2016 Medicaid QAPI Program Description

I. Introduction

Peach State Health Plan (Peach State, the Plan) is one of three 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 of nearly 388,000 lives, including those with special health care 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 health care 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.

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/), The National Committee for Quality Assurance (www.ncqa.org), and the Institute for Healthcare Improvement (www.ihi.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:

- Acute and chronic care management
- Behavioral health care
- Compliance with member confidentiality laws and regulation
- Compliance with preventive health guidelines and clinical practice guidelines
- Continuity and coordination of care
- Delegated entity oversight

- Employee and provider cultural competency
- Marketing practices
- Member enrollment and disenrollment
- Member Grievance System
- Member experience
- Patient safety
- Pharmacy
- Provider and Plan after-hours telephone accessibility
- Provider appointment availability
- Provider Complaint System
- Provider network adequacy and capacity
- Provider experience
- Utilization Management, including under and over utilization

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.

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 (DCH) Care Management objectives and goals.

Goal #1 – Improve Member Health

Objectives & Strategies

- Improve health outcomes in targeted member populations through focused prevention and wellness programs so that select performance metrics will reflect a relative 2 percentage point increase over CY 2015 rates as reported in June of 2017 based on CY 2016 data.
    - Use member-focused incentives (informed by member focus groups) to increase the number of 12 -21 year old males in the Southwest Region who receive a preventive visit
    - Engage parents of members 3-6 year old residing in the Southeast region about the importance of preventive care visits.
    - Eliminate barriers for all members to actively participate in their own health care
    - Improve awareness about and access to dental sealant services for children ages six through nine years in the Central Region

- Improve members' self-management of their chronic conditions through member education for members plan-wide diagnosed with diabetes, mental illness and ADHD such that identified measures of effective demonstrate an absolute 2 percentage point improvement over CY 2015 data.
    - Determine why African American/Blacks in the Southwest Region receive less behavioral health services than African American/Blacks or Whites in all other regions.
    - Ensure providers utilize evidence-based guidelines to manage and assist their patients in managing chronic conditions.
    - Increase the rate of the 30 day follow-up appointments in 6 – 12 year olds who had an initial prescription fill for ADHD medication among Central region members
    - Increase the rate of 7day follow-up after mental health hospitalization appointments for members in the Central region.
    - Increase the percent of diabetics in the southwest region who have HbA1c rates <9

Goal #2 – Improve Member and Provider Experience with Care
Objective & Strategies

- Improve member and provider satisfaction with the Plan by achieving a statistically significant increase in overall satisfaction with the plan from CY 2015 survey results to CY 2016 survey results.
    - Achieve improvement on the Children's CAHPS score for Overall Member Satisfaction with the Health Plan
    - Achieve improvement on the Provider Satisfaction survey results for overall health plan satisfaction

Goal # 3- Lower Per Capita Cost
Objective & Strategies

- Have smarter utilization of each dollar by improving select rates associated with appropriate utilization of emergency departments and all cause readmission by two percent (2%) when comparing CY 2015 rates to CY 2016 rates (reported in June 2017)
    - Improve access to Urgent Care Facilities in the Atlanta Region
    - Decrease the rate of utilization of avoidable emergency department (AED) visits to Phoebe Putney Memorial Hospital for members > 18 years old.
    - Reduce the all cause readmission rate for all inpatient members at Gwinnett Medical Center.

II. QAPI Program Structure

A. 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 and approving the proposed QAPI Program description and work plans annually
- Supporting QI Committee recommendations for proposed quality studies and other QI initiatives;

- Providing the resources, support and systems necessary for optimum performance of QI functions;
- Designating the Plan's Senior Executive for Quality Improvement (SEQI); and
- Reviewing the annual QAPI Program Evaluation and QI Work Plan to assess whether program objectives were met and recommending adjustments when necessary.

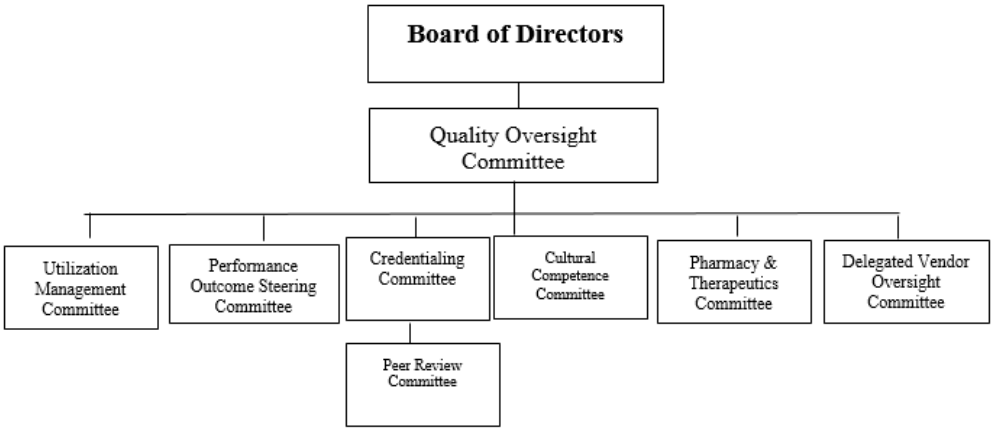
The BOD has delegated operating authority of the QAPI Program to the Quality Oversight Committee (QOC) and has established a comprehensive committee structure to ensure all aspects of the QAPI Program are adequately monitored. All committees must abide by the confidentiality and conflict of interest 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. 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 (SEQI), Plan's Legal Counsel, VPMM or the Board Chairman; and
- 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.

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.

B. Committee Structure



Quality Oversight Committee (QOC)
Peach State's senior management, network providers, including but not limited to primary, specialty, behavioral, dental and vision health care providers, and the Medical Director of Peach State's behavioral health affiliate, Cenpatico Behavioral Health, LLC®, are involved in the implementation, monitoring and directing of all aspects of the QAPI program through participation in the Quality Oversight Committee (QOC). 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	*External Committee Members*
Senior VP, Medical Affairs/Chief Medical Officer (Chair)	Obstetrics/Gynecology Providers
Chief Executive Officer	Internal Medicine Providers
Chief Operating Officer	Pediatric Gastroenterology Providers
Vice President, Quality Improvement	Pediatric Providers
Vice President, Medical Management	Family Practice Providers
Director, Pharmacy	CEO, Southwest Georgia Health Care, Inc.
Senior Vice President, Operations	
Vice President, Network Development and Contracting	
Vice President, Compliance	
Director, QI, Cenpatico Behavioral Health	
Medical Director, Cenpatico	

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 Case 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	*External Committee Members*
Senior Medical Dirctor (Chair)	Obstetrics Providers
Pediatrics /Plan Medical Director	Family Practice Providers
Obstetrics/Gynecology, Plan Medical Director	Obstetrics/Gynecology Providers

Family Practice, Plan Senior Medical Director
President and Chief Executive Officer
Chief Operating Officer
Senior Vice President Medical Affairs/Chief Medical Officer
Director, Pharmacy
Vice President, Medical Management
Manager, Delegated Vendor Oversight
Senior Director, Utilization Management
Senior Director, Member Services
Manager, Medical Management Accreditation
Pediatrics Providers

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
Director, Pharmacy
Director, Provider Relations
Senior Director, Medical Management
Senior Director, Member Services

Credentialing Committee
The Credentialing Committee makes recommendations regarding credentialing and re-credentialing decisions and ensures decisions and reviews are conducted in a nondiscriminatory manner.

Meeting frequency: The Credentialing Committee meets monthly.
Committee Functions: The functions of the Credentialing Committee include, but are not limited to the following:
- Review, evaluate, and make recommendations for practitioner/provider regarding approvals and/or denials
- Annual review and evaluation of the Credentialing program and the Credentialing Policies and Procedures
- Review and report to QOC all approval and/or denials of organizational providers and facilities
- Oversee and monitor all practitioners Corrective Action Plans (CAP)

Internal Committee Members
Medical Director (Chair)

External Committee Members
Two or more peer contracted providers

At least one provider with the same specialty under review

Peer Review Committee (PRC)

The Peer Review Committee (PRC) is an ad-hoc subcommittee of the Credentialing Committee 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 Issues (PQIs)
- 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	*External Committee Members*
Medical Director (Chair)	Two or more peer contracted providers
SVPMA/CMO	At least one provider with the same specialty
QI Nurse	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.
- Sponsor focus groups or "key informant" interviews with cultural or linguistic minority members to determine how to better meet their needs

Internal Committee Members
Manager, STARS for Medicare and Marketplace (Chair)
Vice President Operations
QI Nurse
Senior Director, Compliance

Vice President Quality Improvement

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

Internal Committee Members	*External Committee Members*
Medical Director (Chair)	Cardiology Providers
Senior VP, Medical Affairs/Chief Medical Officer	Obstetrics/Gynecology Providers
Director, Pharmacy	Pediatrics Providers
Vice President, Quality Improvement	Endocrinology, Diabetes and Metabolism Providers
Medical Director, Cenpatico	
Clinical Pharmacist, Clinical Outcomes	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
- Monitors delegated activity performance metrics

Committee Members

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, Case 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, Cenpatico

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.

III. Program Resources

Peach State Health Plan's QAPI program includes designated staff members with expertise in quality assessment, utilization management, and/or continuous quality improvement.

A. 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, they are 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
- 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. Their 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, etc. 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

Vice President of Quality Improvement

The VP of QI reports to the SVPMA/CMO and oversees all activities related to Quality Improvement functions. Their 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. 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 they 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 PSHP's CM and UM programs. The VPMM reports to the PSHP's Chief Operating Officer. The VPMM, in collaboration with the SVPMA/CMO, assists with the development of the Case Management Program strategic vision in alignment with corporate and PSHP objectives, policies, and procedures. Additionally they monitor 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 CEO and is responsible for ensuring Peach State meets all state contract requirements, while providing oversight for the delivery of health care services. They also coordinate 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)

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)

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 Directors of Quality Improvement ensures coordination with state registries to ensure that the care receive by our members that are provided by or reported to State facilities is accounted for in our database.

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 QI 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.
Committee membership includes: QOC, DVOC

B. QAPI 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 team is a subgroup of the HEDIS workgroup tasked with executing DCH mandated PIP's and submitting all required documentation to DCH in a timely manner. 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.

Together Helping to Increase Needed Care (THINC) Team: In support of wellness and disease prevention initiatives, the Peach State THINC Team makes live calls to Members with gaps in recommended preventive care.

C. Analytic Resources

Peach State staff uses Centelligence™, a comprehensive family of integrated decision support and health care informatics solutions, to analyze data for the QAPI program. The Centelligence™ platform integrates data from internal and external sources, producing actionable information: everything from care gap and wellness alerts to key performance indicator (KPI) dashboards, provider clinical profiling analyses, population level health risk stratifications, and over 12,000 unique operational and state compliance reports. The Centelligence™ family includes:

- **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 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.

- **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.

IV. QAPI Program Strategy

A. Performance Improvement Methodology

The QAPI Program incorporates an ongoing documentation cycle that applies a systematic process of quality assessment, barrier/root cause analysis, identification of opportunities, implementation of interventions as indicated and evaluation of the effects of the interventions. The continuous quality improvement (CQI) model of choice is based upon the Deming Cycle (a.k.a. Plan-Do-Study-Act) developed by W. Edwards Deming and Walter A. Shewhart. The Plan-Do-Study-Act (PDSA) quality improvement methodology is a systematic approach employed across all departments to ensure continuous quality improvement in the Plan's clinical and service performance and operational functions. The following are the steps applied to all QI initiatives undertaken by Peach State:

Plan: Peach State monitors a variety of performance measures covering clinical care and service delivery to identify opportunities for improvement. Causal analysis is conducted in collaboration with performance improvement work groups to better understand trends identified in the data, to isolate opportunities for improvement and to design interventions which will reduce or eliminate barriers.

Do: The QI team leaders in collaboration with their improvement work groups carry out the interventions designed based on the Plan step.

Study: The improvement work groups analyze the effectiveness of the interventions and the results to goal for each activity including the identification of barriers and the interventions for overcoming the identified barriers. The data is collected, analyzed and the results are reported to the appropriate QI team based on the targets established for each activity using the PDSA methodology including the identification of barriers and the interventions for overcoming the identified barriers.

Act: The QI team leaders in collaboration with their improvement work groups modify the interventions as necessary, identify if specific interventions should be continued, modified or discontinued and new interventions may be applied. Successful interventions are monitored for sustainability.
To ensure that quality improvement is continuous and the identified goals and/or objectives are being met, each quality improvement activity is reviewed and discussed by the designated committee or subcommittee regularly. Modifications to the initiatives are implemented as necessary and incorporated into the QI Work Plan.

Additionally, Peach State employs the Lean Six Sigma methodology for process improvement for all areas of plan operation, including the QAPI program. The QI team and representatives from several other departments have completed Lean Six Sigma Green Belt training to facilitate the evolution of the entire organization to a culture of CQI. The Senior Leadership team also completed Lean Six Sigma Champion training to learn how to effectively incorporate process improvement into the fabric of the organization. Six Sigma incorporates a rigorous use of data and statistical analysis to measure outcomes using the DMAIC model.

DMAIC

- **D**efine a problem or improvement opportunity
- **M**easure process performance
- **A**nalyze the process to determine the root causes of poor performance and determine whether the process can be improved or redesigned
- **I**mprove the process by attacking root causes
- **C**ontrol the improved process to hold the gains

B. Quality Assessment Sources

Peach State analyzes, tracks and trends data from several sources to assess plan performance, identify and prioritize performance issues and develop interventions for resolution. Data sources analyzed to assess Quality levels include, but are not limited to, the following: Performance Measure Rates, Member and Provider Satisfaction reports, Complaints/Grievances, Access and Availability reports, Delegated Vendor QI Reports, Patient Safety Reports, Performance Measure Rates, and Utilization Pattern reports.

Performance Measures: 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 address a broad range of important health issues such as childhood immunizations, asthma medication use, and diabetes care. Annually Peach State 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 Case 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 Department analyzes 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 delegated to Cenpatico, an NCQA-accredited Managed Behavioral Health Organization and wholly-owned subsidiary of Centene Corporation.

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, review 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. Plan employees (including medical management staff, member services staff, provider services, complaint coordinators, etc.), panel practitioners, facilities or ancillary providers, members or member representatives, Medical Directors or the BOD 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.

Delegated QI Activities Reports 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.

Demographic Analysis: In an ongoing effort to improve the quality of care delivered to members, Peach State analyzes population demographics, including disease prevalence and health disparities in order to identify opportunities for improvement, trends that indicate potential barriers to care, and potentially effective interventions.

Monitoring Utilization Patterns: To ensure appropriate care and service to members, utilization data is analyzed to identify potential under- and over-utilization issues 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 QI Department works closely with the Utilization Management Committee, Medical Management (MM) Department, the SVPMA/CMO and Plan Medical Directors to identify problem areas, conduct barrier analysis, identify opportunities for improvement and provide improvement recommendations to the QOC for approval.

C. 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: Peach State develops Performance Improvement Projects (PIP) 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 conducts PIPs to examine and that the Plan or DCH identifies as required areas of focus. A team is assigned to each PIP mandated by DCH.

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 case management, disease management, and discharge planning programs as described below.

Case 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 Case 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 Case Management staff, Social Workers, Member Connections staff, a Health Coach, a pharmacist, caregivers and informal supports, and community Providers as appropriate. Case Management staff provides leadership to ensure person-centered care, shared-decision making and Member self-management. Our staff works with the Member 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 Case Management program and a detailed explanation of how Peach State serves members with complex health needs can be found in the Case Management program description.

Disease Management Programs*:* Peach State offers disease management programs targeting diabetes, asthma, smoking cessation and COPD. 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 Cenpatico, a member of the Centene family of services. As a delegate, Cenpatico 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 Cenpatico to analyze data, perform causal analysis, 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 Cenpatico staff regarding medical cases to assist in identifying BH care needs, integrate behavioral and physical care. Peach State maintains oversight of Cenpatico activities through review of their complaints/grievances, provider access and availability reports, and their QAPI Program description.

Provider Incentive Programs: Peach State's Provider incentive programs, called Payment Innovation Programs, actively engages and rewards Providers for meeting quality targets in a cost-effective manner. The Payment Innovation programs also align with our triple aim goal to optimize Member experiences and health care outcomes, while minimizing health care costs.

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
- 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 FQHC's to help identify high-risk members for early enrollment into CM. Onsite staff also works with pregnant PSHP 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.

Clinical Practice Guidelines – Clinical Practice Guidelines (CPGs) assist providers, members, and caregivers in making decisions regarding health care in specific clinical situations. Clinical Practice Guidelines are based on member health needs and are developed using valid and reliable clinical data and research. Adoption of CPGs 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 for at least two non-preventive acute or chronic medical conditions and at least two behavioral health conditions (preventive or non-preventive) relevant to the target population. At least two of the adopted CPGs must directly correspond with two disease management programs offered by the Plan. CPG's are updated upon significant new scientific evidence or change in national standards or at least every two years. 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;
- 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 annually 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.

D. 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.

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 educate Members on their Medicaid rights and how to select an appropriate PCP and advise them of any missing care gaps. Our Care Coordination, Case 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 Case 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 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 Dental Home that meets 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

MyHealthDirect (MHD). Peach State staff use MHD to schedule Provider appointments for Members at the most convenient available time. Using MHD, allows the Member to make or change an appointments, or to be added to a "waitlist" if the most convenient time is not available.

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.

E. QAPI Program Report Cycle

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.

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.

Providing QAPI Program Information to Members and Providers

At least annually, Peach State 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 shall include information about QI program goals, processes and outcomes as they relate to member care and service and must include plan 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.

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 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.

V. 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.

06/29/2016

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

06/29/2016

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