

QAPI Program Work Plan 2017

Medicaid and PeachCare for Kids

STANDARD/SCOPE	OBJECTIVE	DESCRIPTION	ACCOUNTABLE	TIMELINE	MONITORING STATUS
QUALITY IMPROVEMENT					
<p>QUALITY OVERSIGHT COMMITTEE STRUCTURE</p> <p>BOARD OF DIRECTORS (BOD)</p>	<p>Quality Improvement Program to meet 100% of NCQA requirements.</p> <p>Board approval of 2017 Quality Assessment Performance Improvement (QAPI) Program Description, the 2017 QAPI Program Work Plan and the 2016 QAPI Program Evaluation</p>	<p>Infrastructure designed to improve the quality & safety of care and services provided to members.</p> <p>Standing subcommittees include:</p> <ul style="list-style-type: none"> -Utilization Management Committee -Performance Outcomes Steering Committee -Pharmacy & Therapeutics Committee -Delegated Vendor Oversight Committee -Physician Practice Evaluation Committee -Peer Review Committee <p>Board of Directors (BOD) meetings scheduled at least three times per year</p>	<p>Senior Vice President, Medical Affairs/Chief Medical Officer</p> <p>President/Chief Executive Officer</p>	<p>Ongoing. QOC – Every other month (but a minimum of quarterly)</p> <p>Standing committees – UMC, POSC, P&T and DVOC meet at a minimum of quarterly. CC meets monthly.</p> <p>PPEC and PRC meet ad hoc</p> <p>BOD meets a minimum of three times per year.</p>	<p>Continue to monitor for compliance with NCQA standards and state requirements.</p>
BEHAVIORAL HEALTH (BH)	Monitor and improve BH aspects of the QI Program	<p>Behavioral health is delegated to Cenpatico as described in the QAPI Program Description.</p> <p>BH Medical Director participation in the QOC</p>	Director QI, Cenpatico	On-going.	Continue to monitor to NCQA requirements.
CULTURAL COMPETENCY / CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES	Cultural Competency Program to meet 100% of NCQA requirements	Analyze Consumer Assessment of Healthcare Providers and Systems (CAHPS [®]) survey for demographic information and for identification of any indicators of health care disparities that need to be addressed Compile data on member ethnicity, language and other demographics for inclusion in the Cultural Competency	<p>Manager, Stars Program</p> <p>Vice President, Operations</p> <p>Vice President, Quality Improvement</p>	<p>Cultural Competency Program Description to QOC for approval annually</p> <p>Cultural Competency Program Evaluation to QOC for approval</p>	Continue to monitor to NCQA, state and federal requirements.

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		<p>Program utilizing member enrollment data and/or census data which can be generalized to the Medicaid population. Examples for consideration to include are gender, age, race/ethnicity, languages, eligibility income group, disease prevalence, etc. Examples of data to review for potential disparities are CAHPS, HEDIS & non-HEDIS data such as inpatient, ER, OP facility and OP professional utilization.</p> <ul style="list-style-type: none"> • Cultural Competency Program Description – annual review and approval by QOC • Cultural Competency Program Evaluation - annual review and approval by QOC 		annually and as an update semiannually	
QUALITY AND SAFETY OF CLINICAL CARE/ PATIENT SAFETY	The Patient Safety Program includes reporting and analyzing the following:	<p>Monitor:</p> <ul style="list-style-type: none"> • Patient safety programs and outcomes in network hospitals • Medication recalls • Medication errors • Results of Site Inspections • Potential Quality of Care Concerns • Pharmacy Lock In Program • Radiation Awareness Program • Provider Preventable Conditions as required in the new managed care final rule, 42 CFR § 438.3(g) and by the Department of Community Health (DCH) 	<p>Manager, Grievance and Appeals</p> <p>Vice President Quality Improvement</p>	<p>2017 Patient Safety Plan to QOC for approval</p> <p>On-going collection of data</p> <p>DCH Patient Safety Report to QOC annually (May), to DCH annually June 30th of each year</p> <p>Grievances and Adverse Events report to QOC quarterly</p>	Continue to monitor to NCQA and state requirements.

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ANNUAL QAPI PROGRAM EVALUATION	To annually evaluate performance on the QI activities described in the QAPI Program Description and QAPI Program Work Plan	The QAPI Program Evaluation will include: <ul style="list-style-type: none"> • Description of completed and ongoing activities for the previous year • Monitoring previously identified issues • A quantitative analysis and trending of measures • A barrier analysis to identify reasons when goals are not met • A description of the Program's overall effectiveness 	Director, Quality Improvement Vice President, Quality Improvement	Annual QAPI evaluation report to DCH annually June 30 th of each year	Continue to monitor to NCQA and state requirements.
Interim Evaluation:					
Revised Plan:					
QUALITY OVERSIGHT COMMITTEE (QOC)	Meets not less than quarterly. Complete 100% of required activities by year-end	<ul style="list-style-type: none"> • Committee minutes completed, signed and dated by the recorder • Approve 2017 Quality Assessment Performance Improvement (QAPI) Program Description, 2017 QAPI Program Work Plan and 2016 QAPI Program Evaluation • Ensure active participation of providers in QI Program • Ensure monitoring of previously identified issues 	Senior Vice President, Medical Affairs/Chief Medical Officer Chief Operations Officer /Chair QOC	Ongoing.	Continue to monitor to NCQA and state requirements.
Interim Evaluation:					
Revised Plan:					
HEALTH SERVICES CONTRACTS	Practitioners' and providers' contracts include all required components.	<ul style="list-style-type: none"> • Ensure contracts are compliant and include language to address: quality improvement, access to medical records, confidentiality, notification of termination and open communication of treatments 	Vice President, Contract Management	Ongoing assessment of active contracts	Continue to monitor to NCQA and state requirements.
Interim Evaluation:					
Revised Plan:					

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QUALITY OF SERVICE / AVAILABILITY OF PROVIDERS	<p>1) Peach State will ensure adequate providers to meet the needs of the members via geo access and ratio reports</p> <p>2) Assess cultural needs and preferences</p>	<p>Geo-access evaluation of the distribution of providers in various groups against Plan standards</p> <ul style="list-style-type: none"> • Primary Care Providers • Identify high volume specialists and Behavioral Health providers by claims volume • Approve PCP/member and SCP/member ratio goals • Access closed/open panels <p>Compile and analyze data from vendor language line. Identify member's secondary language and geographic location and assess for provider coverage to meet member's needs. Review CAHPS survey results and analyze member grievances related to availability of providers</p>	<p>Director, Contracting</p> <p>Director, Vendor Contract Management</p> <p>Senior Vice President, Operations and Director QI, Cenpatico</p> <p>Vice President, Operations</p>	<p>Reporting at a minimum of semi-annually to QOC</p> <p>Annually</p>	Continue to monitor to NCQA and state requirements.
Interim Evaluation:					
Revised Plan:					
QUALITY OF SERVICE / ACCESSIBILITY OF SERVICES	<ul style="list-style-type: none"> • Members have timely appointment access to PCPs, specialists & BH in accordance with established standards. • Members are able to access Peach State via telephone in a timely manner. 	<ul style="list-style-type: none"> • Providers are evaluated monthly via telephone survey for compliance with standards for routine, sick and urgent care appointments. • Cenpatico evaluates compliance for routine, urgent and life-threatening appointments. • Monitoring telephone wait times and abandonment rates. 	<p>Senior Director, Provider Network</p> <p>Director QI, Cenpatico</p> <p>Vice President, Operations</p>	<p>Telephone surveys conducted by PR staff reported annually to QOC.</p> <p>Monthly monitoring via system data. Reported quarterly to DCH & QOC</p>	Continue to monitor to NCQA and state requirements, educate practitioners who do not pass the audit

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		<ul style="list-style-type: none"> Review CAHPS survey results and analyze member grievances related to appointment access 	Vice President ,Operations and Manager, Grievance and Appeals	Annually	
Interim Evaluation:					
Revised Plan:					
MEMBER SATISFACTION	<p>Peach State Health Plan evaluates member satisfaction with its services and identifies potential areas of improvement.</p> <p>The assessment of member satisfaction includes monitoring of member grievances and appeals.</p>	<p>Adult and Child CAHPS surveys</p> <p>Multi-disciplinary work group to analyze CAHPS survey results, conduct barrier analysis, identify opportunities for improvement and make recommendations of interventions to the QOC.</p> <p>Monitor grievances tracked in QI Dept. The goal for grievances has been established as ≤ 0.90 per thousand members.</p> <p>Member Satisfaction Performance Improvement Project</p>	<p>Vice President Operations</p> <p>Vice President Operations</p> <p>Manager Grievance and Appeals</p> <p>Vice President, Operations and Director, Quality Improvement</p>	<p>CAHPS Survey fielded annually.</p> <p>Report results and recommendations to QOC</p> <p>Reported quarterly to QOC</p> <p>Reported annually to QOC</p>	Continue to monitor to NCQA and state requirements.
Interim Evaluation:					
Revised Plan:					
COMPLEX CASE MANAGEMENT	Peach State coordinates services for members with chronic conditions and assists them to access needed resources. This activity is administered by the Medical Management Department.	The Case Management Program documents the process and reports evidence of the process of identifying members for complex case management using the identified data sources. The Case Management Program is conducted in compliance to NCQA standards. The Case Management Program Description, Work Plan and Program Evaluation are monitored by the Case Management Department and reviewed and approved by the UMC.	Senior Director, Medical Management	<p>Annual UMC approval of CM Program Description and CM Program Evaluation.</p> <p>Ongoing monitoring in UMC.</p> <p>To QOC annually via Utilization Management Committee (UMC) minutes/reports.</p>	Continue to monitor to NCQA, state requirements and Health Services Advisory Group (HSAG) recommendations.

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		The findings from the UMC are reported to the QOC.			
<i>Interim Evaluation:</i>					
<i>Revised Plan:</i>					
DISEASE MANAGEMENT	Peach State Health Plan actively intervenes to assist members and practitioners to manage chronic conditions.	The Disease Management Program actively works to improve the health status of its member's with chronic conditions. The Disease Management Program is conducted in compliance with NCQA standards. The Disease Management Program Description, Work Plan and Program Evaluation are monitored through the Disease Management Department and reviewed and approved by the UMC. The findings from the UMC are reported to QOC.	Senior Director, Medical Management	Annual UMC approval of DM Program Description and DM Program Evaluation Ongoing monitoring via UMC. To QOC annually via UMC minutes/reports.	Continue to monitor to NCQA, state requirements and HSAG recommendations.
<i>Interim Evaluation:</i>					
<i>Revised Plan:</i>					
CLINICAL PRACTICE GUIDELINES	Peach State Health Plan is accountable to adopt and disseminate Clinical Practice Guidelines (CPGs) relevant to its population for medical and behavioral health services.	<ul style="list-style-type: none"> Adopt CPGs for at least two medical conditions and two behavioral health conditions. Guidelines must be evidenced-based and relate to at least two conditions included in the Disease Management Program as described in NCQA standard QI 9 and DCH requirements. Distribute the guidelines to the appropriate provider groups via printed and /or web communication. Peach State measures performance against two aspects of selected CPGs and PHGs for medical conditions. (NCQA Auto-credit is received for the BH guidelines) 	Senior Vice President, Medical Affairs/Chief Medical Officer Director, QI and Director QI, Cenpatico Director, QI	Approved by QOC annually or when changes are needed Report CPG Compliance data to QOC annually Conduct CPG Compliance Medical Record reviews quarterly	Continue to monitor to NCQA and state requirements.

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PREVENTIVE HEALTH GUIDELINES	Peach State utilizes preventive guidelines to encourage early detection of illness.	<p>since delegating to an accredited MBHO)</p> <ul style="list-style-type: none"> • Measure practitioner compliance with CPGs in compliance with the DCH requirements and NCQA requirements. • Continue Corrective Action Plans and re-audit for practitioners who do not meet standards. • Adult and pediatric preventive guidelines are reviewed and updated annually. • Annual review of CPGs and PHGs by applicable department directors to ensure that decisions for utilization management, member education, coverage of services, and other areas to which the guidelines apply are consistent with the guidelines 	<p>Director, QI</p> <p>Director, QI</p> <p>Director, QI</p> <p>Vice President QI, Directors of UM, CM and DM, Member Services and Pharmacy</p>	<p>CPGs and PHGs approved by QOC at least every two years or when changes are needed</p> <p>Results to QOC annually</p>	
<i>Interim Evaluation:</i>					
<i>Revised Plan:</i>					
CONTINUITY AND COORDINATION OF MEDICAL CARE	Peach State monitors and takes action to improve the continuity of care and services across its delivery network.	<ul style="list-style-type: none"> • Plan collects and analyzes data to ensure coordination of care and services in compliance with NCQA Standards. Metrics and data analyzed and approved by QOC quarterly • Peach State notifies members affected by any changes in their practitioner's status and terminations of PCP providers (Internists, Family Practitioners, and Pediatricians). 	<p>Vice President, Quality Improvement, Senior Director, Pharmacy Services</p> <p>Director, Utilization Management</p>	QOC quarterly	Continue to monitor to NCQA and state requirements.

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		<ul style="list-style-type: none"> Peach State must demonstrate that in defined situations members have continuous access to practitioners whose contract is terminated. Peach State demonstrates efforts to assist members transitioning care. 	Director, Medical Management		
Interim Evaluation:					
Revised Plan:					
CONTINUITY AND COORDINATION OF BEHAVIORAL HEALTH CARE	Peach State will collaborate with Cenpatico to monitor and improve the coordination of care between medical and behavioral health services.	1) Annually, Cenpatico will collect data relevant to: <ul style="list-style-type: none"> The exchange of BH and PH information Referral and treatment of BH conditions seen in medical practice Treatment access and F/U of coexisting conditions Use of psychopharmacological agents 2) Analyze data to identify opportunities for improvement and institute action to address areas of improvement.	Director QI, Cenpatico Senior Director, Medical Management	QOC annually	Continue to monitor to NCQA and state requirements.
Interim Evaluation:					
Revised Plan:					
All Department Operations					
POLICIES AND PROCEDURES	All organization Policies and Procedures will be reviewed and revised in a timely manner.	<ul style="list-style-type: none"> Ensure staff are trained to utilize the Compliance 360 system to revise existing P&Ps timely Develop and approve new policies in Compliance 360 Quality Improvement policies and procedures will be brought to the QOC for approval 	Peach State Department Representatives Director, Quality Improvement	All policies approved on Compliance 360 by the due date Annual reporting of Plan compliance to QOC	Continue to monitor to state requirements. Continued annual review and approval through QOC.
Interim Evaluation:					

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Revised Plan:					
DELEGATION	Peach State will maintain oversight of all functions performance by delegated entities.	Provide oversight for the following vendors who perform delegated services (except for QI/QM, which is not delegated) for Peach State Health Plan members: <ul style="list-style-type: none"> • Cenpatico – behavioral health • DentaQuest – dental services • OptiCare – vision services • NurseWise – telephonic triage / CM • U.S. Scripts – pharmacy services • Nurtur – disease management • NIA – radiology services 	Manager, Delegated Vendor Oversight, Delegated Vendor Oversight Committee	Annual reporting of Plan and vendor compliance to the QOC	Continue to monitor to NCQA Health Plan standards and state requirements. Increase responsibilities of vendors in supporting PM interventions to reach targets.
Interim Evaluation:					
Revised Plan:					
EXTERNAL QUALITY REVIEW	Peach State will strive for 100% compliance with all standards of annual External Quality Reviews (EQR) by Health Services Advisory Group (HSAG)	1) Compliance will coordinate information and respond to the External Quality EQRO regarding compliance with the previous year's Corrective Action Plans 2) Compliance will distribute the current year's EQR Standards to the appropriate departments and coordinate communication across departments to demonstrate compliance with the standards 3) The performance measures required by DCH will be reported in a specific format based upon source (HEDIS, AHRQ, CHIPRA, etc.)	VP, Compliance Director, Quality Improvement	Ongoing When 2017 Standards received from DCH/HSAG – tentatively May 2017 QOC annually, June 2017 DCH annually	Implement HSAG recommendations and continue to monitor to state requirements.
QUALITY OF CLINICAL CARE / PERFORMANCE IMPROVEMENT PROJECTS	Peach State will conduct Performance Improvement Projects (PIPs) at a minimum on the contractually required topics. PIPs will be	Peach State will conduct the following Performance Improvement Projects (PIPs): <ul style="list-style-type: none"> • Asthma 	Director, Quality Improvement, PIP Team Leads	As required by DCH	Continue to monitor to HSAG requirements.

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	forwarded to the QOC to review previously identified issues, perform data analysis, identify opportunities for improvement and make recommendations for interventions.				
HIPAA COMPLIANCE AND CONFIDENTIALITY	Peach State Health Plan is required to establish policies that address privacy and confidentiality of member information. Specific policies detail the Plan's collection, use and disclosure of protected health information (PHI), and are shared with the members.	<ul style="list-style-type: none"> • Perform quarterly internal HIPAA compliance audits • Complete annual compliance training for all personnel. • Monitor member complaints regarding management of health information. • All member information will be maintained in a secure system and location / hard copies in locked files. 	Vice President, Compliance	On-going QOC - Annual report December of each year	Continue to monitor to state and federal requirements.
REPORT SUBMISSIONS TO DCH	All required reports will be submitted to DCH in the assigned format and within the time period defined by DCH	QI Quarterly reporting including analysis: <ul style="list-style-type: none"> • EPDST Medical Record Review Report • Medicaid CMS-416 • PeachCare for Kids® CMS-416 • EPSDT Informing Activity Report • EPSDT Initial Screening Report • CPG Report Annual reporting: <ul style="list-style-type: none"> • QAPI Program Description, QAPI Program Work Plan and QAPI Program Evaluation 	Director, Compliance and Manager, Reporting VP, Quality Improvement	Required reports compiled quarterly and annually, formatted for submission and sent via DCH web portal.	Continue to monitor to state requirements.

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STANDARD/SCOPE	OBJECTIVE	DESCRIPTION	ACCOUNTABLE	TIMELINE	MONITORING STATUS
		<ul style="list-style-type: none"> • Performance Improvement Projects • Performance Measures (with Analysis) • EPSDT Program Description • EPSDT Program Evaluation 			
STANDARDS FOR EPSDT MEDICAL RECORDS	<p>Peach State will comply with the DCH EPSDT Record Review Policy.</p> <p>The providers demonstrate comprehensive and high quality medical care delivery in EPSDT visits as documented in the members' Medical Records.</p>	<p>At least 120 Medical Records audited quarterly on EPSDT visits</p> <ul style="list-style-type: none"> • Quarterly random sample of 120 members who received a HC visit during the previous quarter • Monitor practice Corrective Action Plans (CAPs) which must be submitted within 14 calendar days • Re-audit practitioners placed on Corrective Action Plan (CAP) in two quarters and track outcomes • Practitioners who fail post-CAP re-audit may be forwarded to VPMA/CMO for peer review • Inform practitioners of overall result trends via newsletter 	Manager, QI	<p>Medical record audit results forwarded to DCH quarterly</p> <p>QOC annually</p> <p>Newsletter summary annually</p>	<p>Continue to monitor to state requirements.</p> <p>Continue to implement CAPs for practices that do not meet standards.</p>
QUALITY OF CLINICAL CARE EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT (EPSDT) SERVICES	Increase the rates of EPSDT preventive care visits and services for all eligible members under age 21 in compliance with the DCH contract.	<p>Participate in outreach programs to educate members and encourage compliance with preventive care visit recommendations</p> <p>Conduct telephonic outreach to non-compliant EPSDT members</p> <p>Assist practitioners with education on EPSDT requirements</p>	Director, QI Manager, QI	Annually to QOC	Continue to monitor to state and federal requirements.

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		All required EPSDT reports will be tracked, trended and submitted to DCH on time.			
<i>Interim Evaluation:</i>					
<i>Revised Plan:</i>					
HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS)	<p>Peach State will submit HEDIS data annually in accordance with HEDIS specifications.</p> <p>Peach State will design and implement key interventions to increase the Plan's HEDIS rates reported in CY 2015 and beyond.</p>	<ul style="list-style-type: none"> • Submit the HEDIS Roadmap to Centene Corporate • Ongoing monitoring of HEDIS rates • Specific Teams to monitor and improve HEDIS indicator rates associated with NCQA accreditation. • Conduct off-season HEDIS outreach efforts • Enter information into database for administrative HEDIS • Explore collaborative efforts with vendors • Provider Incentives based upon HBR and HEDIS scores • Consider additional incentives • Continue interventions to increase rates 	Vice President QI, Director QI	Monthly reviews by the HEDIS Steering Committee, annual reporting to QOC	<p>Continue to monitor to state requirements.</p> <p>Include documentation of in-depth barrier analysis and development of interventions to meet targets.</p>
<i>Interim Evaluation:</i>					
<i>Revised Plan:</i>					

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NCQA ACCREDITATION	Ensure Peach State's compliance with the NCQA 2016 Health Plan Accreditation standards	<ul style="list-style-type: none"> Coordinate efforts across departments and with corporate Centene to bring all areas into full compliance with applicable NCQA standards Compile required documents and information for review. Conduct mock survey(s) to assess compliance and readiness for survey 	Director, QI Manager QI		Continue to monitor to NCQA requirements.
Interim Evaluation:					
Revised Plan:					
PROVIDER PROFILING	To improve quality and control costs	<ul style="list-style-type: none"> Distribution of PCP provider profiles semiannually Distribution of OB/GYN provider profiles annually 	Manager QI	PCPs semiannually OB/GYNs annually To QOC annually	Continue to distribute as indicated by state requirements.
Interim Evaluation:					
Revised Plan:					
ONGOING MONITORING OF PRACTITIONERS VIA GRIEVANCES AND ADVERSE EVENTS	To detect and act on potential patterns of concern involving individual practitioners performance.	Ensure monitoring of member grievances and adverse events between re-credentialing cycles at least twice per year	VP, QI	Twice a year	Continue to monitor
Interim Evaluation:					
Revised Plan:					
QUALITY OF SERVICE / PROPOSED ACTIONS AND ADMINISTRATIVE REVIEWS	Peach State processes Proposed Actions (Denials) and Administrative Reviews (Appeals) in compliance with NCQA Standards and the DCH contract. For all types, determinations are made within the mandated timeframe or as expeditiously as the	<ul style="list-style-type: none"> Standard Proposed Actions are completed within 14 calendar days of request If Standard PA denied, written notice to provider and member within 2 business days following the verbal notification of provider Expedited Proposed Actions are completed within 24 hours of request 	Medical Director Manager of Grievance and Appeals Senior Director, Medical Management	Quarterly to the UMC, semi-annually to QOC	Continue to monitor to NCQA and state requirements.

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	member's condition requires.	<ul style="list-style-type: none"> • Reconsiderations will be accepted in compliance with NCQA and contract within 5 calendar days for standard determinations and within 1 business day for Inpatient • Standard Administrative Reviews will be completed within 30 calendar days • Standard Administrative Review acknowledgment letters will be sent within 10 business days • Expedited Administrative Reviews will be completed within 72 hours • Extension requests for Administrative Reviews are processed in compliance with the contract and NCQA Standards (additional 14 calendar days for both Standard and Expedited) • The goal for denials has been established as $\leq 20\%$ of requested services for Peach State and delegated vendors combined per product • The goal for appeals has been established as ≤ 5.0 per thousand per product 			
<i>Interim Evaluation:</i>					
<i>Revised Plan:</i>					
EXTERNAL QUALITY REVIEW / OBTAINING FEEDBACK FROM PROVIDERS, MEMBERS, FAMILIES AND GUARDIANS - MEMBERS	A. In-person New Member Orientations (NMO) B. 1 st Birthday parties C. 'Spring into Your Health' events D. Parent Nights	<ul style="list-style-type: none"> • Aggregate member feedback and evaluate following the PDSA cycle, include in goals, update the Work Plan and present to QOC quarterly as applicable. 	Director Community Relations & Director, QI	Quarterly summaries to QOC	

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	E. Member and Community Advisory Committee meetings F. Peach State Days G. Other in person events where members are present H. Member Grievances				
<i>Interim Evaluation:</i>					
<i>Revised Plan:</i>					
EXTERNAL QUALITY REVIEW / OBTAINING FEEDBACK FROM PROVIDERS, MEMBERS, FAMILIES AND GUARDIANS – MEMBER FOCUS GROUPS	Plan will conduct formal focus groups every two years in which to gather feedback from members, families and guardians to integrate into the QAPI program. (CY 2016 was the initial year.)	<ul style="list-style-type: none"> • Collate feedback from focus groups and bring to QOC for review 	Director Marketing and Communications Manager, QI	Every two years, next in 2018	
<i>Interim Evaluation:</i>					
<i>Revised Plan:</i>					

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Goals, Objectives, Strategies and Interventions from the 2016 QAPI Program Evaluation

STRATEGY	POTENTIAL INTERVENTIONS	METRICS	ACCOUNT ABLE	TIMELINE	STATUS
<p>Goal 1. Improve Member Health</p> <p>**DCH Goal – Improved Health for Medicaid and PeachCare for Kids® (CHIP) Members</p>					
<p>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.</p> <p>Metrics: HEDIS: W34, AWC, PPC (Prenatal Care) and FPC 81%+, ADV- Total Child Core Set: Dental Sealants; Preventive Dental CMS 416: participation and screening rate</p> <p>**DCH Objective 1: Improve access to high quality physical health, behavioral health and oral health care for all Medicaid and PeachCare for Kids® members so that select performance metrics will reflect a relative 10% increase over CY 2014 rates as reported in June of 2020 based on CY 2019 data.</p>					
1.1.1 Increase and monitor access to health services for members	Partner with an Atlanta area school based clinics to perform preventive well visits on children in grades Kindergarten- High School.	Number of school partnerships Number of PS members who use the school/SBC for preventive services	V.P. QI	Quarterly updates	To QOC for approval
	Increase enrollment of local education agencies (LEAs) as telemedicine originating site providers to improve access to telemedicine services.	Number of LEAs enrolled as telemedicine site Number of members who used the newly enrolled LEA for services via telemedicine	V.P. QI	Quarterly updates	To QOC for approval
	Implement dental homes to increase sealants for eligible members age 6-9 years old	Implementation of Dental Homes and trend monthly rates Number of members who receive a preventive service Number of members who receive a preventive service and are eligible and receive a sealant	V.P. QI	Quarterly updates	To QOC for approval

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STRATEGY	POTENTIAL INTERVENTIONS	METRICS	ACCOUNT ABLE	TIMELINE	STATUS
<p>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 percent increase over 2016 rates.</p> <p>Metrics: HEDIS ADV (total); PPC (Prenatal & Postpartum Care); FUH -7 day; ADHD- initiation; W34, AWC, CAP Child Core Set: Preventive Visits</p> <p>**DCH Objective 2: Increase appropriate utilization of physical and behavioral health services by all Medicaid and PeachCare for Kids members so that select performance metrics will reflect a relative 10% increase over CY 2014 rates as reported in June of 2020 based on CY 2019 data.</p>					
1.2.1. Increase Preventive health and follow up care service utilization	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.	Track and compare monthly ADD initiation rates for providers who prescribe 21 day supply versus those who do not	V.P. QI	Quarterly updates	To QOC for approval
	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	Number of members seen on the day of discharge, in home, referrals to CSBs and telemedicine visits	V.P. QI	Quarterly updates	To QOC for approval
	Improve members' engagement in healthy behaviors by offering the DCH approved Peach Pays reward program for specific preventive services (visits)	Number and amount of rewards given by preventive service/visit	V.P. QI	Quarterly updates	To QOC for approval
	Partner with the DPH to increase awareness of SIDS and improve postpartum visit rates by providing portable bassinets or partner with Healthy Mothers, Healthy Babies to provide infant sleep box and SIDS information to mothers who present for their timely (21-56 day) postpartum visit.	Number of members who receive a timely PPV Number of portable bassinets or infant sleep boxes provided to members	V.P. QI	Quarterly updates	To QOC for approval

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STRATEGY	POTENTIAL INTERVENTIONS	METRICS	ACCOUNT ABLE	TIMELINE	STATUS
	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.	Number of members enrolled in the centering program PPC rates for women at SCWH in the Centering Pregnancy Program compared to those who are not in centering program.	V.P. QI	Quarterly updates	To QOC for approval
	Assist providers in the East and Southeast regions with the largest number of 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.	Number of letters mailed Number of members scheduled as a result of the letter Number of scheduled appointments kept	V.P. QI	Quarterly updates	To QOC for approval
	Identify members using quest analytics/GIS mapping and promote 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.	Number of members who receive a preventive service from FQHC/assigned Dental Home and/or mobile unit	V.P. QI	Quarterly updates	To QOC for approval
<p>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.</p> <p>Metrics: Quarterly CPG reported rates will meet the overall compliance target of 80% HEDIS: AMM acute and continuation; MMA 75% 5-11 year olds; CDC - Control >9 (lower is better); HbA1c Testing, CDC-Eye Exam</p> <p>**DCH Objective 3: Improve care for chronic conditions for all Medicaid and PeachCare for Kids® members so that health performance metrics relative to chronic conditions will reflect a relative 10% increase over CY 2014 rates as reported in June of 2020 based on CY 2019 data.</p>					

QAPI Program Work Plan 2017

Medicaid and PeachCare for Kids

STRATEGY	POTENTIAL INTERVENTIONS	METRICS	ACCOUNT ABLE	TIMELINE	STATUS
1.3.1 Improve Care Coordination Programs	Increase the percent of patient centered medical homes, behavioral health homes, and dental homes	<p>Number of PCMHs; Comparison of HEDIS rates for members seen in PCMH to those not seen in PCMH</p> <p>Number of Behavioral Health Homes; Comparison of HEDIS rates for members seen in BHH to those not seen in BHH</p> <p>Number of Dental Homes; Comparison of HEDIS rates for members seen in DH to those not seen in DH</p>	V.P. QI	Quarterly updates	To QOC for approval
	Medication Therapy Management Program for Antidepressants, Diabetes and Asthma	<p>Number of members contacted for MTM</p> <p>Refill rate for members in MTM after initial call/education</p> <p>Number of members with at least 3 consecutive months of refills after initial MTM contact</p>	V.P. QI	Quarterly updates	To QOC for approval
1.3.2 Improve evidence-based practices	Ensure providers utilize evidence-based guidelines to manage and assist their patients in managing chronic conditions (ADHD, Asthma and Diabetes)	CPG Audit results – Improvement in scores quarter over quarter for ADHD, Diabetes and Asthma	V.P. QI	Quarterly updates	To QOC for approval
	Collaborate with DCH and other CMOs to implement clinical practice guidelines for hypertension.	Adoption of (collaborative) Hypertension CPG	V.P. QI	Quarterly updates	To QOC for approval

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Medicaid and PeachCare for Kids

STRATEGY	POTENTIAL INTERVENTIONS	METRICS	ACCOUNT ABLE	TIMELINE	STATUS
1.3.3 Implement improvement activities focused on chronic conditions	Increase the rate of members who are ages 5-11 years old who have persistent asthma and were dispensed appropriate medications that by using in-home environmental assessment and education to encourage members who are non-compliant with the use of Asthma controller medications to refill their controller medication within 30 days after the in-home visit (Collaborative PIP)	Number of members who refilled medication within 30 days of in-home assessment	V.P. QI	Quarterly updates	To QOC for approval
	Implement home or mobile laboratory services for Diabetic members to obtain HbA1c, BP readings and diabetic retinal eye exams	Number of members who receive lab services at home or via mobile provider	V.P. QI	Quarterly updates	To QOC for approval
Goal 2. Improve Member & Provider Experience with Care					
Objectives: Improve member experience with the Plan by decreasing top two grievance reasons from CY 2016 to CY 2017 Improve Provider Satisfaction with the Plan by educating providers, real time, on claims pricing Metrics: Member Grievance count for CY 2016 and provider satisfaction survey results					
2.1.1 Achieve improvement in the overall member satisfaction with the health plan.	Identify top grievance reason and develop interventions to address	Reduction in Grievances for top two issues	V.P. QI	Quarterly updates	To QOC for approval
2.1.2 Achieve improvement on the provider satisfaction survey results for overall satisfaction with the health plan.	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	Feedback from providers related to Real Time Editing and Pricing on Portico	V.P. QI	Quarterly updates	To QOC for approval
Objective 3. Lower per Capita Cost					
**DCH Goal - Smarter Utilization of each Medicaid dollar					

QAPI Program Work Plan 2017

Medicaid and PeachCare for Kids

STRATEGY	POTENTIAL INTERVENTIONS	METRICS	ACCOUNT ABLE	TIMELINE	STATUS
<p>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</p> <p>Metrics: Child Core Set: C-Section Rate; Nulliparous C-Section Rate; Elective Delivery Rate, Low Birth Weight Rate, Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD). HEDIS: AMBA- ER use Other: All Cause Readmission Rate</p> <p>**DCH Objective 1: Improve member's appropriate utilization of services so that improvements will be documented in ER visit rates and utilization management rates for the adult and the child populations compared with the CY 2014 rates as reported in June of 2020 based on CY 2019 data.</p> <p>**DCH Objective 2: In collaboration with the Georgia Hospital Association's Care Coordination Council, reduce the all cause readmission rate for all Medicaid populations to 9% by the end of CY 2019 as reported in June of 2020.</p>					
3.1.1 Ensure providers are not reimbursed for non-medically necessary early elective deliveries	Implement policy and system edits to deny payments for early elective inductions and Cesarean Sections	Number of providers educated Number of facilities who accurately identify reasons for C-sections Number of providers remediated and no longer coding incorrectly	V.P. QI	Quarterly updates	To QOC for approval
3.1.2 Use Centering Pregnancy to decrease LWB	Partner with Southern Crescent Women's Health (SCWH) to use Centering Pregnancy to decrease LBW rate (and increase PPC)	Number of members enrolled in the centering program Weight of babies born to mothers in SCWH Centering Pregnancy Program	V.P. QI	Quarterly updates	To QOC for approval
3.1.3 Decrease Opioid prescriptions for non-cancer diagnosis	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.	Implementation of Opioid Program Number of members enrolled	V.P. QI	Quarterly updates	To QOC for approval
3.1.4 Reduce ER visits for ambulatory sensitive conditions	Develop and implement ED Diversion Pilot	ED Use for target facility/population	V.P. QI	Quarterly updates	To QOC for approval

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STRATEGY	POTENTIAL INTERVENTIONS	METRICS	ACCOUNTABLE	TIMELINE	STATUS
3.1.5 Improve the transition of care process	Ensure the discharge planning process from inpatient facilities includes coordination and facilitation of post-discharge appointments and medication reconciliation	Plan All Cause Readmission Metric	V.P. QI	Quarterly updates	To QOC for approval

** DCH Goal and Objectives were taken from the Quality Strategic Plan for Georgia Families and Georgia Families 360, February 2016 (<http://dch.georgia.gov/sites/dch.georgia.gov/files/2016-Quality-Strategic-Plan-Final-6.17.16.pdf>)