

# **Quality Assessment and Performance Improvement (QAPI) Program Description**

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**Medicaid and PeachCare for Kids®**

**Peach State Health Plan – 2017**

# 2017 Medicaid QAPI Program Description

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## Introduction

Peach State Health Plan (Peach State, the Plan) is one of four Care Management Organizations responsible for covering Medicaid, Children's Health Insurance Program (CHIP), and Planning for Healthy Babies Members in the state of Georgia pursuant to its contract with the Department of Community of Health (DCH). Peach State Health Plan (Peach State, the Plan) is committed to the provision of a well-designed and ongoing Quality Assessment and Performance Improvement (QAPI) Program for services furnished to members and to manage the health of the membership, including those with special healthcare needs. The Plan provides for the delivery of quality care with the primary goal of improving the health status of members and, where the member's condition is not amenable to improvement, maintain the member's current health status by implementing measures to prevent any further decline in condition or deterioration of health status. This includes the identification of members at risk of developing conditions, the implementation of appropriate interventions, and designation of adequate resources to support the intervention(s). Peach State's mission to continuously improve and support Member health through a member-centric and integrated system of care is what drives their commitment to the provision of a robust QAPI Program.

The QAPI Program utilizes a systematic approach to continuous quality improvement (CQI) using reliable and valid methods of monitoring, analysis, and evaluation to improve the quality of health care provided to all members, including those with special needs. Peach State includes mechanisms to assess quality and appropriateness of care to all members including those with special healthcare needs through program descriptions, written policies/procedures, trending performance measures, compiling and reviewing reports and monitoring data to identify over and underutilization patterns. Peach State Health Plan routinely implements action plans and activities to correct deficiencies and/or increase quality of care provided to members which is shared with members and providers through newsletters and tip sheets.

Peach State Health Plan has integrated components of the 2016 Georgia Department of Community Health Quality Strategic Plan for Georgia Families throughout the 2017 Quality Assessment and Performance Improvement (QAPI) Program. The Plan adopted the Department of Community Health's definition of special healthcare needs as members (adults & children) who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by members (adults and children) generally.

To ensure QAPI program is based on the latest available research in the area of quality assurance, Peach State staff meets at least quarterly with other Centene health plans to discuss best practices, issues and barriers. The Quality Improvement Department routinely researches nationally recognized websites for the latest information on quality improvement such as the Agency for Healthcare Research and Quality ([www.ahrq.gov/](http://www.ahrq.gov/)), The National Committee for Quality Assurance ([www.ncqa.org](http://www.ncqa.org)), and the Institute for Healthcare Improvement ([www.ihl.org](http://www.ihl.org)). The Plan also reviews new technology and incorporates it into member benefits as appropriate.

The scope of the QAPI Program is comprehensive and addresses both the quality and safety of clinical care and services provided to Plan members in all care settings including medical, behavioral health, dental and vision care settings. The Plan incorporates all demographic groups and services categories in its quality improvement activities, including preventive care, emergency care, primary care, specialty care, and ancillary services. The plan does not exclude members with special healthcare needs. The QAPI Program monitors activities including, but not limited to the following:

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Acute and chronic care management	Member Grievance System
Behavioral health care	Member experience
Marketing practices	Patient safety
Member enrollment and disenrollment	Pharmacy
Continuity and coordination of care	Provider Complaint System
Employee and provider cultural competency	Delegated entity oversight
Provider experience	Provider network adequacy and capacity
Provider appointment availability	Provider & Plan after-hours telephone accessibility
Compliance with preventive health guidelines and clinical practice guidelines	Utilization Management, including under and over utilization
	Compliance with member confidentiality laws and regulation

## Peach State Health Plan Mission and Goals



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## QAPI Program Goals and Objectives

Peach State adopted the three aims listed below (known as the Triple Aim), which were developed by the Institute for Healthcare Improvement, as the QAPI programs global aims.

- 🕒 *Population Health*: Improve overall quality of care by making health care more patient-centered, reliable, accessible, and safe.
- 🕒 *Member Experience*: Improve overall satisfaction with care and services through safe and effective patient-centered delivery.
- 🕒 *Per Capita Cost*: Reduce the cost of quality health care for individuals, families, employers, and government.

The QAPI program goals and measureable objectives below reflect Peach States commitment to achieving the Triple Aim and also supports the Georgia Department of Community Health's Strategic Plan for Georgia Families and Georgia Families 360 (February 2016) objectives and goals.

### Goal #1 – Improve Member Health

- 🕒 Objective: 1.1 - Improve access to physical health, behavioral health and oral health for members so that select performance metrics for 2017 will reflect a relative two percent increase over 2016 rates.
  - Strategy 1.1.1: Increase and monitor access to health services for members  
(Potential) Interventions:
    - Partner with an Atlanta area school based clinics to perform preventive well visits on children in grade Kindergarten- High School
    - Increase enrollment of local education agencies (LEAs) as telemedicine originating site providers to improve access to telemedicine services.
    - Implement dental homes to increase sealants for eligible members who are age 6-9 years old
- 🕒 Objective: 1.2 - Increase appropriate utilization of physical health, behavioral health and oral health so that select performance metrics for 2017 will reflect a relative two percentage point increase over 2016 rates.
  - Strategy 1.1.2 : Increase Preventive health and follow up care service utilization  
(Potential) Interventions:
    - For members who are newly prescribed ADHD medication, institute the ability for providers to prescribe a 21 day supply of the new medication to encourage members (caregivers) to schedule and keep an appointment for 30 days after the prescription fill date
    - Work with high volume mental health facilities to pilot methods to increase the 7-day follow up such as in home follow up, referral to CSBs, telemedicine and/or in-person follow up in the hospital on the day of discharge
    - Improve members' engagement in healthy behaviors by offering the DCH approved Peach Pays reward program for specific preventive services (visits)
    - Partner with the DPH to increase awareness of SIDS and improve postpartum visit rates by providing portable bassinets or partner with Healthy Mother's Healthy Babies to provide infant sleep box and SIDS information to mothers who present for their timely (21-56 day) postpartum visit
    - Partner with Southern Crescent Women's Health (SCWH) to increase Prenatal and Postpartum care (and decrease LBW rate) with the use of the centering program.

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- Assist providers in the East and Southeast regions with the largest number on members who have not been in to see a provider for a preventive screening and mail letters on the provider's behalf encouraging the member to schedule an appointment
  - Identify members using quest analytics/GIS mapping and encourage members in high non-compliant areas to access services at an FQHC/assigned dental home and/or working with mobile dental facilities to service members
- 🍌 Objective 1.3: Improve care of chronic conditions for all members such that identified measures of effectiveness demonstrate a relative two percent improvement over 2016 rates.
- Strategy: 1.3.1 Improve Care Coordination Programs
    - Increase the percent of patient centered medical homes, behavioral health homes, and dental homes
    - Medication Therapy Management Program for Antidepressants, Diabetes and Asthma
  - Strategy: 1.3.2 Improve evidence-based practices  
(Potential) Interventions:
    - Ensure providers utilize evidence-based guidelines to manage and assist their patients in managing chronic conditions (ADHD, Asthma and Diabetes)
    - Collaborate with DCH and other CMOs to implement clinical practice guidelines for hypertension.
    - Collaborate with DCH and other CMOs to conduct a collaborative Asthma PIP
  - Strategy: 1.3.3 Implement improvement activities focused on chronic conditions  
(Potential) Interventions:
    - Increase the rate of members who are ages 5-11 years old who have persistent asthma and were dispensed appropriate medications that they remained on until the end of the measurement year (75% of the treatment period) by implementing a medication therapy management program to educate members about the need to remain on their medication. \*Note- Black/African American female members were least compliant for AMM in CY (2016)
    - Implement home or mobile laboratory services for Diabetic members to obtain HbA1c, BP readings and diabetic retinal eye exams

### Goal # 2 – Improve Member & Provider Experience with Care

- 🍌 Objective 2.1 Improve Member Experience with the Plan by decreasing the top two grievance reasons from CY 2016 to CY 2017. Improve Provider Satisfaction with the Plan by educating providers, real time, on claims pricing
- Strategy: 2.1.1 Achieve improvement in the overall member satisfaction with the health plan.  
(Potential) Intervention:
    - Identify top grievance reason and develop interventions to address
  - Strategy: 2.1.2 Achieve improvement on the provider satisfaction survey results for overall satisfaction with the health plan.  
(Potential) Intervention:
    - Implementation and deployment of a Real Time Editing and Pricing secure web portal function to be used when filing claims on the Peach State secure portal

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## Goal #3 – Lower per Capita Cost

- 🍷 Objective 3.1: Have smarter utilization of each dollar by improving select rates associated with appropriate utilization of services/visits by a relative two percent when comparing 2016 rates to 2017 rates (reported in June 2018)
  - Strategy: 3.1.1 Ensure providers are not reimbursed for non-medically necessary early elective deliveries  
(Potential) Intervention
    - Implement policy and system edits to deny payments for early elective inductions and Cesarean Sections
  - Strategy: 3.1.2 Use Centering Pregnancy to decrease LBW  
(Potential) Intervention
    - Partner with Southern Crescent Women’s Health (SCWH) to use Centering Pregnancy to decrease LBW rate (and increase PPC)
  - Strategy: 3.1.3 Decrease Opioid prescriptions for non-cancer diagnosis  
(Potential) Intervention
    - Implement Peach State Opioid Program to establish a reasonable and appropriate opioid utilization monitoring and management program that will assist in preventing overutilization of opioids and substances of abuse
  - Strategy: 3.1.4 Reduce ER visits for ambulatory sensitive conditions  
(Potential) Intervention
    - Develop and implement ED Diversion Pilot
  - Strategy: 3.1.5  
(Potential) Intervention:
    - Ensure the discharge planning process from inpatient facilities includes coordination and facilitation of post-discharge appointments and medication reconciliation

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## QAPI Program Structure and Leadership

Peach State Health Plan's structure and leadership supports and makes certain that processes and efforts of the organizational mission, strategic goals, and processes to monitor, evaluate and act on the quality of care and services member's receive.

## Governance

The Plan Board of Directors (BOD) oversees development, implementation and evaluation of the QAPI Program and holds ultimate authority and accountability for oversight of the quality of care and services provided to all Members. The BOD supports the QAPI Program by:

- Reviewing, approving and adopting the annual QAPI Program documents which requires regular reporting (at least annually) to the Board, and establishes mechanisms for monitoring and evaluating quality, utilization, and risk
- Supporting Quality Oversight Committee recommendations for proposed quality studies and other initiatives
- Providing the resources, support and systems necessary for optimum performance of QI functions
- Designating the Plan's Senior Executive for Quality Improvement (SEI)
- Reviewing the annual QAPI Program Evaluation and QI Work Plan to assess whether program objectives were met and recommending adjustments when necessary

The BOD has delegated operating authority of the QAPI Program to the Quality Oversight Committee (QOC) and has established a comprehensive committee structure to ensure all aspects of the QAPI Program are adequately monitored. All committees must abide by the confidentiality and conflict of interest guidelines outlined below.

**Confidentiality:** Confidential information is defined as any data or information that can directly or indirectly identify a patient or physician. The Quality Oversight Committee (QOC) and its subcommittees have the responsibility to review quality of care, resource utilization and conduct peer review activities which may necessitate the disclosure of confidential information. The plan has adopted the following confidentiality standards to ensure that QI proceedings remain privileged. These are described as follows:

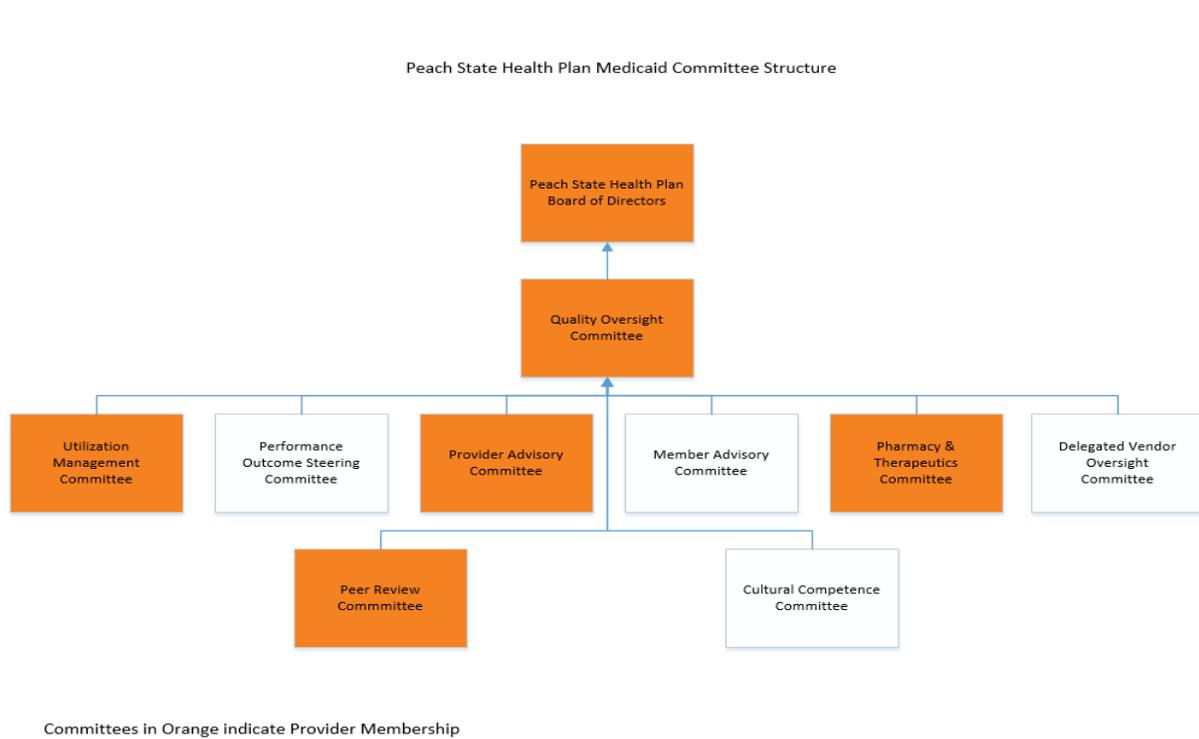
- All peer review and QI related correspondence documents are appropriately labeled "Privileged and Confidential, Peer Review " and maintained in locked files
- Confidentiality policies and procedures comply with applicable state statutes that address protection of peer review documents and information
- Committee members and Plan employees responsible for QI, Utilization Management, Credentialing, and Pharmacy program activities are educated about maintaining the confidentiality of peer review documents
- The QI VP/Director and designated QI Coordinators are responsible for taking minutes and maintaining confidentiality
- For QI studies coordinated with, or provided to outside peer review committees, references to patients are coded by identification number rather than a PHI identifier such as medical record number or ID number, with references to individual providers by provider "code" number
- Records of review findings are maintained in secured files, which are made available only as required by law or specifically authorized in writing by the Plan CEO, CMD (SEI), Plan's Legal Counsel, VPMM or the Board Chairman
- All participating providers and employees of the Plan involved in peer review activities or who participate in QI activities or committees are required to sign confidentiality agreements

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**Conflict of Interest:** The plan defines conflict of interest as participation in any review of cases when objectivity may not be maintained. No individual may participate in a quality of care or medical necessity decision regarding any case in which he or she has been professionally involved in the delivery of care. Physician reviewers may not participate in decisions on cases where the physician reviewer is the consulting physician or where the physician reviewer's partner, associate or relative is involved in the care of the member, or cases in which the physician or other consultant has previously reviewed the case. When a physician member of any committee perceives a conflict of interest related to voting on any provider related or peer review issue, the individual in question is required to abstain from voting on that issue.

## Committee Structure

Peach State has a robust Quality Committee Structure that includes staff, member and providers who are actively participating in the Medicaid program. In addition, the committees are cross functional. All committee activities are documented in the Plan approved meeting minute format.



Minutes are taken during the meeting and reflect attendance and participant discussion. Minutes document all committee findings and follow-ups by designating "Old" and "New" Business and will be used for planning subsequent agendas and meetings. Each item for discussion includes the person responsible and a timeline for completion. The minutes are completed, dated, and distributed to the attendees for review within ten (10) business days following the meeting. Minutes are approved and signed by the Committee Chair at the subsequent committee meeting and maintained in a secure area.

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## Quality Oversight Committee (QOC)

Peach State's senior management and network providers, including but not limited to primary, specialty, behavioral, dental, vision health care providers are involved in the implementation, monitoring and directing of all aspects of the QAPI program through participation in the Quality Oversight Committee (QOC).

The purpose of the QOC is to provide oversight and direction in assessing the appropriateness of care and service delivered and to continuously enhance and improve the quality of care and services provided to members. This is accomplished through a comprehensive, plan-wide system of ongoing, objective, and systematic monitoring; the identification, evaluation, and resolution of process problems; the identification of opportunities to improve member outcomes; and the education of members, providers and staff regarding the QAPI Program.

The QOC is responsible for aligning organization-wide quality improvement (QI) goals and efforts and for monitoring the overall performance and effectiveness of Peach State's QI infrastructure. The QOC is also responsible oversight of the QAPI programs written policies and procedures for quality assessment, utilization management, and continuous quality improvement which are periodically monitored for efficacy. This effort is supported by a number of committees that report directly to the QOC. Detailed records of all of QOC meetings, findings, recommendations, activities and outcomes are reported at least annually to the BOD.

*Meeting frequency:* The QOC meets at least quarterly but as frequently as necessary to follow-up on all findings and required actions.

*Committee Functions:* The functions of the QOC include, but are not limited to the following:

- Align organization-wide quality improvement goals and efforts and monitor the overall performance and effectiveness of Peach State's QI infrastructure
- Monitor all QI projects and performance improvement activities to ensure appropriate collaboration and minimize duplication of efforts
- Analyze and evaluate the results of QI activities and identify opportunities for improvement based on analysis of performance data and prioritize these opportunities. Ensure timely follow-up as needed
- Review and approve program descriptions, work plans, program evaluations, policy updates, quality assessment reports, and performance improvement recommendations from reporting subcommittees
- Facilitate development of the annual QAPI Program Description, Work Plan, and Program Evaluation development
- Review, evaluate, and make recommendations on reports and audit findings for delegated vendors.
- Facilitate practitioner participation in the QAPI program activities through attendance and discussion in relevant QOC or QI subcommittee meetings or on ad hoc task forces
- Ensure that feedback from members, providers, and community resources is included in improvement activities
- Review and monitor effectiveness of Cultural and Linguistic services including the Language Assistance Program

### Internal Committee Members

Senior VP, Medical Affairs/Chief Medical Officer (Chair)  
Chief Executive Officer  
Chief Operating Officer  
Vice President, Quality Improvement  
Vice President, Medical Management  
Director, Pharmacy  
Senior Vice President, Operations  
Senior Vice President, Network Development and Contracting

### External Committee Members

Obstetrics/Gynecology providers  
Internal Medicine providers  
Pediatric Gastroenterology providers  
Pediatric providers  
Family Practice providers  
CEO, Southwest Georgia Health Care, Inc.

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Vice President, Compliance  
Director, QI, Envolve PeopleCare  
Director  
Medical Director, Envolve PeopleCare - Behavioral  
Health (EPC-BH)

Routine and ad-hoc reports are submitted to the multi-disciplinary Quality Oversight Committee and DCH as requested (4.12.6.1.11). These reports include results, conclusions, recommendations and implemented system changes. Results on performance measures (PMs), performance improvement projects (PIPs), medical record reviews/audits and grievances and appeals are routinely reported.

## **Utilization Management Committee (UMC)**

The Utilization Management Committee (UMC) reports directly to the QOC and is responsible for ensuring efficient and appropriate utilization of health care services through review and evaluation of the performance of all components of the UM Program including Case and Disease Management data, and appeals data. The UMC is comprised of Plan management and network physicians representing the range of practitioners across the regions in which Peach State operates.

*Meeting frequency:* The UMC meets at least quarterly

*Committee Functions:* The functions of the UMC include, but are not limited to the following:

- Evaluate quality and utilization related issues and develops corrective action plans and/or refers issues to the QOC as indicated
- Evaluate the effectiveness of the Care Management (CM) and Disease Management (DM) programs.
- Annually reviews and approves implementation of objective review criteria and guidelines which are based on sound reasonable medical evidence and are utilized by the UM staff to assist with authorization determinations
- Facilitates communication with network providers regarding the UM Program and utilization management issues
- Reviews data on appeal resolution turn-around and appeal reasons to evaluate trends, performs barrier analysis and makes recommendations to the QOC for process improvements
- Reviews, revises and approves Policies/Procedures applicable to Utilization Management (UM) operations and functions
- Annually reviews and evaluates the performance of the components of the UM Program.
- Responsible for annual review and approval of the UM Program Description and Work Plan and submission of them to the QOC
- Ensuring the integration of the behavioral health program

### Internal Committee Members

Senior Medical Director (Chair)  
Pediatrics /Plan Medical Director  
Obstetrics/Gynecology, Plan Medical Director  
Family Practice, Plan Senior Medical Director  
President and Chief Executive Officer  
Chief Operating Officer  
Senior Vice President Medical Affairs/CMO  
Director, Pharmacy  
Vice President, Medical Management  
Manager, Delegated Vendor Oversight  
Senior Director, Utilization Management

### External Committee Members

Obstetrics providers  
Family Practice providers  
Obstetrics/Gynecology providers  
Pediatrics providers

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Vice President, Quality Improvement  
Manager, Medical Management Accreditation

## **Performance Outcomes Steering Committee (POSC)**

The Performance Outcomes Steering Committee (POSC) reports directly to the QOC and is responsible for monitoring and evaluating the effectiveness of improvement activities across the Plan and for ensuring that all improvement activities are tracked and integrated into the annual QAPI program evaluation. The POSC ensures the workgroups executing the initiatives have the necessary resources and monitors their progress. Any noted risks are reported to the QOC for resolution.

*Meeting frequency:* The POSC meets at least quarterly

*Committee Functions:* The functions of the POSC include, but are not limited to the following:

- Monitoring the progress of the HEDIS workgroups and PIP teams
- Tracking the performance of QI initiatives throughout the plan
- Ensuring standardized QI forms are distributed and utilized for reporting all interventions

*Committee Members:*

VP, Quality Improvement (Chair)

Senior Vice President, Operations

SVPMA, CMO

Vice President, Network Development and Contracting

Director, QI

Chief Operating Officer

Director, Pharmacy

Director, Provider Relations

Vice President, Medical Management

Senior Director, Member Services

Chief Executive Officer

## **Provider Advisory Committee (PAC)**

The Provider Advisory Committee (PAC) is a Peach State Health Plan committee comprised of physician providers and Plan staff. These providers represent the Plan regions in the state of Georgia. They are either primary care or specialty doctors. At least two providers must have practices that predominately care for Medicaid beneficiaries. This group discusses a wide range of topics related to health plan operations, quality improvement, utilization management, provider network and will provide the Plan with feedback, advice and consultation.

*Meeting frequency:* The PAC meets at least quarterly

*Committee Functions:* The functions of the PAC include, but are not limited to discussion, and suggestions to improve the following:

- Provider Satisfaction and Member experience
- Clinical programs
- Reimbursement
- New programs
- New products
- Competitive intelligence
- Operation of effectiveness
- Outcomes and quality based programs

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## Internal Committee Members

Community Medical Director (Chair)  
Chief Executive Officer  
Vice President, Quality Improvement  
Senior VP, Medical Affairs/Chief Medical Officer

## External Committee Members

Cardiology provider  
Obstetrics/Gynecology provider  
Pediatrics Medical and Dental providers  
Internal Medicine provider  
Family Practice provider  
Maternal Fetal Medicine provider  
Allergy /Asthma provider

## **Member Community Advisory Board (MCAB)**

The Member Community Advocacy Board provides an active forum for Plan members to become personally involved and to connect with the health plan, advocate for our community worth & value and ensure members know the Plan has an expressed and vested interest in maintaining the health and wellness of their community and improving outcomes.

*Meeting frequency:* The MCAB meets at least quarterly

*Committee Functions:* The functions of the MCAB include, but are not limited to the following:

- Gain insight and counsel regarding trends, barriers and opportunities
- Share feedback on the QAPI Program goals, objectives, activities
- Obtain suggestions and ideas on how to improve quality and member experiences

## Internal Committee Members

Member Service Director (Chair)  
Community Relations Director  
Community Relations and External Affairs  
Consultant  
QI Manager  
QI Specialist  
Community Relations Specialist

## External Committee Members

Members  
Representative of Faith Based Organizations  
Pediatrics providers  
Representative of School District within specific region

## **Pharmacy & Therapeutics Committee (P&T)**

The Pharmacy & Therapeutics Committee (P&T) reports directly to the QOC and is responsible for the development and annual review of the Pharmacy Program Description as well as the program's associated policies and procedures. The P&T is the vehicle through which pharmacy monitoring and reporting activities are communicated to the QOC and includes representation from a range of network physicians (including the designated behavioral health practitioner), participating network pharmacist(s) and clinical pharmacist(s).

*Meeting frequency:* The P&T meets at least quarterly

*Committee Functions:* The functions of the P&T include, but are not limited to the following:

- Oversee committee established QI programs that employ drug use evaluation and drug utilization review.
- Appraise, evaluate and select drugs for the Health Plan's Preferred Drug List (PDL).
- Develop protocols and procedures for access to and restrictions of non-PDL drug products.
- Review newly FDA-approved drug products for use by Peach State members.
- Oversees Pharmacy Benefit Manager, U.S. Script activities
- Review pharmacy utilization data

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## Internal Committee Members

Medical Director (Chair)  
Senior VP, Medical Affairs/Chief Medical Officer  
Director, Pharmacy  
Vice President, Quality Improvement  
Medical Director, EPC-BH  
Clinical Pharmacist, Clinical Outcomes

## External Committee Members

Cardiology providers  
Obstetrics/Gynecology providers  
Pediatrics providers  
Endocrinology, Diabetes and Metabolism providers  
Clinical Pharmacists

## **Delegated Vendor Oversight Committee (DVOC)**

The Delegated Vendor Oversight Committee (DVOC) reports directly to the QOC and provides oversight of activities delegated to contracted vendors (including affiliated entities) that relate to QI, utilization management, member services, and claims processing and payment. The DVOC employs a comprehensive, plan-wide system of ongoing, objective, and systematic auditing and monitoring of vendor performance to assure that delegated services meet Peach State standards for care and service, as well as DCH, federal, and NCQA requirements. Additionally, the DVOC helps facilitate collaboration on the various QI projects that are regularly executed with the behavioral health, vision, dental and pharmacy delegate vendors. Membership of the DVOC is comprised of Plan management.

*Meeting frequency:* The DVOC meets at least quarterly

*Committee Functions:* The functions of the DVOC include, but are not limited to the following:

- Oversight of all delegated entity activities that relate to QI, credentialing, utilization management, member services, or claims processing and payment.
- Establish appropriate delegation oversight mechanisms, procedures and tools
- Oversight of delegated services, by review of delegated activity performance metrics/reports.
- Review of pre-delegation and annual delegation audit results
- Issuance of Corrective Action Plans (CAPs) as required
- Review of Delegate's Annual Quality/UM Work Plan, Program Description and Evaluation (as applicable)
- Review joint operations meeting minutes
- Conduct follow up on CAP activity
- Determine and implement mechanisms to improve vendor collaboration and performance
- Monitor delegated activity performance metrics

## Committee Members

Senior Vice President, Compliance (Chair)  
Manager, Delegated Vendor Oversight  
Senior Vice President, Medical Affairs/Chief Medical Officer  
Vice-President, Compliance  
Senior Director, Member Services  
Senior Director, Provider Relations  
Director, Credentialing and Provider Data  
Vice President, Medical Management  
Director, Utilization Management  
Senior Vice President, Operations  
Director Finance  
Director, Compliance

Manager, Data Analytics and Reporting  
Vice-President, Implementation & Integration  
Director, Care Management  
Vice-President, Finance  
Vice President, QI  
Director, Pharmacy  
Director, Provider Relations  
Manager, Compliance & Reporting  
Director, Contracting  
Director, Reimbursement  
Project Manager II, Operations  
Senior Medical Director  
Medical Director, EPC- BH

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Peach State Health Plan maintains many other teams, boards and workgroups to ensure the voice of the staff, members, practitioners, organizations, advocacy groups and societies are incorporated into decisions related to the QAPI Program.

## **Peer Review Committee (PRC)**

The Peer Review Committee (PRC) is an ad-hoc subcommittee of the QOC that addresses peer review activities in order to assess and improve the quality of care rendered. The PRC is responsible for determining whether accepted standards of care have been met by investigating and resolving potential problems brought to the PRC as potential quality of care issues. PRC Members use their clinical judgment in assessing the appropriateness of clinical care and recommending an appropriate corrective action plan.

*Meeting frequency:* The PRC is an ad hoc committee that meets as needed

*Committee Functions:* The functions of the PRC include, but are not limited to the following:

- Review, evaluate, and make recommendations regarding Potential Quality of Care (PQOC) events
- Recommend additional investigation and/or reporting as indicated or as appropriate.
- Determine clinical appropriateness, quality of care and assigns the severity level to the case.

### Internal Committee Members

Medical Director (Chair)  
SVPMA/CMO  
QI Nurse

### External Committee Members

Two or more peer contracted providers  
At least one provider with the same specialty under review

## **Cultural Competency Committee**

The Cultural Competency Committee reports directly to the QOC and is responsible for fulfilling the Plan's cultural competency mission to provide services to members of all cultures, races, ethnic backgrounds and religions in a manner that recognizes, affirms, and respects the worth of the individual and protects and preserves their dignity. More information regarding the cultural competency activities can be found in the annual Cultural Competency Strategic plan.

*Meeting frequency:* The Cultural Competency Committee meets at least at least quarterly

*Committee Functions:* The functions of the Cultural Competency Committee include:

- Develop, execute and evaluate the annual Cultural Competency Plan.
- Annually evaluate health disparities assessments to recommend, review and assess interventions to address healthcare disparities in clinical areas
- Ensure competent and appropriate language services through the provision of \ 24 hours a day, seven (7) days a week access to bilingual interpreter services and establish minimum standards for cultural competency training and interpreter services for all contracted interpreter/translator and subcontracted service providers
- Improve cultural competency in the services, materials and communications provided to all members, including those with limited English proficiency, by training providers and Peach State staff on cultural proficiency standards.
- Maintain diverse representation throughout all levels of the company and provider network through the recruitment and retention of racial/ethnically diverse staff, board, and network providers.

### Committee Members

Manager, STARS for Medicare and Marketplace  
Senior Director, Compliance (Chair)

Vice President Quality Improvement  
Vice President Operations

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## Program Resources

Peach State Health Plan's QAPI program includes designated staff members with expertise in quality assessment, utilization management and care coordination (4.12.6.1.8). The QAPI Program at Peach State is not limited to a distinct department but is an integral part of the work ethic of all partners at the Plan. Communication and inter-departmental collaboration are crucial to the success of any quality QAPI Program and each department contributes to facilitate an effective QAPI Program.

## Senior Leadership QI Champions

The Peach State Health Plan Senior Leadership Team plays a key role in improving quality as they set priorities for the organization and support the structure required to achieve sustainable improvements. By modeling core values, promoting a learning atmosphere, and acting on staff recommendations, senior leadership also fosters an organizational culture that centers on CQI. Senior Leadership and hiring managers work to ensure that Peach State recruits and retains employees based on their expertise in quality assessment, utilization management, and continuous quality improvement where applicable.

## Chief Operations Officer

The Board of Directors designated the COO to serve as the Senior Executive of Quality Improvement. In addition to being responsible for aligning the goals and objectives of the QAPI Program with the business objectives as COO, she is also responsible for the items below.

- Ensuring compliance with Peach State, DCH, Federal, and NCQA requirements
- Ensuring the effectiveness of, and active involvement by participants in, the QOC
- Ensuring cooperation and engagement in improvement activities among the QAPI committees and operational departments
- Ensuring the resolution of outstanding issues related to improvement activities, including prioritization and resource allocation, by Senior Leadership
- Ensuring the adoption and implementation of, and staff training in, appropriate QI methodology for
- Overseeing Performance Improvement Projects, clinical initiatives, focused studies, drug utilization review studies, and other performance and process improvement activities
- Ensuring that CQI remains a core business strategy and that QI methodologies are integrated into daily business practice throughout the organization
- Ensuring that the QOC reports QAPI Program activities and outcomes to the BOD at least annually.

Committee Membership includes: QOC, UM, POSC, & SLOC

## Senior Vice President of Medical Affairs/ Chief Medical Officer (SVPMA/CMO)

The SVPMA/CMO reports to the Chief Executive Officer (CEO). As the designated physician in the QAPI program and senior health care clinician, they provide overall direction and support to the QAPI program, and are responsible for the oversight of all clinical and service QI operations initiatives. His responsibilities include managing the medical review activities pertaining to utilization review, quality improvement, complex, investigational and/or experimental services and assuring there is appropriate integration of physical and behavioral health services for all enrollees in care management as needed. They also educate practitioners regarding care management issues, activities, reports, requirements, and provide clinical support to the care management staff in the performance of their care management responsibilities.

Committee membership includes: QOC (Chair), P&T, DVOC, PRC, PPEC (Chair), SLOC, & POSC

# 2017 Medicaid QAPI Program Description

## **Vice President of Quality Improvement**

The VP of QI reports to the SVPMA/CMO and oversees all activities related to Quality Improvement functions. His responsibilities include managing all activities related to NCQA accreditation, the EPSDT program, and all HEDIS improvement activities, including outreach, incentives, data integrity and chart review. The VP of QI provides strategic direction to the QAPI Program as well. Utilizing their expertise in quality assessment, utilization management and continuous quality improvement, the VP of QI incorporates quality improvement best practices into operations and directs process improvement activities for more efficient and streamlined workflows. In addition to managing activities, methods, and procedures to achieve business objectives he also formulate and establish policies, operating procedures, and goals in compliance with internal and external guidelines.

Committee membership includes: QOC, P&T, UMC, DVOC, SLOC, and POSC

## **Behavioral Health Medical Director**

The Behavioral Health Medical Director (BHMD) is the designated behavioral health practitioner responsible for aligning behavioral health goals and objectives with those of the QAPI Program, supporting the strategy for improving the safety and quality of behavioral healthcare services provided to members and identifying areas for coordination between medical and behavioral healthcare. The BHMD provides input on behavioral health topics such as program implementation, QI, and care integration. The BHMD also maintains responsibility for providing quarterly reports and updates to the BHQI and DVOC Committees regarding delegated behavioral health activities and is responsible for overseeing all behavioral health operations to ensure all regulatory guidelines and standards are met. The Medical Director reports to the Chief Medical Officer.

Committee membership includes: QOC

## **Vice President, Medical Management**

The VPMM is a registered nurse with experience in utilization management and care management activities. The VPMM is responsible for overseeing the day-to-day operational activities of the Peach State Health Plan's CM and UM programs. The VPMM reports to the Plan's Chief Operating Officer. The VPMM, in collaboration with the SVPMA/CMO, assists with the development of the Care Management Program strategic vision in alignment with corporate and Peach State's objectives, policies, and procedures. Additionally she monitors the provision of services to assure a seamless transition of care across settings and provides and assure clinical services are appropriate and timely.

Committee membership includes: QOC and UM

## **Senior Vice President of Operations**

The SVP Ops reports directly to the COO and is responsible for all member and provider operations and assists in coordinating member and provider focused QI activities.

Committee membership includes: QOC, DVO

## **Vice President of Compliance**

The Vice President of Compliance reports directly to the Senior Vice President of Compliance and is responsible for ensuring Peach State meets all state contract requirements, while providing oversight for the delivery of health care services. He also coordinates the organization's activities to conform to federal and state statutes, regulations, policies and other contractual requirements as well as overall corporate compliance.

Committee Membership Includes: QOC, DVOC (Chair)

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## **Chief Medical Director, Medical Affairs**

The Chief Medical Director of Medical Affairs reports directly to the SVPMA/CMO and oversees all Utilization Management activities, pharmacy related issues and Grievances and appeals for the plan. Committee Membership Includes: QOC, P&T, UM (Chair), DVOC, PRC (Chair)

## **Senior Director, Quality Improvement**

The Senior Director of Quality Improvement reports directly to the VP QI and is primarily responsible for oversight of provider engagement in quality initiatives, provider profiling and the Pay-for-Performance (P4P) Program.

## **Quality Improvement Department Staff**

### **Directors, Quality Improvement**

The two Quality Improvement Directors report directly to the VP QI and are directly responsible for the planning, organization, direction, staffing of Peach State's annual HEDIS Project develop, including creating procedures and policies relevant to the HEDIS project, setting up a project management plan, setting time lines and overseeing the activities required to complete the HEDIS project. The Directors oversee all Performance Improvement workgroups, ensuring all interventions are properly developed and executed and that all workgroups have sufficient resources. Additionally, the Directors are responsible for providing data analytics including but not limited to monthly performance measure rates and the annual membership demographic profile.

The Quality Improvement Directors are responsible for the annual review and update of the QAPI program description, work plan and evaluation. Additional responsibilities include ongoing monitoring and analysis of plan performance to assist in the design and implementation of initiatives in support of the QAPI Plan and strategic objectives of the organization. The Directors regularly interface with DCH, regulatory agencies, and internal Peach State departments in support of established NCQA accreditation standards, QI activities.

### **Managers, Quality Improvement**

The Manager of QI Analytics is the lead on HEDIS and provides reporting needs and analytical expertise to the QI Program utilizing multiple sources and programs. There are four Data Analyst positions support the Manager of QI Analytics with HEDIS reporting needs and provide analytic expertise.

The Manager of QI Accreditation works with internal departments and corporate partners to review policies and procedures, analyses, reports and documents are in alignment with NCQA requirements. Monthly mock-audits and file reviews and document reviews are conducted by the QI Manager and QI Coordinator to ensure updates and compliance with applicable standards.

The Manager of QI EPSDT has a team of five EPSDT coordinators and is responsible for developing, implementing, tracking/trending and reporting of all child preventive health improvement initiatives. The Manager of QI EPSDT ensures the Plan provides focused education and interventions to members and providers to increase the number of members who receive EPSDT preventive health and dental visits and follow up diagnostic and treatment.

The Manager of Grievances and Appeals is responsible for ensuring coordination, investigation documentation and timely responses to grievances and appeals. The Manager oversees seven coordinators who log member grievances and appeals, and refer those pertaining to potential quality of

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care issues to a Medical Director for investigation and resolution. The GAC evaluates complaints and grievances by type, location, and region to identify trends indicating potential areas in need of further analysis and intervention. The GAC also tracks and resolves all administrative member grievances and provider complaints.

## **Quality Department Liaisons/Specialists/Coordinators**

Quality Improvement Specialists/Coordinators are highly trained clinical and non-clinical staff with significant experience in a health care setting; experience with data analysis and/or project management. QI Liaisons/Specialists/Coordinators work may include medical record audits, data collection for various quality improvement studies and activities, data analysis and implementation of improvement activities, and complaint response with follow up review of risk management and sentinel/adverse event issues. The QI Liaisons/Specialists/Coordinators may specialize in one area of the quality process or may be cross-trained across several areas.

## **Quality Improvement Department Data Analysts (DAs)**

The QI DAs support the QI department and QAPI Program by through database development and reporting and management as well as data reporting, data analysis and presentations. The DA staff provides necessary computer analysis and report writing for HEDIS® data collection, devise project timeline, coordinate data collection teams, analyze data and submit results to NCQA. The staff in this position are responsible for programming and assisting with programming and reporting of Clinical Practice Guidelines, EPSDT and other audits to support preventive and chronic care monitoring.

## **Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Coordinators**

The EPSDT team collaborates with Member Services, Provider Services, Care Management and other QI staff to provide outcome focused and continuous, data-driven oversight of the EPSDT service, provider performance, and early identification of needed improvements. The EPSDT Team compiles and reviews monthly, quarterly and annual EPSDT reports and related HEDIS (Health Effectiveness Data and Information Set) measures. The Team assesses education/outreach effectiveness by reviewing information such as member grievances, provider complaints, input from members and; providers with input from the Children's Health Improvement Workgroup (HIW) and satisfaction surveys. The EPSDT Team assists providers with EPSDT training related to the current Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatrics Health Care periodicity schedule (BF schedule/periodicity schedule).

## **Internal Departments and Corporate**

Other internal Peach State Health Plan departments support the QAPI Program and assist with design, implementation, tracking and reporting initiatives and outcomes. These departments include:

- Medical Management Department
- Credentialing and Provider Data Management Departments
- Member Services Department
- Compliance Department
- Pharmacy Department
- Medical Affairs Department
- Provider, Contracting and Network Development Department

## **Corporate Support**

Corporate Departments providing support to the Health Plan Quality Improvement Program include: Quality Management, Medical Management, Behavioral Health, Clinical Informatics, Compliance, and

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Member Services.

## QAPI Program Workgroups

**Health Improvement Workgroups (HIW):** HIWs are responsible for improving performance measure rates in their assigned category. Each team is responsible for implementing and executing improvement initiatives utilizing the PDSA methodology, monitoring performance, and measuring the effectiveness of all interventions. The workgroups meet weekly and status updates are provided to the POSC on a monthly basis. The six HIWs are listed below.

- Women's Health
- Adult Health
- Children's Health
- Diabetes & Asthma
- Behavioral Health
- Member Experience & Provider Satisfaction

**Performance Improvement Project (PIP) Teams:** The PIP teams are tasked with executing DCH required PIPs and submitting all required documentation to DCH in a timely manner. Additionally, the PIP teams are responsible for conducting PIPs the Plan determines are needed to improve performance in areas not required by the State. At a minimum, PIP teams are comprised of a representative from SLT, a subject matter expert, a data analyst, project coordinator and a network provider. These teams meet weekly or biweekly.

## Analytic Resources

Peach State has methods for monitoring, analysis, evaluation and improvement of the delivery, quality and appropriateness of Health Care furnished to all Members (including under and over Utilization of services), including those with special Health Care needs (4.12.6.1.5). The Plan staff use Centelligence™, a comprehensive family of integrated decision support and healthcare information system to support the collection, integration, tracking, analysis and reporting of data (4.12.6.1.7)

The analytic resources below allow key personnel the necessary access and ability to manage the data required to support the measurement aspects of the quality improvement activities and to determine intervention focus and evaluation.

- 🔗 **Centelligence™ Insight** – Web-based reporting and management KPI Dashboards capability. Includes advanced capabilities for provider practice pattern and utilization reporting – supporting both QI staff and providers with summary and detailed views of clinical quality and cost profiling information. This capability gives providers the practice and peer level profiling information needed for continuous clinical quality improvement. Insight also supports both HEDIS and hybrid HEDIS reporting.
- 🔗 **Centelligence™ Foresight** – Predictive modeling (PM) system combines PM applications with predictive modeling and care gap/health risk identification applications to identify and report potentially significant health risks at multiple population, provider, and enrollee levels. Foresight also powers online care gap notification functionality, allowing providers and enrollees to securely access care gaps and health alerts securely via web based provider and member portals.
- 🔗 **Centelligence™ Enterprise Data Warehouse (EDW)** - Supporting both Insight and Foresight, EDW receives, integrates, and continually analyzes an enormous amount of transactional data, such

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as medical, behavioral, and pharmacy claims, lab test results, health assessments, service authorizations, and enrollee and provider information as required for QI Programs. The EDW, powered by Teradata Extreme Data Appliance high performance technology, is the central hub for service information that allows collection, integration, and reporting of clinical claim/encounter data (medical, behavioral health, laboratory, pharmacy, and vision); financial information; medical management information (referrals, authorizations, disease management); member information (current and historical eligibility and eligibility group, demographics, PCP assignment, member outreach); and provider information (participation status, specialty, demographics) as required by the QAPI Program. Plan captures and utilizes data from both internal and subcontractor sources for administration, management and other reporting requirements and can also submit and receive data as well as interface with other systems as necessary.

- 🌀 **AMISYS Advance** - Claims processing engine with extensive capabilities for administration of multiple provider payment strategies. AMISYS Advance receives appropriate enrollee and provider data systematically from MRM and PRM; receives service authorization information in near real time from TruCare; and is integrated with our encounter production and submission software.
- 🌀 **CRM** - Customer Relations Management (CRM): When our Centelligence™ analytics platform determines an EPSDT Care Gap, it is posted prominently in CRM. The CSRs address and document the care gap (identified in CRM) during all inbound/outbound calls. This system also houses a feed from AMYSIS which includes all detail service line claims data, including rendering provider, member identifiers, date of service, type of service (e.g. EPSDT), and an image of claims submitted. This allows CRM to be a system in which member facing staff have a complete view of the member and his/her services.
- 🌀 **TruCare** - Enrollee-centric health management platform for collaborative care coordination, and case, behavioral health, disease, and utilization management. Integrated with Centelligence™ for access to supporting clinical data, TruCare allows medical management staff to capture utilization, care and population-based disease management data; proactively identify, stratify, and monitor high-risk enrollees; consistently determine appropriate levels of care through integration with InterQual Criteria and capture the impact of our programs and interventions. TruCare also houses an integrated Appeals Management module, supporting the appeals process from initial review through to resolution, and reporting on all events along the process.
- 🌀 **Quality Spectrum Insight (QSI)** - an Inovalon software system used to monitor, profile and report on the treatment of specific episodes, care quality and care delivery patterns. QSI is an NCQA-certified software; its primary use is for the purpose of building and tabulating HEDIS performance measures. QSI enables the Plan to integrate claims, member, provider and supplemental data into a single repository, by applying a series of clinical rules and algorithms that automatically convert raw data into statistically meaningful information. Additionally, the Inovalon product provides the Plan with an integrated clinical and financial view of care delivery, which enables the Plan to identify cost drivers, help guide best practices, and to manage variances in its efforts to improve performance. QSI is updated on a monthly basis by using an interface that extracts claims, member, provider and financial data. The data is mapped into QSI and summarized. Plan staff are given access to view standard data summaries and drill down into the data or create ad-hoc queries.

Peach State uses the above software as well as member and provider feedback, plan knowledge/research and best practices from other Centene Plans to determine which interventions to implement to address barriers, opportunities and healthcare disparities. Interventions that are implemented are assessed regularly to determine if the initiatives should be abandoned, adapted or adopted prior to expansion.

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## QAPI Program Strategy

The QAPI Program strategy guides the activities of the Plan and builds on the foundation of the DCH Quality Strategic Plan for Georgia Families and Georgia Families 360 (February 2016) and Peach State's core mission and goals. The strategy is developed through a participatory, transparent, and collaborative process with input from internal staff and external stakeholders such as members, providers, societies, the DCH.

## Performance Improvement Methodology

The Peach State Health Plan QAPI Program applies a systematic approach to quality using reliable and valid methods of monitoring, analysis, evaluation, and improvement in the delivery of health care, systems and processes. A cyclic, continuous, systematic process is used to improve performance and communicate clinical and service quality issues. This process is used throughout the organization to help individuals improve procedures, systems, quality, cost, and outcomes related to their areas of responsibility. The model includes the following steps:

- 🕒 Establish standards and benchmarks
- 🕒 Collect data
- 🕒 Analyze data and determine performance levels
- 🕒 Identify opportunities for improvement
- 🕒 Prioritize opportunities
- 🕒 Establish clear improvement objectives
- 🕒 Design and implement interventions
- 🕒 Measure effectiveness

Peach State uses the PDSA methodology which stands for the Plan, Do, Study, and Act process for improvement. This methodology, developed by the W. Edwards Deming Institute, is used to monitor performance and measure the effectiveness of the implemented initiatives. The process is based on the scientific approach and includes the following components:

### **PDSA**

**PLAN** – identify an opportunity and plan for change

**DO** – implement the change on a small scale

**STUDY** – use the data to analyze results of the change and determine whether it made a difference

**ACT** – if the change was successful, implement it on a wider scale and continuously assess results. If the change did not work, begin the cycle again

In specific cases, Peach State Health Plan employs the Six Sigma methodology for performance improvement. This methodology is another commonly applied process for performance improvement and incorporates a rigorous use of data and statistical analysis to measure outcomes using the DMAIC model.

### **DMAIC**

**Define** a problem or improvement opportunity

**Measure** process performance

**Analyze** the process to determine the root causes of poor performance and determine whether the process can be improved or redesigned

**Improve** the process by attacking root causes

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Control the improved process to hold the gains

These systematic approaches provide a continuous cycle for improving the quality of care and service of our members.

Peach State continues to enhance the Quality Strategic Planning process by developing goals and objectives that directly linked to strategic planning and the Triple Aim framework. The goals/objectives are prioritized and strategies and potential interventions implemented are scalable and sustainable.

## Quality Assessment Sources

The Plan utilizes traditional quality, patient safety and utilization management approaches to identify activities that are relevant to the QAPI Program and/or a specific member population and that describe an observable, measurable and manageable issue. Most often, initiatives are identified through analysis of key indicators of care and service based on reliable data which indicates the need for improvement in a particular clinical or non-clinical area. Baseline data may come from: performance profiling of contracted physicians, mid-level providers, ancillary providers and organizational providers; provider office site evaluations; focus studies; utilization information (over- and under-utilization performance indicators); sentinel (never) event monitoring; trends in member complaints, grievances and/or appeals; issues identified during care coordination; and/or referrals from any source indicating potential problems, including those identified by affiliated hospitals and contracted providers. Other initiatives may be selected to test an innovative strategy or as required by DCH. Projects and focus studies reflect the population served and may be developed to address opportunities identified during monthly meetings, analysis and/or data drill down such as the Diagnosis, Race/Ethnicity, Age, Gender, Geography (DRAGG) analysis.

**Delegated QI Activates:** Peach State has written service agreements with delegated Plan Partners to provide specific health care services and perform other delegated functions. Peach State retains accountability and ultimate responsibility for all components of the QAPI Program and therefore requires and ensures that each delegate is appropriately and adequately staffed and complies with all applicable standards and regulatory requirements. All components of the QI process maintained by delegates are made available to Peach State upon request and during scheduled oversight audits. Oversight audit results are reviewed, opportunities for performance improvement are identified and reported to the delegate and corrective action plans are implemented as required to address deficiencies. As appropriate, follow up to assess compliance occurs approximately six (6) months following the evaluation. In addition, Peach State provides ongoing monitoring through substantive review and analysis of delegate reports and collaboration with delegate to continually assess compliance with standards and requirements. Peach State retains the right to reclaim the responsibility for performance of delegated functions, at any time, if the delegate is not performing adequately.

**Collecting and Reporting on Performance Measures (4.12.6.1.2):** Performance measures quantitatively describe the health status of the member base and act as a barometer to help the Plan monitor, manage and improve member health. Healthcare Effectiveness Data and Information Set (HEDIS) performance measures are national measures maintained by NCQA and are used by many health plans, including Peach State, to measure performance on several important dimensions of care and service. HEDIS includes at least 81 measures across 5 domains of care including: Effectiveness of Care, Access and Availability, Satisfaction with the Experience of Care, Use of Services, Cost of Care, Health Plan Descriptive Information, Health Plan Stability and Informed Health Care Choices. HEDIS measures

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address a broad range of important health issues such as childhood immunizations, asthma medication use, and diabetes care. Annually Peach State collects reports on HEDIS measures and on performance measures required by DCH that are not part of the HEDIS set, known as Non-HEDIS measures. All Non-HEDIS performance measures are selected from CMS' Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set), Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Adult Core Set), or the Agency for Healthcare Research and Quality's (AHRQ's) Quality Indicator measures.

**Member and Provider Satisfaction Surveys:** Peach State monitors member satisfaction with care and service and identifies potential areas for improvement. Multiple sources of data including evaluation of member complaints, grievances, and appeals as well as data collected from the annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and the annual Care Management and Disease Management member satisfaction surveys are used to assess member satisfaction. Peach State assesses provider satisfaction through an annual survey. The survey tool is designed to assess provider satisfaction with the network, claims, quality, utilization management, and other administrative services.

**Member Grievances and Provider Complaints:** Member grievances are tracked and trended on a quarterly basis for timeliness of acknowledgement and resolution, issue types, and by provider type. The Medical Affairs department Grievance and Appeals Coordinators investigate and resolve all grievances and adverse or sentinel events. The SVPMA/CMO or designated Peach State Medical Director reviews all events related to quality of care and assigns a severity level to each quality of care case reviewed. Quality of care reports are analyzed and presented to the QOC at least quarterly. All Medicaid provider complaints are tracked and the resolution is facilitated by the Compliance Department. Data is analyzed and reported to the QOC on a regular basis to identify trends and to recommend performance.

**Provider Access and Availability:** Peach State analyzes the provider network in order to ensure adequate numbers and geographic distribution of PCPs, specialists, hospitals, and other providers. This analysis takes into consideration the cultural, ethnic, racial, and linguistic needs of the members to ensure adjustments to the provider network are made as needed to address any deficiencies.

Peach State's QI, Provider Relations and Network/Contracting departments analyze practitioner appointment availability for Primary Care and Behavioral Health Care providers annually. Member Services monitors telephone accessibility quarterly and this data is included in the annual report evaluating provider availability. Results are also reviewed by the QOC as part of the annual QAPI Program Evaluation to ensure a high level of service to the members and compliance with contractual, regulatory and accreditation requirements. Monitoring of behavioral health practitioner availability and appointment accessibility is assigned to Envolve PeopleCare-Behavioral Health (EPC-BH). Peach State Health Plan maintains strict oversight of this function.

**Patient Safety:** Peach State has a structured patient safety plan to address concerns or complaints regarding clinical care, which includes written policies and procedures for processing member complaints regarding the care they received. The policies and procedures also exist for classifying complaints according to their severity, which are reviewed by a Medical Director, mechanisms for determining which incidents will be forwarded to the Peer Review and Credentialing committee and a summary of incidents including the final disposition included in the provider profile

Patient Safety is a key focus of the QAPI program. Patient monitoring and promoting patient safety is integrated throughout many activities across the plan but primarily through identification of potential and/or actual quality of care events. A potential quality of care (QOC) issue is any alleged act or behavior that may be detrimental to the quality or safety of patient care, is not compliant with evidence-based standard practices of care or that signals a potential sentinel event, up to and including death of a member.

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Plan employees (including medical management staff, member services staff, provider services, complaint coordinators, etc.), panel practitioners, facilities or ancillary providers, members or member representatives, or Medical Directors may advise the QI Department of potential quality of care issues. Adverse events may also be identified through claims based reporting. Potential quality of care issues require investigation of the factors surrounding the event in order to make a determination of their severity and need for corrective action up to and including review by the Peer Review Committee as indicated. Potential quality of care issues received in the QI department are tracked and monitored for trends in occurrence, regardless of their outcome or severity level.

The QAPI Program also supports patient safety initiatives in the education of physicians, providers and members about safe practice protocols and procedures. These initiatives include utilizing provider and member newsletter articles and mailings to communicate information regarding patient safety. Plan may incorporate the review of practitioner and provider initiatives to improve member safety.

**Policies and Procedures:** Peach State Health Plan has written policies and procedures for Quality assessment and Performance Improvement, Utilization Management and Continuous Quality Improvement that are periodically assessed for efficacy. Each policy is reviewed by the business owner and approved by departmental senior staff and compliance annually. Applicable policies are reviewed and adopted by QOC/UMC and DCH.

**Physician/Provider Profiling (4.12.6.1.10):** As part of its QAPI Program, Peach State Health Plan systematically profiles the quality of care delivered by high-volume PCPs and other high volume specialists such as OB/Gyn practitioners (4.12.6.2). The purpose of Physician profiling is to improve provider compliance with preventive health and clinical practice guidelines, patient experience (satisfaction) and safety as well as performance indicators. The profiling system is developed with Plan network physician and provider input to ensure the process has value to physicians, providers, members and the Plan, and may include a financial component as noted below.

The Plan's QI department works with Corporate, Provider Relations, Medical Affairs and network providers to build useful, understandable, and relevant analyses and reporting tools to improve care and compliance with practice guidelines. This collaborative effort helps to establish the foundation for physician and provider acceptance of results leading to continuous quality improvement activities that yield performance improvements. Profiles include a multidimensional assessment of a PCP or other provider's performance using clinical and administrative indicators of care that are accurate, measurable, and relevant to the target population. Additional assessment, at the Plan's discretion, may include such elements as availability of extended office hours, member complaint rates, and compliance with medical record standards and other indicators of care that are accurate, measurable and relevant to Members.

**Payment Innovative Programs:** Peach State uses a payment innovation program, called Pay for Performance (P4P), to actively engage and reward providers for meeting quality targets in a cost-effective manner. The Payment Innovation Program also align with our triple aim goal to optimize Member experiences and health care outcomes, while minimizing health care costs.

**Demographic Analysis (4.12.6.1.9):** In an ongoing effort to improve the quality of care delivered to members, Peach State analyzes population demographics. The population demographics include demographic information such as age and gender, disease prevalence and health disparities. The population analysis is completed in order to identify opportunities for improvement, trends that indicate potential barriers to care, and potentially effective interventions.

**Mechanism for Detecting both Under and Over Utilization (4.12.6.1.3):** To ensure appropriate care and service to members, utilization data is analyzed to identify potential under- and over-utilization issues

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or practices. Data analysis is conducted using various data sources such as medical service encounter data, pharmacy, dental and vision encounter reporting to identify patterns of potential or actual inappropriate utilization of services. The Plan Department works to identify problem areas, conduct barrier analysis, identify opportunities for improvement and provide improvement recommendations to the QOC for approval.

Peach State Health Plan monitors the over and underutilization of services of its membership via trend analysis reports. Use of utilizing predictive modeling tools as well as inpatient, outpatient, & ER claim data, performance measures, grievances and appeals, member & provider feedback and medication utilization data are trended and reviewed. This information is monitored and evaluated by the plan's staff using a cross-departmental team to determine if current programs and interventions are appropriate and to determine whether further targeted interventions may be needed. Using barrier analysis, member & provider feedback, lessons learned from other initiatives/activities, knowledge of staff and research, Peach State Health Plan identifies opportunities to improve performance and the overall health outcomes of its membership to include those with special healthcare needs. In addition, Peach State monitors quality of care concerns and adherence to clinical practice guidelines for its membership to include those with special health care needs.

Peach State has several programs in place to monitor the appropriateness of healthcare furnished to all of our members including those with special health care needs through the use of data. The majority of Peach State members with special health care needs are actively managed in our Care Management programs. They often include members who are identified as being high risk for pregnancy, who have diabetes, cancer, sickle cell, asthma, behavioral health concerns, and/or substance abuse, etc. For example:

### **Monitoring Underutilization**

#### *Sickle Cell Medication Compliance*

Peach State Health Plan utilizes a pharmacy utilization report that identifies high risk sickle cell members who are non-compliant with their hydroxyurea maintenance medication which has been shown to reduce the number and severity of sickle cell crises. The health plan identified the following targeted intervention recommended by the UMC that aimed to increase medication compliance by assigning a case manager to conduct face to face home visits. The Care Manager uses these visits to establish a rapport with the member and family and works collaboratively with the primary care physician to ensure the member was prescribed the appropriate medications resulting in fewer sickle cell crisis ER and/or IP visits.

#### *Child Preventive Care*

Peach State Health Plan monitors member's compliance with (utilization) of the adopted American Academy of Pediatrics (AAP) Bright Futures "Recommendations for Pediatric Health Care" Periodicity Schedule. This schedule outlines the periodic intervals for screening EPSDT eligible members enrolled in the Plan. The annual EPSDT report (CMS-416) provides basic information on participation in the EPSDT Program. The information is used to assess the effectiveness of the Plan's EPSDT program in terms of the number of individuals under the age of 21 who are provided child health screening services, referred for corrective treatment, and receiving dental services. Peach State Health Plan produces a quarterly cumulative CMS-416 report. This report contains a metric that assists with tracking utilization of childhood preventive health visits. The participation ratio (line 10) of the CMS-416 report indicates the extent to which eligible members received any initial and periodic screening services during the year. In FFY 2016, Peach State's participation ratio was 64%; this means that 64% of Peach State's EPSDT eligible members received a preventive screening. The Plan implements interventions such as Peach State Days to improve the under-utilization of preventive care.

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## **Monitoring Overutilization**

### *Members with Opioid Overutilization*

According to the Centers for Disease Control and Prevention, drug overdose deaths and opioid involved deaths continue to increase in the United States. More than six out of ten drug overdose deaths involve an opioid. Since 1999, the amount of prescription opioids sold in the U.S. has nearly quadrupled, yet there has not been an increase in the amount of pain that Americans report. Deaths from prescription opioids have more than quadrupled since 1999 (CDC, 2017 found online at <https://www.cdc.gov/drugoverdose/epidemic/index.html>). Peach State has seen an increase in Opioid use within the Medicaid population going from in the fourth quarter of 2015 by reviewing pharmacy claims. The Peach State Pharmacy department began an Opioid Overutilization Program (OOP) in 2016.

## **Mechanisms to assess the quality and appropriateness of care furnished to Members with special health care needs (4.12.6.1.4):**

Peach State Health Plan's care management program identifies members who have the greatest need for Care Management, including members with special health care needs. Peach State defines members with special health care needs as are those members who have serious and chronic physical, developmental, or behavioral conditions requiring medically necessary health and related services of a type or amount beyond that typically required by members.

The Plan has a comprehensive system to regularly monitor, analyze and evaluate the appropriateness and timeliness of preventive health care as well as under and over utilization by members with chronic disease, and with special healthcare needs. Peach State's Care Managers, with the support of a cross-departmental team utilizes this system to conduct at least quarterly monitoring and analysis using PDSA cycles and barrier analyses to also evaluate the effectiveness of CM interventions.

Peach State uses a multidisciplinary Care Management Team (CM Team) model that includes the most appropriately trained staff to meet member's identified physical health, behavioral health (BH), social, and other needs. Peach State's CM Teams include licensed Registered Nurses (RNs) and BH clinician Care Managers, Social Workers, Health Coaches (licensed respiratory therapists, certified diabetes educators, registered dietitians, or exercise physiologists), medical and BH medical directors, prior authorization and concurrent review nurses, pharmacists, and non-clinical support staff. Peach State assigns a Primary Care Manager based on the member's primary needs for care management. The Primary Care Manager serves as the member's point of contact with Peach State and coordinates the CM Team activities.

**Communicating to Members and Providers (4.12.6.1.9):** At least annually, Peach State Health Plan evaluates its QAPI Program documents, required reports and implemented activities/recommendations. The Plan provides information, including a description of the QAPI Program and a report on the Plan's progress in meeting QAPI Program goals, to members and providers. At a minimum, the communication includes information about QI program goals, processes and outcomes as they relate to member care and service and specific data results such as HEDIS, CAHPS, and results of Performance Improvement Projects. Primary distribution is through the Member/Provider Newsletter and Plan web site. Information about how to obtain a hard copy description of the program is included on the web site and in the Member Handbook and Provider Manual.

The Plan seeks input from and works with member's providers, community resources and agencies to actively improve the quality of care provided to members and the QAPI Program. The second quarter of

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each year will be dedicated to sharing results/plans and obtaining feedback from members during meetings and in-person events and obtaining feedback from providers during QOC and PAC.

Peach State Health Plan obtains and includes information from providers and members, their families and guardians of members in the development of QAPI activities via the following means:

- ☞ Feedback from members will be obtained through:
  - In-person New Member Orientations (NMO),
  - 1<sup>st</sup> Birthday parties,
  - ‘Spring into Your Health’ events,
  - Parent Nights,
  - Member and Community Advisory Committee meetings,
  - Peach State Days,
  - Other in person events where members are present, and/or
  - Member Grievances

Peach State Health Plan conducted a formal member focus group in CY 2016 and will conduct focus groups to determine barriers to care at least every two years.

- ☞ Provider feedback will be obtained during the
  - Quarterly Provider Advisory Committees,
  - Specialty Subgroup meetings,
  - Annual AAP/AAFP/Society meetings
  - Other in-person provider contacts
  - QOC meetings

Peach State Health Plan will continue to discuss QAPI activities during quarterly Quality Oversight Committee (QOC) and Utilization Management Committee (UMC) meetings which include external physicians. The timing of the meetings will allow for ongoing evaluation and revision to the QAPI Program.

### Performance Improvement Activities

Peach State has several programs targeting improved outcomes, and also executes numerous interventions each year in an effort to positively impact member health, medical costs and/or members care experiences. After identifying areas requiring improvement through the analysis of various data sources, including those discussed in the Quality Assessment section above, interventions are selected and programs are modified, as appropriate, to achieve the desired outcome. Peach State uses best practices for performance and quality improvement and includes information from participating providers and information from members, their families, and their guardians in the development and implementation of quality management and performance improvement activities.

**Performance Improvement Projects (4.12.6.1.1):** Peach State develops Performance Improvement Projects (PIPs) to improve compliance rates for specific performance measures and to address trends identified through monitoring activities, reviews of complaints and allegations of abuse, provider credentialing and profiling, and utilization management reviews. Whenever possible, a target population with treatment disparities for each performance measure is identified by analyzing member demographic data such as race/ethnicity, age, geography, and diagnosis. After the target population is identified, interventions are specifically designed to improve their compliance rates. PIPs systematically gather data to clarify issues or problems, test interventions, measure effectiveness of the interventions, and evaluate the potential for wider application of the intervention to improve outcomes on a larger scale. Peach State

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conducts PIPs that the Plan and/or DCH identifies as required areas of focus. A team is assigned to each PIP.

**Coordination and Continuity of Care Program:** Peach State delivers an integrated, member-centric, and innovative Coordination and Continuity of Care program that is rooted in the principles of the System of Care approach. Members identified to be at risk are encouraged to participate in specific programs of care that offer various services designed to minimize/manage the member's risk factors. Our Coordination and Continuity of Care Program includes care management, disease management, and discharge planning programs as described below.

🕒 **Care Management Programs:** Peach State seeks to improve the health and overall well-being of all members with complex health needs through their High Risk OB, HIV, NICU, ED program and Complex Case management programs. Our Care Management model places Members at the center of an interdisciplinary Care Management Team, which is comprised of the PCP/medical home, BH provider (or BH Home when appropriate), and other treating providers as well as our Care Management staff, Social Workers, Member Connections staff, a Health Coach, a pharmacist, caregivers and informal supports, and community providers as appropriate. Care Management staff provides leadership to ensure person-centered care, shared-decision making and Member self-management. Our staff works with Members and their providers to arrange for delivery of healthcare services and other community-based services that improve health status in a cost-effective way. Additional information on the Care Management program and a detailed explanation of how Peach State serves members with complex health needs can be found in the Care Management program description.

🕒 **Disease Management Programs:** Peach State offers disease management programs targeting diabetes, asthma, smoking cessation during pregnancy. Disease Management program objectives are to improve the health status of members with chronic conditions by educating members and enhancing their ability to self-manage their condition or illness. Peach State's disease management programs were developed from evidenced-based clinical practice guidelines and support the practitioner-patient relationship, plan of care and foster patient empowerment. Additional information about Peach States Disease Management program can be found in the Disease Management program description.

🕒 **Discharge Planning:** The purpose of the Discharge Planning and Concurrent Review Program is to promote a seamless transition of care for members discharging from the hospital. The program addresses the needs of Members discharging from the hospital to prevent readmissions for physical and BH issues. Members are identified for discharge planning at the time of a request for a planned admission or upon notification of an unplanned admission. Clinical information is obtained through concurrent review by Peach State staff that are on-site at 16 high volume hospitals and telephonically at all other hospitals. Concurrent review staff work with the Member and hospital staff to ensure the member is receiving appropriate care, identify potential risk factors for readmission and ensure that the member's discharge plan addresses all the Member's needs. The CM follows up with the member 24-48 hours post discharge to confirm that the Member has all needed equipment, medications, in-home services, and to reconfirm their understanding of their diagnosis, condition, and self-management plan. Member and provider engagement and education, coordination of care and services and the promotion of self-management skills helps achieve the ideal transition for the member and reduces readmission risk.

**Behavioral Health Program:** Management of the behavioral health program is delegated to NCQA-accredited Envolve PeopleCare – Behavioral Health (EPC-BH) which was formerly Cenpatico Behavioral

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Health, a member of the Centene family of services. As a delegate, EPC-BH is responsible for providing all aspects of behavioral health (BH) care services to Plan members, and coordinating BH care with Plan medical practitioners. Peach State recognizes the integral role behavioral health plays in comprehensive health care for members and collaborates with EPC-BH to analyze data, perform causal analysis, and identify opportunities for improvement and design interventions to improve outcomes. The Plan seeks to identify opportunities to facilitate and enhance continuity and coordination between medical and behavioral care by maintaining processes for exchanging information regarding the appropriateness of BH diagnosis made in the primary care setting, monitoring use of psychopharmacological medications, managing members with coexisting medical and behavioral disorders and collaborating on BH preventive health program implementation. Additionally, Peach State holds weekly case discussions with EPC-BH staff regarding medical cases to assist in identifying BH care needs, integrate behavioral and physical care. Peach State maintains oversight of EPC-BH activities through review of their complaints/grievances, provider access and availability reports, and their QAPI Program description.

**Patient Centered Medical Homes** Peach State recognizes the need to strengthen the capacity of Georgia providers to care for members with complex medical and social needs and launched a program to help practices transform into patient centered medical homes and achieve NCQA PCMH recognition. This program incorporates multiple elements that incentivize providers to achieve and maintain NCQA PCMH recognition, which promotes quality, access, and effective coordination of care. The program assists and supports practices in achieving NCQA PCMH recognition by providing technical support to practices during the PCMH certification process and offering an enhanced payment structure for PCMH providers who participate in one of the Payment Innovation programs.

**Pharmacy Lock-In Program:** Peach State's Pharmacy Department conducts a Pharmacy Lock-in Program for members identified as over-utilizing prescription medications prescribed by multiple providers and/or filled at multiple pharmacies. Members in Pharmacy Lock-in are limited to one pharmacy for all prescriptions. The Pharmacy Department contacts the member, the prescribing physician and the pharmacy before placing a member on Pharmacy Lock-in to educate all parties on the process.

**Medication Therapy Management (MTM) Program:** The MTM program uses member-centric interventions to overcome barriers to medication adherence, address medication related health/safety concerns, and omissions of evidence-based pharmacotherapy care. The program centers on addressing health and medication literacy; supporting appropriate provider utilization and provider communication; and supporting socio-economic specific deficits and barriers, such as language barriers, transportation, DME needs, poor prescriber/member communication, mental health issues.

**Preventive Health Reminder Programs:** Preventive health reminder programs are population-based initiatives that aim to improve adherence to recommended preventive health guidelines for examinations, screening tests and immunizations to promote the prevention and early diagnosis of disease. These programs utilize various member and provider interventions and activities to improve access to preventive services. Examples of preventive health reminder programs include, but are not limited to:

- Member and provider education such as articles in member and provider newsletters
- Face-to-face and written education provided to members at health fairs and other community-based events
- Targeted telephonic and/or written outreach to member/parents/guardians to remind them about applicable preventive health screenings and services which are overdue, and to offer assistance with scheduling appointments and transportation to the appointments as needed

## 2017 Medicaid QAPI Program Description

- Targeted written and/or face-to-face education and communication to providers identifying assigned members due or overdue for preventive health screenings such as well child visits, immunizations, lead testing, cervical cancer screening, breast cancer screening, etc.

**Prenatal Care Programs:** The Start Smart Pregnancy Program and the Embedded FQHC programs aim to improve birth outcomes through the early identification and assessment of pregnant members.

**The Start Smart Pregnancy Program** educates members on the importance of prenatal care and offers incentives for pregnant members who attend their prenatal appointments. Additionally, this program provides member outreach and education assistance with accessing needed medical, nutritional, social, educational, and other services, including the 17P program and coordination of referrals to appropriate specialists.

**The Embedded FQHC Program** provides face-to-face services at high volume FQHCs to help identify high-risk members for early enrollment into CM. Onsite staff also works with pregnant Plan members who receive services at the FQHC, encouraging them to engage in healthy behavior and keep all appointments. Services provided include assessments, education, home visits, home assessments, and addressing all barriers to care.

**Preventive Health Guidelines and Clinical Practice Guidelines:** Preventive Health Guidelines (PHGs) and Clinical Practice Guidelines (CPGs) assist providers, members, and caregivers in making decisions regarding health care in specific clinical situations. Guidelines are based on member health needs and are developed using valid and reliable clinical data and research. Adoption of guidelines are made in consultation with network providers to support the use of evidence-based practices in the diagnosis, treatment, and management of health conditions in order to optimize patient care. The Plan adopts clinical practice guidelines (preventive or non-preventive) relevant to the target population.

At least two of the adopted CPGs directly correspond with two disease management programs offered by the Plan. CPG's are updated based on significant new scientific evidence or change in national standards or at least every two years. At least annually, a multidisciplinary meeting to review Clinical Practice Guidelines (CPGs) is conducted which includes representation from Vendors, Quality Improvement, Medical Management, Pharmacy, Medical Affairs, Provider Relations and Member Services. The meetings are held to review the CPGs and to ensure that decisions to which the guidelines apply are consistent. Further, the cross-departmental meetings review member and provider documents to ensure distributed content and materials are consistent with the guidelines. If guidelines are changed between annual meetings, due to updates in the literature upon which they are based, an ad hoc meeting is held to review the specific guideline that changed. Minutes of these meetings are kept and attendees sign an attestation of their review. In addition, at least annually, a multidisciplinary meeting to review Clinical Practice Guidelines (CPGs) will be conducted to include Vendors, Quality Improvement, Medical Management, Pharmacy, Medical Affairs, Provider Relations and Member Services. The meetings are held to review the CPGs and to ensure that decisions, to which the guidelines apply, are consistent. Further, the cross-departmental meetings will review member and provider driven documents to ensure distributed content and materials are consistent with the guidelines. In addition, assessment of all UM staff responsible for decisions regarding utilization management and coverage of services including physicians and authorization nurses will be conducted to ensure consistency (as applicable) with the clinical practice guidelines.

Practitioner adherence to the CPG's is encouraged in the following ways:

- 🕒 New provider orientations will include the clinical practice guidelines section of the Provider Manual and a discussion of Plan expectations
- 🕒 Measures of compliance will be shared in provider newsletter articles and on the provider web site;

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- 📧 Targeted mail outs that include guidelines relevant to specific provider types will underscore the importance of compliance

Practitioner compliance with the CPG's is audited quarterly through review of performance measures and/or medical record review. If a provider's CPG compliance rates fall below organization and/or State goals, Peach State implements interventions as applicable. EPSDT Medical Record Reviews are used to assess practitioner compliance with PHGs for children; CPG Medical Record Audits are used to assess provider compliance with ADHD, Asthma and Diabetes CPGs.

## Member Engagement Strategies

Peach State continuously strives to develop creative solutions to increase member engagement in outreach and education activities. Increasing opportunities for face-to-face and personal interaction with Members along with creative and enhanced use of existing technology and new media are key components of the member engagement strategy. The Peach State website, member portal, and mobile applications leverage the nationwide expertise of our parent company Centene Corporation to increase member engagement.

**Member Incentives.** Member incentives are offered to increase Member engagement in health education programs, and to encourage efficient and effective use of their benefits. The Peach Pays Healthy Rewards Program rewards members for preventive visits and screenings.

**Any Point of Contact Approach.** All Peach State staff in direct contact with Members provide helpful, accurate information during outreach so that Members receive the right information at the right time to improve health outcomes. For example, Customer Service Representatives and EPSDT Coordinators educate Members on their Medicaid rights and how to select an appropriate PCP and advise them of any missing care gaps. Our Care Coordination, Care Management, and Disease Management staff provides integrated education as a part of their overall assessment, planning, and implementation approach. Our Member Connection Representatives extend the reach of the Care Management team by educating Members in their own homes and communities and Community Relations Coordinators (CRCs) engage with Members at community events to promote healthy choices. Members who call frequently are assigned a Personal Advocate for Care, who immediately assists high need Members by providing personal concierge-style service and education.

**New Member Orientation.** Peach State hosts monthly New Member Orientation meetings throughout the State to meet with new Members in person. During these meetings members are educated about the importance of selecting a PCP and a Dental Home that meet their needs, the role of the PCP and Dental Home, and how to connect with our Customer Service Department to make changes immediately if needed.

**Community Partnerships.** Peach State partners directly with local organizations to conduct targeted, community-driven outreach to educate not only our members, but also the broader community. Since 2012, we have invested over \$500,000 in our local communities to support locally developed outreach and education events, health and recreational programs and the purchase of needed items, including school supplies.

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## QAPI Program Report Cycle

Annually, Peach State Health Plan submits to DCH a comprehensive QAPI Program Report, utilizing the DCH specified QAPI Report template that integrates all aspects of the QAPI Program. The QAPI Program documents tell the story of the effectiveness of the QAPI Program in meeting defined goals and objectives and achieving improved health outcomes. Peach State will submit interim reports more frequently than annually to demonstrate progress if required by DCH (4.12.6.6). Upon the request of DCH, the Plan will provide any information and documents related to the implementation of the QAPI Program (4.12.6.5).

The QAPI Program incorporates an ongoing documentation cycle that applies a systematic process of quality assessment, identification of opportunities, and intervention implementation and evaluation. The QI instruments listed below demonstrate the Plan's continuous quality improvement cycle using a pre-determined documentation flow.

- QAPI Program Description
- QI Work Plan
- QAPI Program Evaluation

**QAPI Program Description:** The QAPI Program Description is a written document that outlines the Plan's structure and process to monitor and improve the quality and safety of clinical care and the quality of services. The QAPI description includes at least the following: specific roles, structure and function of the QI Committee and other committees, including meeting frequency; accountability to the governing body; a description of resources that are devoted to the QAPI Program; behavioral health care involvement; and patient safety. The QAPI Program Description is reviewed and approved by the QOC and Board of Directors on an annual basis and submitted to DCH annually. Peach State Health Plan's QAPI Program description was submitted to DCH for initial review and approval and will continue to be submitted as updated and/or within 60 days of implementation of changes (4.12.6.3 & 4).

**QAPI Program Work Plan:** To implement the comprehensive scope of the QAPI Program, the QI Work Plan clearly defines the activities that must be completed by each department and all supporting committees throughout the measurement year. The annual QI Work Plan specifies the activities, the person(s) responsible for the activity, the date of expected task completion and the monitoring techniques that will be used to ensure completion within the established timeframe. The Work Plan is reviewed by the QOC on an annual basis and at regular intervals throughout the year, as needed.

**QAPI Program Evaluation:** To determine the effectiveness of the QAPI program, Peach State analyzes numerous reports and outcome measures from all areas of plan operations. The QAPI Program Evaluation includes an analysis of all QI activities, a discussion on the impact the program has had on members' care, an analysis of the achievement of stated goals and objectives and upcoming program revisions and modifications. The QAPI Evaluation report is presented to the QOC for review and approval and is also reviewed by the BOD.

## Regulatory Compliance and Reporting

Peach State complies with all Federal, State and Georgia Families requirements. Plan departments perform required quality of service, clinical performance, and utilization studies throughout the year based on contractual requirements, requirements of other state and regulatory agencies and those of

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applicable accrediting bodies such as NCQA. All Plan functional areas utilize standards/guidelines from these sources and those promulgated by national and state medical societies or associations, the CDC and the federal government. The QI department maintains a schedule of relevant QI reporting requirements for all applicable state and federal regulations and submits reports in accordance with all requirements. Additionally, the QAPI Program and Plan departments fully support every aspect of the federal privacy and security standards, Plan's Business Ethics and Integrity Program, Plan's Compliance Plan, and Plan's Waste, Fraud and Abuse Plan.

### Review and Approval

The annual QAPI Program Description has been reviewed and approved by the Quality Oversight Committee and will be presented to the Peach State Health Plan Board of Directors.



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Dean Greeson, MD, MBA  
Senior Vice President, Medical Affairs/Chief Medical Officer  
Peach State Health Plan

06/29/2017  
Date Signed



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Michael D. Strobel MPA, MA, LMHC  
Vice President, Quality Improvement  
Peach State Health Plan

06/29/2017  
Date Signed