

Neighborhood Health Plan of Rhode Island Quality Improvement Program Description 2009

QI 1A.1

Submitted to the Clinical Affairs Committee by the Department of Evaluation and Improvement on May 14, 2009

Approved by Neighborhood's Clinical Affairs Committee:

Supersedes: 12/95, 11/96, 10/97, 5/98, 12/98, 3/99, 4/00, 3/01, 4/02, 4/03, 5/04, 6/05, 7/06, 3/07, 5/08, 5/09

Approved by Neighborhood's Board of Directors:

Supersedes: 9/96, 4/97, 3/99, 3/28, 4/01, 4/02, 4/03, 4/04, 8/06, 7/08, 5/09

Table of Contents

I.	Introduction	3
II.	Scope and Philosophy of the Quality Improvement Program	3
III.	Methodology	4
IV.	Program Goals and Objectives	5
V.	Program Structure and Leadership	5
	Board of Directors	5
	Clinical Affairs Committee	5
	Chief Medical Officer	6
	Associate Medical Directors	6
VI.	Quality Improvement Program Support-Committees	7
	Operations and Service Improvement Committee	7
	Clinical Management Committee	8
	Pharmacy and Therapeutics Committee	8
VII.	Oversight of Behavioral Health Quality Improvement Activities	9
VIII.	Quality Improvement Program Staffing and Resources	9
	Case Management and Clinical Programs Staff	9
	Evaluations and Improvement Staff	10
	Utilization and Clinical Medical Policy Staff	10
	Credentialing Staff	10
	Provider Services Staff	10
	Customer Service Staff	10
	Pharmacy Staff	11
	Additional Quality Improvement Program Staff and Resources	11
IX.	Advisory Groups / Committees	11
	Member Satisfaction Workgroup	11
	Member Advisory Committees	12
	Member Focus Groups	12
	Provider Satisfaction Workgroup	12
X.	Role of Participating Practitioners	13
XI.	Quality Improvement Activities	13
XII.	Delegation	16
XIII.	Confidentiality and Conflict of Interest	17

I. Introduction

Neighborhood Health Plan of Rhode Island's (Neighborhood) Quality Improvement (QI) Program strives to ensure that members have access to high quality health care services that are safe, effective, and responsive to their needs, resulting in positive health outcomes. The purpose of the Quality Improvement Program Description is to detail the scope, goals, and objectives of the program; to demonstrate how improvement activities are operationalized within the organization; to describe the methodology used within the program; to outline the structure and functions of the committees and subcommittees that support the program; and to delineate the oversight and guidance provided to the program by Neighborhood's Senior Management Team and the Neighborhood Board of Directors. Annually, the Quality Improvement Program Description is approved by the Neighborhood Board of Directors.

II. Scope and Philosophy of the Quality Improvement Program

Within the scope of its Quality Improvement Program, Neighborhood monitors and evaluates the important aspects of care and service rendered to members, with particular emphasis and focus on accessibility to care, availability of services, member satisfaction, and health outcomes as captured through routine health plan reporting, annual HEDIS[®] and CAHPS[®] results, assessment of provider and member satisfaction, accessibility and availability standards, utilization trends, and specially designed quality improvement studies. Neighborhood assesses its performance against identified goals and objectives that are evidence-based and align with both local and national industry standards. Neighborhood's Quality Improvement Program is applicable to Neighborhood's Medicaid enrollees in the RItE Care, Extended Family Planning (EFP), Children with Special Healthcare Needs (CSN), Rhody Health Partners (RHP) and Substitute Care (SUB) lines of business, as well as the Medicaid and Medicare dual eligible BlueCHIP for Optima program.

Neighborhood's Quality Improvement Program extends to all departments within the organization, at all levels, in the recognition that teamwork and collaboration are essential for quality improvement. Department directors are responsible to develop and oversee quality improvement activities aimed at optimal clinical care, service, and organizational efficiency within their own departments as well as coordinate interdepartmental quality improvement activities, as applicable.

As part of its Quality Improvement Program, Neighborhood annually develops a Quality Improvement Work Plan to guide the organization's improvement initiatives for the upcoming calendar year. The Quality Improvement Work Plan lists each planned initiative or ongoing activity with a brief description, the timeframe for completion and the individual responsible to oversee the activity.

To assess the effectiveness of the Quality Improvement Program, Neighborhood produces an annual evaluation which depicts the Plan's measurable performance achievements over the course of the year, with trended data when available. The Quality Improvement Annual Evaluation includes identification of the barriers which made quality improvement difficult to achieve, the interventions recommended to overcome these barriers, and a summary of the overall effectiveness of the program, with consideration given to the adequacy of resources, committee structure, and leadership involvement.

Neighborhood delegates quality improvement activities to Beacon Health Strategies, including the involvement of a designated behavioral health practitioner in program implementation and oversight, and approves the Beacon Quality Improvement Annual Evaluation and Program Description on an annual basis. [QI 1A.2](#), [QI 1A.6](#)

III. Methodology

Neighborhood uses a systematic process across all departments to ensure ongoing improvement in the health plan's clinical and service performance and operational functions and efficiencies. The following are the steps applied to all quality improvement initiatives undertaken by Neighborhood:

Establish Performance Goals and Objectives

Neighborhood identifies key components of clinical care and service for continuous assessment and monitoring. For each aspect of care selected, Neighborhood identifies goals and objectives that are specific, measurable, achievable, relevant, and time-bound (SMART). The performance goals and objectives selected often align with local and national benchmark data, including but not limited to Quality Compass[®] and Medicaid Accreditation benchmarks.

Collect Data

Neighborhood uses member and provider satisfaction surveys, the Customer Service member call logs, claims, utilization and case management data, medical records, accessibility and availability surveys, member and provider focus groups, HEDIS[®] and CAHPS[®] results, and other sources of data to guide and inform the quality improvement activities undertaken.

Data Analysis

Neighborhood conducts comprehensive qualitative and quantitative data analysis to assess performance over time. Causal analysis is conducted, often in collaboration with network providers and / or members, to better understand trends identified in the data.

Identify Opportunities for Improvement and Prioritization of Activities

The Quality Improvement Program's committees, subcommittees, and workgroups are responsible to identify potential quality improvement interventions and prioritize the work and initiatives to be performed. Operational efficiency and the appropriate and reasonable use of the resources within the organization are considered when prioritizing each activity/intervention.

Design Interventions

Neighborhood implements clinical and service improvements reflective of our membership's demographic characteristics, utilization patterns, and clinical / psychosocial needs, as identified through continual assessment of data. The identification of meaningful opportunities for quality improvement requires ongoing review, discussion and collaborative efforts within the organization and external to the organization to improve performance. Interventions targeted toward members and providers are developed with each audience's needs in mind.

Continued Monitoring and Evaluation

To ensure that quality improvement is continuous and the identified goals and/or objectives are being met, each quality improvement activity is reviewed and discussed by the designated committee or subcommittee no less than quarterly. Modifications to the initiatives are implemented as necessary and incorporated into the Quality Improvement Program work plan as the source document for capturing all of the organization's quality improvement initiatives.

IV. Program Goals and Objectives

The overall goal of Neighborhood's Quality Improvement Program is to ensure that members have access to high quality health care services that are safe and responsive to their needs. The objectives of the Quality Improvement Program in support of this goal are to:

- Assure the accessibility / availability of high quality medical and behavioral healthcare
- Deliver health management programs aimed at improving preventive care rates
- Apply the chronic care model to all disease management programs and co-morbid conditions
- Provide support to members with acute health care needs
- Ensure member and provider satisfaction rates
- Monitor and improve coordination of care across settings
- Ensure the safety of members in all health care settings
- Monitor physician adherence to established Clinical Practice Guidelines
- Develop action-oriented member materials and communications to engage members in their care
- Improve HEDIS[®] and CAHPS[®] performance
- Maintain collaborative relationships with network providers and State agencies
- Ensure ongoing operational efficiency in the work performed across the organization

V. Program Structure and Leadership

A. Board of Directors **QI 1A.4**

Neighborhood's Board of Directors (BOD) maintains the ultimate authority and responsibility for the care and service delivered to members. The Board of Directors delegates the authority for oversight of the Quality Improvement Program to the Clinical Affairs Committee. The Board exercises its oversight of the program by annually reviewing and approving the Quality Improvement Program Description, Quality Improvement Work Plan, and Quality Improvement Program Annual Evaluation.

B. Clinical Affairs Committee **QI 1A.7**

The CAC reports to the Board of Directors. The CAC delegates the development of Neighborhood's Quality Improvement Program Description, Annual Evaluation and Work Plan to the Operations and Service Improvement Committee. The Operations and Service Improvement Committee (OSIC) reports to the CAC on a quarterly basis. The OSIC in concert with the Senior Management Team determines the scope and focus of Neighborhood's QI program and is responsible to prioritize activities and allocate resources subsequent to the ongoing assessment and identification of opportunities to improve the Plan's clinical activities, service, and operations.

The Clinical Affairs Committee (CAC) oversees the credentialing and recredentialing processes for practitioners and providers who seek are part of Neighborhood's network. The CAC is responsible for the quality assurance and peer review to address substantiated complaints and concerns about practitioners who fail to adhere to the Plan's established standards of care. The CAC meets monthly and is chaired by a network practitioner. The CAC:

- Is responsible for practitioner appointment and reappointment to the network
- Recommends peer review policies and procedures, including disciplinary action, to the Board of Directors, related to participating provider network membership

- Reviews and offers insight to the organization’s clinical practice and preventive guidelines,
- Reviews practitioner performance monitoring reports and clinical quality of care issues identified by the Quality Assurance Committee
- Reviews and recommends approval of the Quality Improvement Program Description and Quality Improvement Work Plan to the Board of Directors
- Develops policies and provides direction for all activities described in the Quality Improvement Program and Quality Improvement Work Plan, including those QI activities that have been delegated
- Acts in an advisory capacity, upon request by the CMO, to review new health plan business opportunities, advocacy initiatives, or other reporting / discussions which their expertise might benefit
- Provides insight and recommendations to the Pharmacy and Therapeutics, Operations and Service Improvement, and Clinical Management Committees
- Oversees those activities that have been delegated to the health plan’s behavioral health partners, Beacon Health Strategies.
- Maintains written minutes which are approved by the Committee and signed by the Committee Chair

Members of CAC are nominated by the CAC and approved by the Board of Directors for a voluntary term. Committee membership includes primary care and specialty care practitioners from the hospital-based practices, private practices, and community health centers in Neighborhood’s network; a representative from Neighborhood’s Board of Directors who serves as a chairperson; representation from Neighborhood’s behavioral health vendor, namely the Associate Medical Director and Manager of Program Development; Neighborhood’s Chief Medical Officer, Associate Medical Director, Director of Evaluation and Improvement and additional Neighborhood staff as appropriate to present reports and status updates as necessary.

C. Chief Medical Officer [QI 1A.5](#)

The CMO is a Rhode Island licensed board certified physician. Through the authority assigned by the Board of Directors, the Chief Medical Officer guides the direction, delivery, and implementation of Neighborhood’s Quality Improvement Program and oversees the functions, responsibilities, planning, design and implementation of activities undertaken by the QI committees and subcommittees. The CMO is a member of the Operations and Services Improvement and the Clinical Affairs Committees and standing committee member, provides guidance to the Clinical Affairs Committee, Clinical Management Committee, Pharmacy and Therapeutics Committee, and the Operations and Service Improvement Committee. The CMO integrates the quality improvement initiatives undertaken by each of the quality improvement subcommittees for presentation to and approval by the CAC and the Board of Directors.

The CMO is responsible for the delivery of medical and behavioral healthcare services through operational oversight of the Pharmacy, Medical Management, Evaluation & Improvement and Network Performance & Regulation Departments.

D. Associate Medical Director

The Associate Medical Directors (AMD) are Rhode Island licensed board certified physicians. The AMD provide assistance to the CMO in the role of providing clinical guidance to the organization by directing the development of new clinical programs, evaluating new medical technologies, developing criteria for standards of performance to evaluate individual provider compliance with

clinical practice and preventive health guidelines, and providing oversight to physician reviewer and consultant activities and recruitment. The AMD communicates with practitioners regarding features of the Utilization Management, Clinical Programs and Case Management Program and on individual cases as necessary. The AMD chairs the Pharmacy and Therapeutics Committee, the Clinical Management Committee and the Quality Assurance Committee. The AMD oversees the credentialing and recredentialing processes, manages the quality assurance incident reporting process, facilitates practitioner peer review and disciplinary action, and attends the Clinical Affairs Committee.

VI. Quality Improvement Program Support Committees

The quality improvement support committees are the Operations and Service Improvement Committee, Clinical Management Committee and the Pharmacy and Therapeutics Committee. Each of these committees performs quality improvement activities within the scope of their areas of focus and is accountable to the Clinical Affairs Committee through the Chief Medical Officer.

A. Operations and Service Improvement Committee [QI 1A.8](#)

The goal of the Operations and Service Improvement Committee is to provide direction, guidance, and input to the quality improvement activities undertaken and implemented within the organization to monitor and improve the efficiency and operations of Neighborhood's departments and service to members. The Operations and Service Improvement Committee:

- Oversees and recommends approval of the Quality Improvement Program Description and Quality Improvement Work Plan to the Clinical Affairs Committee
- Ensures that Neighborhood's quality improvement philosophy extends to each department's day-to-day operations
- Identifies and recommends quality improvement activities and programs for Neighborhood, on an ongoing basis as well as within the context of the annual work plan
- Ensures practitioner and staff participation in the Quality Improvement Program through planning, design, implementation and/or review
- Identifies opportunities to improve departmental and interdepartmental processes and functions
- Serves as a consultant workgroup for departmental improvement projects
- Addresses opportunities for improvement in the areas of member and provider satisfaction, accessibility of services, and program effectiveness
- Participates in workgroups and subgroups as necessary to address identified opportunities for improvement
- Identifies and monitors departmental metrics developed

The operations and Service Improvement Committee meets monthly, and reports to the Clinical Affairs Committee on a quarterly basis. The Chief Medical Officer provides oversight and direction to each Committee and is responsible to ensure that the Quality Improvement Work Plan and Quality Improvement Annual Evaluation presented to the Clinical Affairs Committee encompasses all clinical, service, and performance improvement activities undertaken by the organization. Committee members include the Chief Medical Officer, the Associate Medical Director, Director of Evaluation and Improvement, Director of Network Performance Regulation, Director of Medical Management, Director of Operations, Accreditation and Performance Improvement Manager, Manager of Utilization and Clinical Medical Policy, Manager of Customer Service, Manager of Provider Services, Manager of Behavioral Health, Manager of Quality and Health Outcomes,

Satisfaction and Membership Analyst, Pharmacy Operations Manager, Quality Assurance Specialist, and the Manager of Clinical Programs, or their designees. The Committee is chaired by the Director of Evaluation and Improvement.

B. Clinical Management Committee [QI 1A.8](#)

Neighborhood's Clinical Management Committee (CMC) provides direction for the supervision and oversight of clinical services. These services include new and changing medical and behavioral health technology, clinical medical policies, utilization management procedures, and the assurance of consistent medical review criteria and actions.

The CMC acts in an advisory capacity to the Chief Medical Officer. The CMC:

- Evaluates the development of new medical technology of pertinence to the plan's members, including technology decisions made by Neighborhood's behavioral health vendor
- Recommends the development of new or modified Clinical Medical Policies and review the Managed Care Appropriateness Protocol (MCAP) annually, used for medical necessity decisions
- Assesses and evaluates reports of under- and over-utilization and reviews the health plan's clinical appeals and denials data to identify trends and implications.
- Reviews and approves Neighborhood's Utilization Management Program Description and Annual Evaluation.
- Assures nurse and physician reviewers' medical review reliability performance
- Analyzes and improves members' and providers' satisfaction with the health plan's utilization management processes and decision-making
- Meets bi-monthly and reports to the Clinical Affairs Committee via the Chief Medical Officer.
- Maintains written minutes which are approved by the Committee and signed by the Committee Chair.

The Committee is chaired by Neighborhood's Associate Medical Director and convenes bi-monthly. Ad-hoc meetings are occasionally convened for the expedited assessment of new medical technology or new uses of medical technology as necessary, i.e. on a case-by-case basis. Committee members include: the Associate Medical Director, the Chief Medical Officer, the Director of Medical Management, the Manager of Utilization and Clinical Medical Policy, the Manager of Hospital Provider Services, the Manager of Accreditation and Performance Improvement, Medical Review Nurses, Claims Quality Audit staff, and three (3) external primary care and specialty care practitioners. External physician reviewers are consulted and/or invited to participate in meetings to provide their expertise on a specific new technology, as needed.

Neighborhood's AMD receives the meeting minutes and related documentation of technology review activities conducted by Neighborhood's behavioral health vendor.

C. Pharmacy and Therapeutics Committee [QI 1A.8](#)

The Pharmacy and Therapeutics Committee (P&T) acts in an advisory capacity to the Chief Medical Officer on the provision of quality pharmaceutical services. The P&T Committee is responsible to regularly review and revise the Neighborhood Formulary. The Committee meets bi-monthly to assess the safety, efficacy, and effectiveness of new medications or therapeutic classes and in this review considers FDA classification, information from peer-reviewed medical literature, and research monographs prepared by expert consultants in clinical pharmacology. As part of the evaluation process associated with each new drug or drug class, the P&T Committee reviews

utilization data to identify trends in drug use. This information is used to help develop and implement specific initiatives to promote appropriate use of drug therapies.

The Pharmacy and Therapeutics Committee, and is responsible to:

- Establish a pharmacy program and formulary that ensures cost-effective drug therapy
- Review and revise the formulary
- Develop pharmacy practice guidelines and performance standards
- Review and approve all quality improvement activities relative to drug utilization activity
- Assess new pharmaceutical technology and summarize activities / recommendations for distribution to the Clinical Management Committee and Clinical Affairs Committee
- Provide feedback, summary reports, and notification of formulary changes to network clinicians
- Maintain written minutes which are approved by the Committee and signed by the Committee Chair

Neighborhood's Associate Medical Director chairs the Committee. Committee members include: primary care, specialty care, and behavioral health clinicians and practice managers from Neighborhood's provider network as appointed by Director of Pharmacy and the Chief Medical Officer, Neighborhood's Pharmacy Operations Manager, the Associate Medical Director, a clinical account manager from Neighborhood's contracted pharmacy benefit manager, and a representative of Neighborhood's Board of Directors.

VII. Oversight of Behavioral Health Quality Improvement Activities

Neighborhood delegates behavioral health quality improvement activities to Beacon Health Strategies, including the involvement of a designated behavioral health practitioner in program implementation and oversight, and approves the Beacon Quality Improvement Annual Evaluation and Program Description on an annual basis.

VIII. Quality Improvement Program Staffing and Resources [QI 1A.10](#)

Each of Neighborhood's departments contributes to the Quality Improvement Program. Through the leadership of the director and Senior Leadership Representative, each department is expected to participate and work collaboratively on the quality improvement activities that are undertaken organization-wide and at the departmental level to improve the clinical care and service delivered to members. Below are some of the highlighted responsibilities of the departments and staff at Neighborhood which support the organization's Quality Improvement Program:

Case Management and Clinical Programs Staff

- Oversee case management for high-risk members including those identified through Neighborhood's disease management programs
- Track clinical program outcomes
- Conduct outreach and care coordination activities for members who have been identified as being at high clinical and social risk in order to ensure quality, and cost-effective member-centered care
- Annually evaluate program activities
- Develop materials and resources with the input of network providers to impart the importance of positive health behaviors to members
- Implement health education programs for individual Neighborhood members, populations, and/or other community needs

- Educate members and work with them toward healthy lifestyle behaviors
- Plan and evaluate health education programs for individual Neighborhood members, populations, and/or other community needs

Evaluation and Improvement Staff

- Continuously monitor the outcomes and results of clinical quality improvement initiatives
- Provide analytical and data support across the Plan to maximize the Plan's ability to make data driven decisions and support day-to-day functions
- Identify and document potential quality of care and member safety issues

Utilization and Clinical Medical Policy Staff

- Conduct pre certification, concurrent, and retrospective analysis of appropriateness of care
- Track and trends key utilization data
- Provide an annual evaluation of the medical management and utilization management activities and to the Clinical Management Committee for the identification of improvement opportunities
- Work with the AMD to identify and develop the organization's Clinical Medical Policies, which detail the medical necessity criteria for coverage of conditional benefits

Credentialing Staff

- Complete office site assessments, with assistance from Medical Management staff as necessary, to ensure the safety and cleanliness of physician practices.
- Maintain and update the provider credentialing database
- Oversee the credentialing and recredentialing processes for practitioners and organizational providers
- Conduct ongoing monitoring and evaluation of network practitioners to assure the safety and quality of services provided to enrolled members.

Provider Services Staff

- Responsible for managing communications and serving as the primary point of contact for network providers
- Field provider inquiries regarding eligibility, coverage, claims, and access to care
- Work to implement collaborative quality improvement activities with network providers
- Monitor availability and accessibility standards at physician offices, including time to appointments and after hours coverage
- Document and track practitioner complaints and act on improvement efforts as necessary and as identified during the annual provider satisfaction survey.

Customer Service Staff

- Field all member inquiries regarding eligibility, benefit coverage, claims, special programs and access to care and interact with appropriate staff as necessary to achieve resolution
- Conduct welcome calls to members for the purpose of educating them about health plan benefits
- Conduct member education and outreach as necessary
- Arrange transportation and interpreter services for members
- Process member complaints and requests for appeals in accordance with established policies and procedures
- Identify potential quality of care and member safety issues for review by Quality Assurance staff

- Participate on the Member Satisfaction Workgroup, which oversees quality improvement efforts aimed at increasing member satisfaction

Pharmacy Staff

- Facilitate review and update of the Formulary by the Pharmacy and Therapeutics Committee
- Conduct oversight of Neighborhood's Pharmacy Benefit Manager to ensure contract compliance
- Inform and notify members, providers, and network pharmacies of medication safety alerts and Formulary updates
- Ensure effective management and maintenance of the Formulary, efficient authorization and processes, and the safety of members

Additional Quality Improvement Program Staff and Resources [QI 1A.10](#)

In addition to the responsibilities of the departmental staff and committees reflected above, the following individuals also participate in the development, implementation, oversight and evaluation of Neighborhood's Quality Improvement Program as indicated in the time allotments below:

Chief Medical Officer (15%)	Chief Operations Officer (15%)
Associate Medical Director (20%)	Director, Medical Management (15%)
Director, Evaluation and Improvement (25%)	Director, Pharmacy (15%)
Director, Information Services (10%)	Director, Operations (15%)
Manager, Quality and Health Outcomes (100%)	Manager, Managed Care Regulation (15%)
Pharmacy Operations Manager (15%)	Manager, Customer Service (2) (25%, 5%)
Manager, Case and Disease Management (35%)	Manager, Primary Care Services (15%)
Manager, Specialty Care Services (15%)	Manager, Hospital Contracting (15%)
Manager, Accreditation & Performance Improvement (75%)	Manager, Behavioral Health (25%)
Health and Wellness Outreach Specialists (2) (100%)	Manager, Clinical Programs (35%)
Medical Management Clinical Business Analyst (25%)	Programmer, Information Services (25%)
Medical Management Project Coordinator (50%)	HEDIS [®] , Information Services Support (25%)
Tobacco Treatment Specialist/Health Educator (100%)	Membership & Satisfaction Analyst (75%)
Quality Assurance Specialist (10%)	Analysis Team Lead (25%)
Analyst I (25%)	HEDIS Specialist (90%)
Performance Improvement Project Lead (50%)	

IX. Advisory Groups / Committees

In addition to assuring appropriate external representation within the quality improvement committees mentioned previously, Neighborhood utilizes the following committees and forums to obtain additional information to guide the organization's quality improvement efforts. Activities and work undertaken by each of the following groups is reported to the Operations and Service Improvement Committee.

A. Member Satisfaction Workgroup

Neighborhood has as its first priority the health, well-being and satisfaction of our enrolled members. In support of this, the Member Satisfaction Workgroup's (MSW) mission is to identify, understand and remove sources of dissatisfaction with health care services for our members.

Workgroup members are responsible to serve as the voice of Neighborhood's members and providers; by sharing and evaluating the experiences, observations, and perspectives of the member and provider communities, Neighborhood is better able to propose actionable interventions to implement actionable quality improvement activities aimed at improving satisfaction with the health plan. Workgroup members coordinate and compile satisfaction-related information identified or generated within their departments / areas of responsibility and present each to MSW. Subsequently, MSW members are responsible to share the recommendations of the workgroup with their departments as well as ensure the implementation of any recommendations pertinent to their areas of responsibility.

The workgroup is led by the Satisfaction and Membership Analyst. In his/her responsibilities as the Member Satisfaction Workgroup chair, the Satisfaction and Membership Analyst prepares quarterly meeting agendas, ensures that reporting standards and schedules are met, oversees the completion of actionable items identified at each workgroup meeting, facilitates meetings, recruits member and provider representation on the committee as necessary, understands and integrates all activities undertaken by Neighborhood to address member and provider satisfaction, and reports semi-annually to the Operations and Service Improvement Committee.

B. Member Advisory Committees

The Substitute Care, Children with Special Health Care Needs (CSN) and RIte Care Advisory Committees offer Neighborhood an avenue for the voice of the member to be heard and to ensure that the organization's initiatives and program materials are member-centric at all times. These advisory groups provide important assistance to Neighborhood in the identification of members' issues and concerns regarding health care at the individual, organizational, and systemic levels. Advisory group members work closely with staff on the creation and implementation of quality improvement initiatives addressing member concerns. These groups have also been instrumental in reviewing, improving and approving the health plan's member materials. Beyond their role within Neighborhood, advisory group members have been invited to speak on behalf of our members at the State and Federal level regarding legislation and budget issues.

Each group is comprised of community advocates and members representing the various constituencies Neighborhood serves. Groups meet on a monthly basis and communicate and document issues and concerns that are within the scope of Neighborhood's operational responsibilities. The group reports to the Member Satisfaction Workgroup.

C. Member Focus Groups

Neighborhood utilizes the focus group forum as a technique to connect with enrolled members when planning, marketing, or developing a new program, material or general idea. Member focus groups allow Neighborhood the opportunity to collect members opinions, better understand members' beliefs and attitudes about important issues, confirm assumptions, generate enthusiasm and member engagement, and in general, to learn more about our membership. Focus group topics are identified by Neighborhood's staff and meeting agendas are overseen the Marketing and External Affairs Department. A trained facilitator leads each focus group discussion and a summarized report is made available to Member Satisfaction Workgroup subsequent to each meeting and focus group results are reported to the Member Satisfaction Workgroup.

D. Provider Satisfaction Work Group

Neighborhood has as one of its priorities the satisfaction of its provider network. In support of this, the Provider Satisfaction Workgroup's (PSW) mission is to identify, understand and remove sources

of dissatisfaction with health plan services for our providers in the spirit of quality improvement. Review of all provider satisfaction-related information by a central committee comprised of key Neighborhood departmental representatives allows for the identification of pervasive causes of provider dissatisfaction and the assurance that appropriate interventions take place to address these problem areas. The PSW consists of internal staff from the following departments: Claims, Provider Services, Pharmacy, Customer Service, Behavioral Health, Medical Management, Evaluation and Improvement, and Marketing and External Affairs, as well as members of Senior Leadership.

PSW meets quarterly and reviews results of various provider satisfaction surveys and provider complaint data. PSW members are responsible to share the recommendations of the workgroup with their departments as well as ensure the implementation of any recommendations pertinent to their areas of responsibility.

The workgroup is led by the Satisfaction and Membership Analyst. In his/her responsibilities as the Provider Satisfaction Workgroup chair, the Satisfaction and Membership Analyst prepares quarterly meeting agendas, ensures that reporting standards and schedules are met, oversees the completion of actionable items identified at each workgroup meeting, facilitates meetings, and reports annually to the Operations and Service Improvement Committee.

X. Role of Participating Practitioners

The expertise and input of participating practitioners at each of Neighborhood's Community Health Centers, private primary care practices, hospital-based primary care practices, specialty care practices and hospitals are critical to the development, delivery, and success of Neighborhood's Quality Improvement Program. As part of their commitment and contribution to the Quality Improvement Program, Neighborhood's contracted practitioners, hospitals, and provider sites:

- Commit to abide by the policies and procedures of Neighborhood
- Demonstrate active involvement and participation in Neighborhood's disease and preventive health management programs
- Review and adhere to Neighborhood's Clinical Practice Guidelines, preventive health guidelines, and Clinical Medical Policies and offer recommendations for improvement based on community standards
- Participate on various standing and ad-hoc quality improvement committees
- Participate and cooperate with medical chart review activities, quality assurance policies and procedures, and audits
- Work with Neighborhood's Case Managers, Customer Service Staff, and Provider Services staff to ensure optimal delivery of care and service to members through communication
- Partner with Neighborhood in quality improvement collaboratives organized at the state-level

XI. Quality Improvement Activities

Clinical Quality Performance Indicators: HEDIS®

The purpose of HEDIS is to ensure that health plans collect and report quality, cost and utilization data in a consistent way so that purchasers can compare performance across health plans. Neighborhood uses the annual HEDIS measures to provide network providers with a standardized

assessment of their performance in key areas in comparison to plan-wide findings and national benchmarks. Neighborhood conducts analysis of HEDIS results by race, primary care provider type, and line of business to better understand clinical outcome patterns and identify areas of improvement. Neighborhood shares and discusses site-specific HEDIS results with high-volume primary care provider sites to encourage collaboration to better improve members' clinical outcomes and improve HEDIS performance annually.

Member Satisfaction: CAHPS[®] and Visit-Based Member Satisfaction Surveys

Surveying member satisfaction provides Neighborhood with information on our members' experience with the plan and their practitioner and helps to prioritize the improvement initiatives that are most meaningful to members. Neighborhood uses the results from CAHPS[®] to identify areas of member dissatisfaction and opportunities for improvement. CAHPS[®] survey results are supplemented with ongoing and extensive review of member complaints and appeals, as well as the annual Visit-Based Member Satisfaction (VBMS) Survey. Activities to address member satisfaction are overseen by the Member Satisfaction Workgroup.

Provider Satisfaction

Neighborhood conducts an annual Provider Satisfaction survey to measure provider satisfaction with Neighborhood's administrative and clinical processes. Neighborhood annually sends two separate surveys to physicians and office managers to better assess the needs of our external customers. These surveys assess respondents' satisfaction with functional areas within Neighborhood and the Neighborhood network, as well as overall satisfaction and health plan loyalty. The information obtained is used to develop quality improvement initiatives across the organization to increase providers' satisfaction with Neighborhood and to ensure high quality care for Neighborhood members.

Clinical Practice Guideline Development

Neighborhood's Medical Management Department develops clinical practice guidelines to ensure the delivery of age-appropriate, evidence-based care to enrolled members. Clinical practice guidelines are developed by the health plan, and also in coordination with Neighborhood's behavioral health vendor. Neighborhood annually assesses practitioner adherence to the guidelines to identify opportunities for performance improvement. The guidelines complement and reinforce the established medical philosophy and benefit coverage offered by the plan. Clinical Practice Guidelines are updated no less than every two (2) years and are accessible to network practitioners via the Neighborhood website.

Disease Management Programs

Disease management is a multi-disciplinary, continuum-based approach to health care delivery that focuses on the identification of populations with, or at risk for, established medical conditions. Neighborhood's disease management programs strive to: support the relationship between practitioners and their patients and reinforce the established plan of care; emphasize the prevention of exacerbations and complications utilizing cost-effective evidence-based practice guidelines and patient empowerment strategies such as self-management and patient education and outreach; and continuously evaluate clinical, humanistic, and economic outcomes with the goal of improving overall health.

Health and Wellness Programs

Neighborhood's Health & Wellness and Clinical Programs staff work collaboratively with community partners including, but not limited to Neighborhood's provider network, the

Department of Health, and the Rhode Island Health Center Association, to identify health program and project opportunities that align with the health needs of our members and the community. Programs are planned, implemented and monitored with the goal of achieving positive health outcomes for members and focus largely on preventive health, health promotion, disease management, and patient safety. Program implementation requires the development of member and provider educational materials and ongoing interaction and outreach to members. Neighborhood's current health programs include: asthma, diabetes, smoking cessation, high-risk pregnancy and obesity.

Peer Review Activity

Peer review is conducted according to the Rhode Island Board of Medical Licensure and Discipline Regulations. The CMO manages the peer review process and its delivery at the Clinical Affairs Committee. Cases requiring peer review are identified through member or provider complaints, and from any other source. The CMO may perform peer review directly, or arrange for review by an appropriate physician or committee of physicians, in accordance with Neighborhood's Policies and Procedures. Remedial and disciplinary action shall be implemented in a timely manner in accordance with the plan's Professional Review Action policies and procedures.

Actions to Address Quality of Care Complaints

All complaints or issues received from members, providers, Neighborhood staff, state agencies, and other entities relative to the quality of care or services rendered to members are forwarded directly to the Quality Assurance Specialist who coordinates the investigation and review by the Quality Assurance Committee (QAC). Complaints deemed to be issues of quality of care by the QAC are reported to the CAC on a regular basis. Findings of simultaneously, member concerns specific to access for urgent or current conditions or illnesses are routed to a clinician in Neighborhood's Medical Management Department. The clinician is accountable for timely assessment and resolution. The CMO performs an objective review of all quality of care complaints and issues in accordance with Neighborhood's established policies and procedures.

Activities to Improve Patient Safety [QI 1A.3](#)

The following activities are undertaken as a demonstration of Neighborhood's commitment to improve clinical practices and ensure the safety of its members:

- Review of complaints and determination of Quality of Care impact
- Notification to patients and providers of medications recalled by the FDA
- Notification to the Quality Assurance Specialist of any potential quality or safety cases (e.g., re- admissions within thirty (30) days when a premature discharge is a question, significant provider errors including pharmaceutical errors, unexpected deaths, missed diagnoses or treatments, missed follow-up, or insufficient discharge planning)
- Medical record keeping documentation guidelines to ensure consistent communication
- Comprehensive site assessments during the credentialing process to ensure that patient care sites meet Neighborhood's standards for safety and cleanliness
- Care coordination discharge surveys conducted by the Medical Management Department to ensure continuous care and positive clinical outcomes for members
- Care Coordination High Risk outreach programs for ER, readmissions, and poly-pharmacy
- Committee review and consideration of new technology, new uses of existing technology, and new pharmaceuticals to ensure the safety, efficacy, and effectiveness of each

- Targeted and general member educational outreach (Member Newsletters or telephonic outreach).

Neighborhood's annual work plan encompasses additional patient safety activities planned for each upcoming year.

Annual Evaluation and Work Plan Development **QI 1A.9**

Annually, Neighborhood conducts an annual evaluation of its Quality Improvement Program, inclusive of the activities undertaken and monitored by Neighborhood's QI committees and subcommittees. Neighborhood uses the annual evaluation as an opportunity to make program revisions and identify work plan objectives and activities for the upcoming year. Annually, all contributors and the Chief Medical Officer review the draft of the annual Quality Improvement Program Annual Evaluation and Program Description. The Chief Medical Officer presents the Annual Evaluation, Program Description, and resulting Work Plan to the Clinical Affairs Committee for recommendations, and to the Board of Directors for final review and approval.

XII. Delegation

Contractual agreements between Neighborhood and any delegated group, agency, or organization specify the responsibilities of both parties; the functions or activities that are delegated; the frequency of reporting on those responsibilities and functions to Neighborhood; the process by which performance is evaluated; corrective action plan expectations, when identified as necessary; and lastly, termination for cause language in the event expectations are not fulfilled. Responsibility for the oversight of delegated activities lies with designated Neighborhood Account Managers. Delegates are monitored according to a regular reporting schedule overseen by the responsible Account Managers. Additionally, Neighborhood's committees assist in the oversight process, as indicated:

- Monthly, Neighborhood's Clinical Affairs Committee (CAC) reviews and approves practitioners credentialed and recredentialed by delegates. Neighborhood retains the ultimate authority to approve, terminate, or suspend individual practitioners or providers when warranted.
- Annually, Neighborhood's Clinical Management Committee reviews and recommends modifications to each delegate's Utilization Management Program Description, Annual Evaluation, and Work Plan. Semi-annually, the Committee reviews a summary of delegated utilization management activities detailing high level performance and opportunities identified for improvement, as presented to the designated Account Manager quarterly.
- Annually, the delegate's Quality Improvement Program Description, Annual Evaluation, and Work Plan is presented for approval by the Clinical Affairs Committee.
- Quarterly, the OSIC reviews a summary of delegated quality improvement activities, detailing high level performance and opportunities identified for improvement, as presented to the designated Account Manager quarterly.

In the event that oversight activities reveal opportunities for improvement, Neighborhood's responsible Account Manager works with the delegate to develop a corrective action plan and monitors the delegate's activities to fulfill the corrective expectations.

XII. Confidentiality and Conflict of Interest

Neighborhood's Quality Improvement Program maintains the confidentiality of members and providers as required by federal and state law. Electronic and paper reports, minutes, phone logs, medical records or any other information generated are specifically excluded from release or discoverability except as required by federal, or state laws, licensing authorities or insurers. All information is protected in accordance with current peer review privacy and confidentiality acts and access to member information is granted on a need-to-know basis. All Neighborhood employees are responsible to read and sign a Confidentiality Agreement and Code of Conduct at the start of their employment or assignment with Neighborhood, and thereafter on an annual basis. All internal staff, Physician Reviewers, and Physician Consultants involved in the planning or delivery of a treatment plan do not participate in medical review decisions. Medical review decisions are not made with regard to financial incentives.