

The committee meets at least annually and on an ad hoc basis. Minutes are recorded and prepared by support staff. The minutes are approved at the following meeting and stored electronically on a secure server.

Women’s Health Committee

Purpose

The Women’s Health Committee provides direction to, and oversight of, the management of the care given to women throughout their life including pregnancy.

Membership

Voting Members:

- Participating OB/GYN’s and other women’s health related specialists
- Consumer advocates
- Educators
- Public Health Officials
- Members of the Community

Support Staff

- Chief Medical Director
- Medical Director, Women’s Health
- Vice President, Clinical Operations
- Representative, QI
- Manager, Maternity Program
- Director, Care Coordination
- Representative, Provider Relations

Meeting Frequency and Documentation

The committee meets quarterly. Minutes are recorded and prepared by support staff. The minutes are approved on a quarterly basis and stored electronically on a secure server.

Quality Member Access Committee (QMAC)

Purpose

The QMAC facilitates the ability for members, consumers, and advocates to provide input regarding access to care and quality of care for the membership

Responsibilities

The Quality Member Access Committee reviews member education materials, recommends outreach programs and community activities offering recommendations for new efforts or for refining existing programs. Reviews and comments on quality access standards, grievance and appeals processes and policy modifications abased on review of aggregate grievance and appeals data and member handbooks; and, provides

reviews and comments on contractor/subcontractor and department policies that affect members.

Membership

Voting Members:

- Members
- Parents of members
- Consumer advocates
- Educators
- Public Health Officials
- Members of the Community

Support Staff

- Marketing/Member Engagement Executive/Manager
- Clinical Operations Director/Manager
- UM Director/Manager
- QI Director/Manager
- Member Services Director/Manager
- Provider Network Director

Meeting Frequency and Documentation

The QMAC is held every other month. Minutes are recorded and prepared by support staff. The minutes are approved on a quarterly basis and stored electronically on a secure server.

Quality Program Resources

Role of Chief Medical Officer

The Chief Medical Officer has been appointed by University Health Care to support the quality improvement committees outlined in this program by providing day-to-day oversight of quality improvement and credentialing activities. The CMO provides leadership and oversight to delegated staff to include, but not limited to, medical directors, clinical and program directors who each participate in and advise the implementation of the QI Program. The CMO reports to the Chief Executive Officer (CEO) of University Health Care and is responsible for:

- Overseeing the implementation of the QI Program as it concerns medical, quality of care and services, safety, and other health related issues;
- Acting continuously to improve the overall effectiveness of the QI Program;
- Assuring resources dedicated to the QI Program are consistent with its goals;
- Overseeing quality, appropriateness, safety, and effectiveness of clinical care and services provided by Passport;
- Overseeing all activities requiring physician involvement;

- Providing final approval or denial of specific healthcare services to any Passport member;
- Overseeing the development and governance of medical policies and benefits relative to necessity, access, availability of service, member and provider utilization, case management and quality care/services; and
- Participating in, or delegating responsibility to other medical directors to participate in all clinical quality improvement committees and review findings.

Role of QI Department

The Chief Medical Officer has been granted approval by the CEO of University Health Care to implement the QI Program. The Managers of Quality Improvement oversee the day-to-day operations of the Quality Improvement Department. Additionally, there are QI staff members who perform the QI Department responsibilities, which include:

- Providing staff support to quality improvement and subcommittees;
- Developing initial drafts of QI program documents for review and approval by the CMO, QMMC, and Partnership Council;
- Developing the QI Work Plan and identifying responsible Passport staff who facilitate QI program implementation;
- Developing the annual QI evaluation with identified areas for improvement and actions implemented;
- Reviewing and evaluating quarterly departmental reports and QI Work Plan updates that support the QI Program;
- Participating in the initial evaluation of potential delegates, reviewing and evaluating delegates' reports, and performing annual on-site reviews of delegates;
- Assisting in data collection for selected components of contractual reporting requirements for accrediting bodies and external review agencies;
- Developing and implementing systematic data collection methodologies;
- Monitoring the QI program to assure compliance with regulatory and accrediting agency requirements;
- Developing Passport Health Plan policies and procedures related to quality improvement;
- Conducting medical record reviews against documentation standards and Continuity and Coordination of Care standards;
- Assessing and promoting patient safety through use of the Annual Member Safety Plan.
- Collaborating with internal resources to conduct satisfaction surveys;
- Designing and implementing clinical and service studies to include appropriate methodologies and sample sizes;
- Performing qualitative and quantitative analysis for QI studies;
- Facilitating NCQA accreditation, HEDIS® reporting, and CAHPS®;

- Reviewing and responding to external quality review organization's recommendations;
- Evaluating improvements to physical health outcomes resulting from behavioral healthcare integration into member's overall care; and
- Facilitating the adoption and promotion of CPGs
- Developing a strategy to address member needs across the continuum of care

Role of Participating Practitioners

Participating practitioners serve on quality committees. Through committee activity, participating practitioners:

- Review, evaluate and make recommendations regarding the QI Program Description, Work Plan and Annual Evaluation;
- Review, evaluate and make recommendations for credentialing and recredentialing decisions;
- In response to identification of quality of care concerns, review individual medical records reflecting adverse occurrences and initiate requests for corrective actions as appropriate;
- Review and evaluate continuity and coordination of care against standards;
- Review, evaluate, and make recommendations for improving satisfaction;
- Review and provide feedback on proposed clinical practice guidelines, preventive health standards and guidelines, clinical protocols, disease management programs, health management programs, HEDIS® and other audit results, new technology, and other clinical issues regarding policies and procedures of Passport Health Plan;
- Review and provide feedback regarding proposed QI study designs; and
- Participate in the development of action plans and interventions to improve the levels of care and service for individual providers and the provider network as a whole.

Designated Medical Directors

Passport Medical Directors oversee activities and provide expertise and leadership, under the direction of the Chief Medical Officer, for the clinical programs including utilization management, credentialing, case management and specialty programs. The medical directors act as delegates for committee chairs across the organization and have the responsibility to report into the QMMC.

Behavioral Health Director

The Passport Behavioral Health Director is a doctoral-level practitioner and provides expertise and leadership, under the direction of the Chief Medical Officer, for the behavioral health

program. The Behavioral Health Director is the chair of the Behavioral Health Advisory Committee with reporting responsibility to the QMMC. The Behavioral Health Director also oversees all delegated activities to the designated managed behavioral health organization to ensure all activities and reporting meet organizational directives; local, state and federal compliance requirements; and accreditation standards.

Data and Analytics Department

The Passport QI program is supported by the Evolent data and analytics department. The team provides analysis of health and financial impact data to support clinical and financial decision-making regarding health care improvements and outcomes. The department provides outcome, utilization, and financial data through numerous sources which address strategic planning and program design.

Provider Network Management

The Provider Network Management (PNM) department supports the quality program through the monitoring of, and communication with, the provider network. Some of the responsibilities of the PNM team are below:

- Provider education about Passport services, programs, policies and benefits
- Provider grievances and appeals
- Provider satisfaction
- Office quality and provider interventions
- Partner with other departments to advocate for improved member outcomes and quality improvement activities
- Evaluate accessibility and availability of the provider network
- Align the cultural and linguistic needs of the member population with the provider network
- Enrollment questions and concerns

Member Services

The Member Services department supports the quality program through interactions with the member population. Some of the responsibilities of the Member Services team are below:

- Member inquiries and grievances
- Monitor member services call center metrics to meet performance goals
- Member satisfaction analysis and interventions
- Member outreach calls
- Inform members of rights and health plan benefits and services

Delegation

Passport has delegated the following activities as defined by NCQA standards for managed care organizations.

Delegate	Delegated/Contracted Activities
Evolent Health	Clinical programs, member services, credentialing/recredentialing, quality improvement, physician directory, utilization management, claims processing Pharmacy benefits manager responsible for network management, credentialing, utilization management, processing of appeals and claims processing for pharmacy services.
Beacon Health Strategies	Behavioral Health benefits manager responsible for network development and management, credentialing, utilization management, processing of appeals and claims processing for behavioral health services.
CVS Caremark	Member access and services for pharmacy information on the website and telephone.

Passport Health Plan believes in a “Partnership” relationship with its delegates and therefore:

- Provides oversight to assure compliance with the CMS, state regulatory standards, and NCQA standards for accreditation.
- Collaborates with vendors to continuously improve health service quality and safety.

Passport Health Plan maintains policies and procedures to ensure delegated provider compliance with health plan standards. Passport Health Plan retains accountability for all delegated functions.

Passport Health Plan assesses delegated compliance with health plan standards through an annual on-site review and quarterly report review via the Delegation Oversight Committee (DOC). The annual on-site review is conducted utilizing Passport Health Plan delegate audit tools. Review of the appropriate policies and procedures, programs, and files may require a corrective action plan. The corrective action process includes follow-up tracking of compliance in accordance with preset time frames. The DOC reports at each Partnership Council meeting regarding oversight of all delegated activities.

Care Management

Population Health

Population Health at Passport provides for the needs of the population across the continuum of care. It incorporates all levels of health, wellness and member needs. Through opportunities identified in the annual population assessment, Passport can decipher the specific characteristics and needs of the population through the evaluations described below:

- Analysis of the impact of relevant social determinants of health for the full member population;
- Assessment of health status and risks through utilization data broken out into sub-populations of birth to 18 (child and adolescent), 18-64 (adult), and 65 and over (senior);
- Assessment of the needs of members with disabilities; and
- Assessment of the needs of members with severe mental illness (SMI).

The analysis of the population data determines if changes are necessary to the care management programs or resources. Assessments of population data assists Passport with activities to support practitioners and providers with value-based care, coordinate across member programs, and provide education to members regarding availability of programs and services.

Behavioral Health

Integration of behavioral health aspects into the quality program are done through the review of regular reporting of behavioral health metrics, minutes of activities from the Behavioral Health Advisory Committee, and regular oversight of the behavioral health delegate. All activities and leadership are performed by the behavioral health medical director.

Additionally, a behavioral health practitioner serves as a member of the QMMC and provides insight into opportunities for improvement, actions and corrective action as it may apply to the quality program. Continuity and coordination of care between the medical and behavioral health practitioner network and facilities is done through a collaboration between Passport and the behavioral health delegate. Annual analysis is complete on identified metrics to monitor for improvement.

Patient Safety

A primary goal of the quality program is to provide members appropriate and safely delivered care. Simultaneously, Passport provides feedback to practitioners and providers (e.g. hospitals, home health, behavioral health treatment facilities, surgical centers) in efforts to monitor and reduce the likelihood of medical errors. Passport achieves this goal through on-going member, practitioner, provider and employee education and activities. Some activities that improve patient safety are listed below:

- Monitoring Sentinel events and member complaints related to clinical quality of care issues
- Annual member and provider safety plan for prevention and detection of unsafe practices
- Prescription drug medical review and reconciliation through the prior authorization process.
- Collection and trending of adverse prescribing events.
- Provider audits to validate adherence to documentation standards and guidelines
- Medical Directors' assistance with clinical decision-making through utilization management and the sentinel and quality of care concern process.
- Monitor potential safety and environmental hazards within the provider offices

Quality of Care Concerns

The Passport quality review process ensures that issues involving clinical quality of care, safety and environmental concerns are investigated and addressed. It is the responsibility of Passport employees who perceive a potential quality, risk management, or safety issue to refer the issue to the Quality and Patient Safety Department. Referrals may originate in any Passport department. The referring department staff documents the issue and forwards to the designated employee for investigation.

The Quality Review Process includes:

- Reviews of the medical record documentation, and any other pertinent documentation for potential quality of care concerns performed by the Quality Improvement Nurse.
- Reviews of the case information with the appropriate Medical Director by the Quality Improvement Nurse with the Medical Director conducting their review of the case.
- Determination if the case can be closed with an outcome code or if the case needs to be referred for further review once the case is reviewed by the Medical Director and the Quality Improvement Nurse.
- Referral of the case to Passport's QMMC or other appropriate committee for further review. It may also be referred to a vendor for additional review by an appropriate physician.

Regular reporting of patient safety issues may include:

- Review of providers for tracking and trending purposes on a quarterly basis, or as needed. The Credentialing Department is notified of any trends.
 - Indicators used to identify potential quality, risk management, and safety issues are specific to Passport and are approved by the QMMC.
- Notification to the Partnership Council indicating the decision and course of action rendered by the Credentialing Committee
- Presentation of a summary report of the sentinel/adverse events and member concerns to the QMMC annually.
- Presentation of specific case information and case updates to the QMMC as needed.
- Notification by Passport to the appropriate regulatory board or agency if a provider's contract is terminated, suspended or limited due to quality of care issues
- Development and implementation of corrective action plans as necessary
- Providing Fair Hearing rights to practitioners

Peer Review Process

Passport utilizes a strict peer review process when monitoring and assessing the potential quality of care or quality of service issues. Peer review is conducted by the Credentialing Committee to provide collaboration with the credentialing/recredentialing processes. This collaboration ensures appropriate tracking and trending of practitioner/provider concerns. The process for peer review/appeal documents the criteria and remedies available to the committee upon conclusion of the review. Such remedies include, but are not limited to, development of time bound corrective action plans; evidence of education; counseling; policy and procedure creation and implementation; monitoring of metrics; and, limitation, suspension or termination of the contract with Passport.

Peer review focuses on the identified quality issue, however, could extend to further review if trend data suggests prior concerns which meet established thresholds. In such cases, the process may use utilization data, medical necessity, cost, medical record review, provider credentials and previous quality concerns. Peer review engages necessary departments such as Clinical Operations, Provider Network Management, Member Services, Utilization Management, and Compliance to provide pertinent information. The peer review process may enlist external consultants of the same or similar specialty should that specialty not exist on the peer review committee.

The peer review process is governed by applicable local, state and federal laws and contains confidentiality and immunity provisions for the committee members. All documentation is non-discoverable and maintained in a safe, confidential location.

Annual QI Program Evaluation

The QI Program evaluation is an annual assessment of the effectiveness of the QI Program which allows Passport to determine how well it has utilized its resources to improve the quality of care, service, and cultural and linguistic appropriate services provided to Passport's membership. When the program has not met its goals, barriers to improvement are identified and appropriate changes are integrated into the subsequent annual QI Work Plan. Feedback and recommendations from various committees are also integrated into the evaluation as well as the annual external review results conducted by the EQRO on behalf of the DMS, accreditation status, and annual reevaluation results. The final document is presented to the Quality Medical Management Committee, the Partnership Council, and the UHC Board for review and approval.

Annual Review and Update of QI Work Plan

Based on the results of the annual QI Program Evaluation and with input from all Passport Health Plan Departments, an annual QI Work Plan addressing planned and ongoing quality initiatives is developed. The QI Work Plan includes objectives, goals, scope, identified barriers, and planned activities that address the quality and safety of clinical care, quality of services, Culturally and Linguistically Appropriate Services (CLAS), and reduction of health care disparities for the year. Planned monitoring of issues previously identified by internal and external customers is integrated, including tracking of issues over time and the planned evaluation of the QI Program. Also included are persons responsible for each activity and the time frame for achieving each activity. As a recommendation of the EQRO, quantifiable goals, a timeline for implementation of activities and achievement of goals, and an annual "Executive Summary" of the Work Plan highlighting key milestones, as well as the dates that the milestones were achieved, is completed annually are incorporated into the QI Work Plan. The final document is presented to the Quality Medical Management Committee, the Partnership Council, and the UHC Board for review and approval.

Performance Improvement Projects (Focused Studies)

Passport conducts Performance Improvement Projects (PIPs) in accordance with the Commonwealth of Kentucky DMS requirements. The purpose of the studies is to apply quality improvement processes to an identified area of focus to improve performance and service. PIP topics are selected through identified areas of importance or weakness by the plan or regulators. Review and analysis of clinical, survey, financial, demographic, and/or encounter data as it applies to the quality of care; utilization of services; or, quality of service to members, providers, or the population are examined prior to the design and implementation of PIP activities. PIPs span a course of three years in which interventions are applied to identified quality issues and remeasured for effectiveness. Regular submissions to the DMS ensure activities are monitored and meet ongoing state requirements.

The 2020 PIP is focused on reducing avoidable ED and hospitalizations for members with diabetes, asthma, COPD and heart disease. The interdepartmental team is comprised of stakeholders from Quality, Clinical Operations, Population Health, Provider Network Management and Integrated Care. As a team, interventions are identified to address both clinical and social barriers which may drive member utilization of the ED and the hospital setting over lower, more appropriate levels of care. The 2020 interim submission will report out on the impact of our transition program on this PIP population. Interventions for the 2020 year will include use of KHEI and provider partners to identify opportunities to reengage in the primary care setting.

Confidentiality/Conflict of Interest

Documents related to the investigation and resolution of specific occurrences involving complaints or quality of care issues are maintained in a confidential and secure manner. All Passport Health Plan employees, as well as members of the Quality Improvement Committees and associated committees, are required to sign a confidentiality statement. Any documents related to system improvement activities, which need to be reviewed by individuals, as part of the QI process, do not contain member or provider specific information. In whole, confidentiality is maintained in accordance with HIPAA requirements.

No person may participate in the review, evaluation, or final disposition of any case in which he/she has been professionally involved or where judgment may be compromised. Conflict of interest is addressed at the time of signature regarding the confidentiality agreement.

Risk Management

The purpose of the risk management component of the QI Program is to prevent or reduce risk due to adverse patient occurrences associated with care or service. The risk management function involves identifying potential areas of risk, analyzing the causes, and designing interventions to prevent or reduce risk. This risk management function is

integrally linked to Quality Improvement. Risk management activities are coordinated among all departments, including but not limited to:

- Clinical Programs
- Behavioral Health
- Reimbursement and Claims
- Provider Network
- Compliance

Acknowledgment and Approval

Approvals:

Steve Houghland, MD, Chief Medical Officer Date

Ramona Johnson, Chair, Partnership Council Date

Scott Bowers, Chief Executive Officer, Passport Health Plan Date