2016 Quality Program Annual Evaluation

Medallion 3.0

Approved by Virginia Premier Health Plan, Inc. Board of Directors and Healthcare Quality & Utilization Management (HQUM) Committee
August 2000

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Executive Summary

2017 Quality Improvement Program:
Effective: January 1, 2017

Purpose

The Virginia Premier Health Plan, Inc.'s Quality Program has an ongoing commitment to provide all members with optimal quality care and access to care in a safe, culturally sensitive manner and to be compliant with NCQA and DMAS Standards. VPHP is committed to improving the communities where its members live through participation in public health initiatives at the national, state and local levels, and aspiring to meet public health goals, (e.g., Healthy People 2020, State goals, etc.).

Oversight of the VPHP Quality Program is provided by the Health Quality and Utilization Management Committee (HQUM) comprised of the Chief Medical Officer, VPHP Medical Directors, Practitioners and Quality Staff. The role of the committee is to review, recommend, develop and implement best practices, to include clinical and service initiatives/programs.

Scope

The Quality Program includes oversight and management of over 600 NCQA and DMAS process standards (spanning multiple departments), over 200 HEDIS Core and Sub-Measurements, clinical and service indicators and credentialing/re-credentialing of over 15,000 practitioners and providers.

Key Accomplishments for 2016

Overall, most activities planned in the Work Plan were achieved. The activities that were not completed will be considered for continuation in 2017. Key accomplishments during 2016 for the organization are outlined below:

- NCQA *"Accredited"* Accreditation Status achieving 3.5 rating
- NCQA Standards scoring of 98%.
- Rated as one of "Top" Health Plans in Virginia
- HEDIS On-site Medical Record Review scored at 100%
- External Quality Review Organization Performance Measure Validation: No deficiencies
- The participation rate for the asthma program in FY 16 was 66.8% (increase of 11.9 percentage points) and diabetes was 73.3% (increase of 4.2 percentage points)
- Utilization metrics- decrease in inpatient and ER visit in all of the disease management programs: 11% decrease in asthma inpatient admission w/o observation, 8% decrease in behavioral health admissions w/o observation, 14% decrease in COPD admission w/o observation, 9% decrease in COPD ER visits and 8% decrease in diabetes admission w/o observation
- 96.4% overall member satisfaction with disease management compared to 95.1% in CY15
- Members in the DM program had a statistical significant improvement in their physical and mental health status (SF-12 survey)
- 92% of members identified in foster care had an health risk assessment (HRA) complete which exceeded DMAS' goal of 85%
- Expedited appeals were resolved in an average of 0.8 days

- NCQA commendable status with case management meeting over 90% compliance in chart audits
- Over 300 members enrolled in the Eastern Virginia Care Transitions Partnership (EVCTP) – collaborative. Current readmission rate is 12.2% compared to target of 19.9%
- 94.6% overall satisfaction with case management compared to 92.7% in CY 15
- Referral Coordinators (RC) sustained call abandonment rate at 4.3% for FY2016, which exceeds compliance Standard of 5%.
- UR LPN Hunt Group sustained a call abandonment rate of less than 1%, which exceeds compliance Standard of 5%.
- Turn-around times continued to improve from 2015 to 2016 for both RCs and Nurses:
    - Authorizations turn-around decreased from 2.2 days to 1.45 days
    - Referrals turn-around decreased from 5.9 days to 4 days
- Cultural competency surveys completion increased by 21% over prior year
- Processed ~500 applications for a large medical system in the Tidewater region in 8 weeks
- Organizational Provider site visits were completed at least one month prior to the date the re-credentialing process is to be completed
- Call abandonment rate for grievance and appeals was 0.3% in 2016
- Call abandonment rate for call center was 2.2% of the English speaking and 3.7% of the Spanish speaking calls
- Consistently remained below the 30 day requirement to resolve standard grievances
- Quality of Care Assessments were completed on average of 16 days which is below the DMAS requirement of 30 days
- Four HEDIS measures exceeded benchmark (Cervical Cancer Screening, Comprehensive Diabetes Care: Monitoring for Nephropathy, Immunizations Adolescents: HPV and Tdap/Td Immunizations
- Antidepressant medication management for Effective Acute Phase Treatment and Effective Continuation Phase Treatment - both measures exceeded the national 75th percentile (+9.37 and +11.48 percentage points respectively)
- Follow-up for Care for Children Prescribed ADHD Medication Initiation Phase exceeded the 75th percentile by 5.23 percentage points
- Follow-up after Hospitalization for Mental Illness (30 days) exceeded the 50th percentile
- Adults' Access to Preventive/Ambulatory Health Services for all age groups exceeded the 75th percentile
- CAHPS Adult - Getting Needed Care satisfaction composite score ranked in 76th percentile
- CAHPS Adult measures scored above the 90th percentile: Rating of Personal Doctor, Rating of Specialist, and Rating of Health Plan
- CAHPS Child - Composite for How Well Doctors Communicate ranked above the 75th percentile
- CAHPS Child measures scored above the 90th percentile: Getting Care Quickly, and Rating of Health Care
- NCQA File Audits (Denials, Appeals, Case Management, Credentialing) – 100%
- Internal File Audits scored at 95% or above placing them in the "Excellent Pass" scoring range
- Delegated File Audits scored at 99.33% for Policy/Procedure Reviews, 99.87% for Initial Credentialing Audit and 100% for Recredentialing Audit
- Enhanced Vendor Oversight by creating a Delegated Oversight Team (DOT)
- Practitioner Golden Globe Award Recipient – Northern Medical Group Pediatrics, Mt. Airy, NC (930+ members) - achieved 100% on asthma measure P4P Pilot Program
- 100% of VPHP employees completed HIPAA workforce training
- 100% of VPHP employees completed Crisis Intervention Training
- Won bid for Managed Long Term Support Services (MLTSS) (one of seven plans)
- Enrolled Dual Eligible Special Needs Plan (DSNP) members effective Jan 2017

Changes to the 2017 Program Description

- Quality Improvement Strategy includes QI 1: Program Structure Standard Components
- Included Addiction and Recovery Therapy Services (ARTS)
- Included Pharmacy & Therapeutics Committee (P&T) as support committee
- Expounded on Cultural Competency Program to include Culturally and Linguistically Appropriate Services (CLAS)
- Quality Program Vision Updated to include Triple Aims by Institute on Healthcare Improvement (IHI)
- Quality Rating System (QRS) includes the DMAS Consumer Decision Support Tool
- Expounded on the Supporting Committees for the Quality Program
- Updated Quality Improvement Methodology to include Rapid Cycle Improvement
- Included Innovative Interventions to impact HEDIS outcomes and NCQA rating measures

2017 Quality Program's Core Indicators:

- NCQA Accreditation (includes Clinical and Service Medallion 3.0 HEDIS® Measures)
- Achieve 90% or greater on NCQA Internal Audits
- Member and Provider Experience
- Member Grievances and Appeals
- Quality of Care/Service Indicators
- Member Safety Program
- Culturally & Linguistically Appropriate Services (CLAS)

The VPHP Quality Program Description, Quality Work Plan and previous year's Quality Evaluation are reviewed and updated, at least annually, based on VPHP, DMAS, CMS and/or NCQA requirements.

In 2016, VPHP accomplished the following Quality HEDIS improvement activities:

HEDIS Measure(s)	VPHP Rate 2015	VPHP Rate 2016	Benchmark	Goal Met
Cervical Cancer Screening	64.96	61.92	55.94	Exceeded
Well-Child Visits in the first 15 Months of Life (6+visits)	69.32	67.99	62.86	Yes
Childhood Immunizations (Combo 2)	76.16	76.38	75.18	Yes
Childhood Immunizations (Combo 3)	72.41	72.19	72.33	Yes
Childhood Immunizations (Combo 10)	40.84	41.94	34.18	Yes
Childhood Immunizations (MMR)	91.61	92.27	91.00	Yes
Comprehensive Diabetes Care (Monitoring for Nephropathy)	75.81	89.62	61.31	Exceeded
Immunizations Adolescents: HPV for Female Adolescents	23.01	23.28	19.21	Exceeded
Immunizations Adolescents: Tdap/Td immunizations	94.26	94.48	86.23	Exceeded

2017 Quality Goals:

- Achieve 1st in the Commonwealth and Top 30 Best Medicaid Plans National NCQA Rating
- Achieve the 75th Percentile or Greater for Targeted HEDIS® Performance Incentive Award (PIA) Measures
- Improve the Member Experience through CAHPS® Survey Education for Membership, Providers and Internal Staff
- Achieve NCQA Star Rating of 4.0 or greater for Medicaid Health Plan
- Implement effective interventions that positively impact HEDIS® scores to include Effective of Care (EOC) measures (utilize innovative approaches and technology)

Quality Assessment & Improvement Program (QAPI) Evaluation

The objective of the 2016 Annual Quality Improvement Program (QIP) Evaluation is to provide a systematic analysis of Virginia Premier Health Plan's (VPHP) performance and to define meaningful and relevant quality improvement activities for 2017 for approximately 188, 000 Medicaid members in the Commonwealth of Virginia. The Board of Directors (BOD), Chief Executive Officer (CEO), Chief Medical Officer (CMO), VP Health Services and the senior management team provide oversight of the health plan's quality, utilization, and operational QI functions. The annual QI Program Description, QI Program Evaluation and QI Work Plan are reviewed and approved by the Healthcare Quality & Utilization Management (HQUM) Committee prior to the BOD final review and approval. These entities serve as the foundation for making recommendations based upon identified opportunities for improvement, implementing interventions, and ensuring follow-up for effectiveness of adopted recommendations.

The QIP provides a formal process to objectively and systematically monitor and evaluate the quality, appropriateness, efficiency, safety, and effectiveness of care and service utilizing a multidimensional approach. This approach enables VPHP to focus on opportunities for improving operational processes as well as health outcomes and satisfaction of members and practitioners/ providers. The QIP promotes the culture of quality and accountability to all employees and affiliated health personnel to provide quality of care and services to members. The QI Program utilizes a systematic approach to quality using reliable and valid methods of monitoring, analysis, evaluation and improvement in the delivery of health care provided to all members, including those with complex care needs. This systematic approach provides a continuous cycle for assessing the quality of care and service among VPHP's quality initiatives covering a range of services for preventive health, over and underutilization, continuity and coordination of care, and member safety.

During 2016, the QI program continued to reinforce its approach to quality improvement by actively involving the entire organization with the responsibility of improving the quality of care and services delivered to its members and providers. The QI Department, while performing core functions such as quality of care investigations, quality of service concerns, National Committee for Quality Assurance (NCQA), and Healthcare Effectiveness and Data Information Set (HEDIS®) oversight also coordinated and monitored progress on QI activities performed in other departments such as QI 10 and 11 Quality Initiatives and integrated data and outcomes through the committee structure of the Plan.

Throughout 2016, VPHP's QI Department remained focus and committed to this structure for organization-wide quality improvement. This approach has led to improved performance throughout the year as evidenced in the departmental analyses and accomplishments. Also, opportunities for improvement have been identified and will be the focus for 2017.

Challenge(s)/Opportunities for Improvement:

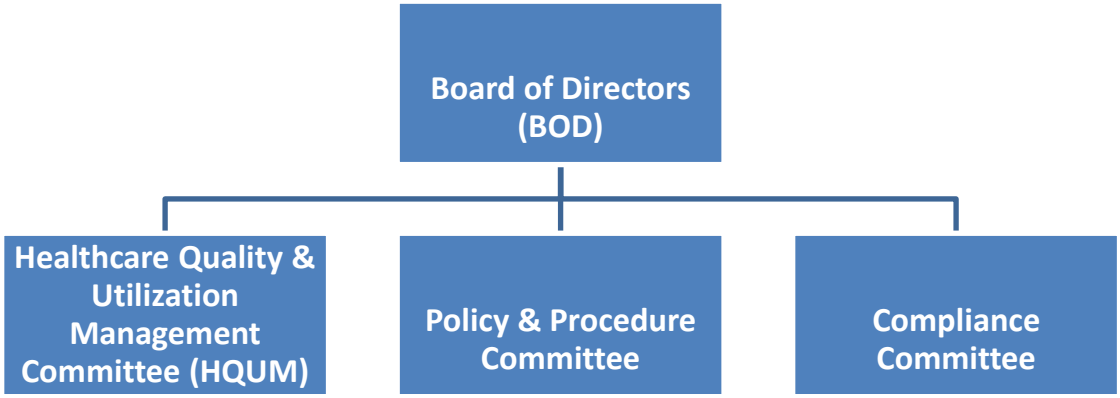
- Streamlining interventions/initiatives to gain efficiencies in impacting quality measure outcomes
- Increasing HEDIS scores above the 75th percentile
- Chart retrieval vendor support to ensure streamlined processes and best practices
- Partnering at the Network level with data sharing – "Care Gap" discussions and interventions – data portals
- Strengthen data reporting capabilities
- Implement strategies to improve HEDIS and Performance Measure rates and maintain statistically significant improvements in rates
- HEDIS measurement improvement:
    - Adolescent Well Care
    - Adult Body Mass Index (BMI)
    - Hep B Immunizations
    - Lead Screening
    - Comprehensive Diabetes Care: HBA1C testing and control, Eye Exams, Controlling BP total,
    - Immunizations Adolescents (Meningoccocal and Combo 1)
    - Prenatal and Postnatal Care
    - Weight Assessments (all measures)
    - Well Child 3-6 Year

Recommendations for 2017

- Implement strategies to improve HEDIS (PIA) and NCQA Performance Measure rates and maintain statistically significant improvement in rate
- Continue the HEDIS Steering Committee comprised of senior management to review results, remove barriers or roadblocks that impede successful program outcome measures
- Analyze the effectiveness of the 2017 Interventions Impact Initiatives (Triple I) and creating an Interventions repository on effectiveness organization-wide
- Develop targeted/strategic interventions for practitioners and members identifying those in need of specific services
- Expand the supplemental database to capture 2017 services on an ongoing basis
- Maintain compliance with all NCQA Standards, EOC measures, and CAHPS scores to obtain 4.0 rating
- Continue ongoing periodic file audits of denials, appeals, grievances and credentialing
- Continue to collaborate with Medical Management to take action to improve the continuity of care and services
- Enhance member and provider outreach and education-based initiatives related to clinical practice guidelines
- Conduct annual audits of delegated entities through the Delegated Oversight Committee (DOC)
- Drill down on Provider Satisfaction to conduct barrier analysis on decrease in overall satisfaction

Quality Program Structure

The Virginia Premier Health Plan, Inc.'s Quality Program is governed by the Board of Directors. The Board of Directors has the authority and accountability for the quality of services provided to members and oversight of the development, implementation and evaluation of the QI Program. The BOD delegates the daily oversight and operating authority of the Quality Improvement Program to the Healthcare Quality & Utilization Management Committee (HQUM). The HQUM consists of the Executive Staff of VPHP and all members with voting privileges vote for monitoring and directing all aspects of the quality improvement program. The HQUM meets on a monthly basis.



The Health Quality Utilization Management Committee combines (1) Quality and (2) Utilization Management and New Technology Committee activities for the purpose of developing, implementing and managing the quality and utilization improvement processes, and providing overall direction and consultation to VPHP staff and practitioners on appropriate use of covered services. All activities from all service and clinical supporting committees are reviewed by the HQUM. There is adequate internal staff, corporate staff and data systems to support the QI Program.

FUNCTIONS OF HQUM Committee:

- Approve and monitor the progress of the Quality Program Description, Annual Work Plan and Evaluation
- Approve and monitor the progress of the UM Program Description and Annual Evaluation
- Oversee, evaluates and analyzes quality activities for improvement opportunities such as CAHPS® and practitioner survey outcomes, appeals (upheld and overturned), patient safety data, grievances (quality of care and quality of service), and pharmacy utilization. Outcomes are tracked, trended and reported to the HQUM for feedback and recommendations on improvement. Additionally, outcomes are shared with the members and practitioners at least annually.
- Oversee all quality pharmacy and utilization management and new technology activities
- Evaluate member and plan information compiled by the Quality Department
- Select and schedule initiatives based upon the needs of the population, external requirements, and likelihood of effective interventions
- Approve clinical performance standards and practice guidelines
- Recommends policy decisions

- Assist VPHP in complying with reviews and evaluations conducted and/or required by oversight authorities
- Ensures practitioner participation in the Quality Program through planning, design, implementation, or review

VPHP executive management staff, clinical staff and network providers, including but not limited to primary care and specialty health care providers are involved in the implementation, monitoring and directing of all aspects of the quality improvement program through the HQUM, which is directly accountable to the BOD.

QI Program Integration

The QI Program Evaluation, QI Program Description, and the QI Work Plan are integrated. The year-end QI Program Evaluation identifies barriers, opportunities for improvement, results and recommended interventions. The QI Evaluation is then used to make modifications to the coming year's QI Program Description and to create the key metrics of the QI Work Plan.

The QI program is integrated throughout VPHP through its committees. The HQUM and the support committees are comprised of members from multiple departments to enhance communication throughout the Plan. In order to integrate feedback from stakeholders into the QI Program, participating network physicians are members of the HQUM and the Credentialing Committee. The HQUM core support committees perform activities targeted for quality improvement and utilization management within relevant areas of managing scope. Findings and outcomes from each committee are reported to the HQUM, at least annually.

VPHP's QI Program enables the Health Plan to positively impact the delivery of patient care in all areas of the health care delivery system through collaboration and input from all departments.

Member Services, Network Development, Credentialing, Quality Improvement, Utilization Management, Case Management, Health Education, Disease Management and Pharmacy collaborate effectively to determine the most efficient mechanisms to address key issues. Some examples of collaborative efforts include:

- Member Communication – Member Services/QI/UM/DM/Marketing
- Practitioner Education regarding HEDIS - QI/Network Development
- Member Satisfaction – Member Services/QI/CM/DM
- Grievance Investigation – Grievance & Appeals/QI/Member Services/Pharmacy
- Timely Appointment Access Evaluation- Network Development/QI
- Community Linkage Activities – Member Services/Member Outreach/QI/Marketing
- Delegation Oversight Activities – Network Development/Compliance/QI/Credentialing

Committee Evaluations

Healthcare Quality & Utilization Management Committee (HQUM)

The HQUM is the senior level committee, accountable to the BOD. This committee promotes a system wide approach to QI. The Committee approved all submitted Annual Program Descriptions, Annual Evaluations and the Quality Work Plan and Reporting Schedule. Also, delegated entity quality program descriptions and evaluations were reviewed and approved by the Committee. The HQUM met 12 times in 2016, meeting the frequency expectation with all voting members meeting the attendance requirement.

Policy & Procedure Committee (P&P)

The P&P is to insure there is a standardized set of organizational policies and procedures for all lines of business and meet regulatory and accreditation requirements. The P&P met 10 times in 2016. Two meetings were not held due to not having policies to present to the committee. WebEx is used for the satellite offices to participate in the meeting. Attendance met the requirement.

Compliance Committee (CC)

The CC is an integrated team overseeing all facets of VPHP's regulatory compliance programs, monitoring performance and support and provide guidance to the Program Integrity Officer (PIO). The CC met four times in 2016, meeting the requirement. Attendance met requirements.

Medical Payment Policy Committee (MPP)

The MPP is oversees the development, implementation and evaluation of medical policies for the enterprise. The committee met twice time during 2016. Since several policies have been retired, the meeting frequency has been changed to annually. The committee attendance met requirements.

Member Advisory Committee (MAC)

The MAC is an advisory committee of the HQUM with a goal of providing a forum for members to interaction with plan staff to include Member Services, Health Education, and Quality. A total of 15 MAC meetings were held throughout the Tidewater, Richmond, and Bristol regions. 250 members were invited per meeting. The overall MAC meeting attendance continues to be steady. Meetings in more remote office areas tend to draw smaller crowds, while the metro areas see the largest turn out. The MAC meeting requirements were met.

Credentialing Committee (CC)

The CC is a standing subcommittee of the HQUM. It is responsible for oversight and operating authority of the Credentialing Program. The CC met 12 times in 2016 which met the meeting requirements. Attendance of voting members met/not met the requirement.

Pharmacy and Therapeutics Committee (P&T)

The P&T Committee is responsible for oversight and operating authority of the Pharmacy Program. The P&T committee bases formulary decisions on cost factors only after safety, clinical efficacy, and therapeutic need is established and supported by evidence-based data and clinical guidelines. The P&T met four times in 2016, meeting the minimum requirement.

Quality Satisfaction Committee

The QSC is an internal, cross-functional QI team that facilities the integration of a culture of QI throughout the organization focusing on member and provider experience. CAHPS data, Provider Satisfaction and Access were agenda topics. Also, the committee was restructured for efficiency and combined all lines of businesses' member experience. The focus areas for the committee: Member and Enrollee Advisory Committees, Member Grievances, Member Surveys to include CAHPS for Medicaid and Medicare members, Enrollee Satisfaction, Enrollee Quality of Life and Home & Community Based Services survey, CM and DM Survey, Practitioner Grievances, Practitioner Surveys for Provider Satisfaction, Access and Availability of Appointments. The QSC met four (4) times during 2016, meeting the minimum goal of required meetings. Attendance of voting members met the requirement.

Committee Structure Assessment

The committee structure was acceptable, but it was found that some of the quality meetings such as Quality Satisfaction did not need two separate meetings for the lines of business and was combined for VPHP and VPCC (duals).

Improve:

- Assessment of committee membership and engagement
- Timeline on survey administrations for all lines of business

Control:

- Continue with consolidated committees for efficiency
- Utilize systematic approach for survey administration and intervention deployment

Network Development Committee (NDC)

The NDC is responsible for maintaining a sufficient number and mix of services, specialists and practices sites to meet covered persons health care needs. The Network Development Committee meeting is held 12 times a year on the first Monday of the month. There are approximately 57 people that attend the meeting. The purpose of the meeting is to get updates and changes from other departments that involve provider relations. The forum is also used to present requests forms to the committee to determine if the providers are needed with the network. The committee met 12 times during 2016 meeting the requirements.

Ongoing Monitoring Committee (OMC)

The OMC has operational authority to monitor practitioner sanctions, complaints and quality issues between recredentialing cycles. The committee met three times in 2016 not meeting the frequency

requirements. The committee did not meet the 2nd Quarter of 2016 due to onsite accreditation preparation and document loading into the NCQA accreditation tool. This is a one off and not a pattern of not meeting. Meeting calendars are in place and dates are scheduled in advance.

Committee Structure Assessment

This committee could benefit from provider participation; therefore, a medical director was added to the Ongoing Monitoring Committee since reviews are being conducted on quality of care and services for providers.

Improve:

- Correlating member grievances with a specific provider
- Reporting all Levels Above 1 to Credentialing Committee
- Ability to drill down to identify Unknown Providers
- Reporting Summary Reports to HQUM

Control:

- Continue to correlate grievances with a provider
- Reporting to HQUM summary provided by Medical Directors

HEDIS Oversight Committee (HOC)

The HOC was organized to reflect the progress of HEDIS measures. The HOC has delegated authority to oversee HEDIS operations and remove any barriers that may impeded project success. The Committee went through a phase of development and implementation. The committee is comprised of senior level executives from across the organization. Departmental Representation: VP Health Services, VP Network Development, CEO, VP Information Systems, AVP Quality & Clinical Integration, AVP Information Technology, Senior Director Population Health Outcomes, Director Quality & Accreditation, Director Information Systems and Operations Management. The committee met five times in 2016 meeting the minimum goal of required meetings. Attendance of voting members met the requirement.

Virginia Premier Partners Meeting (VPPM)

The VPPM meets to insure there is an ongoing exchange of information between the Health Plan and its credentialing partners. This meeting is not a mandated committee by any regulatory or companywide standard. It was implemented as a best practice for the organization to communicate more effectively and efficiently with the delegated credentialing community as a whole and at the same time. The VPPM met three times in 2016. There is no minimum meeting requirements for this meeting.

Provider Education Meetings (PEM)

The PEM provides an opportunity for the Health Plan to engage the network providers and gives them a forum to ask questions, receive regulatory updates and receive care gap data for improvement. Virginia Premier Health Plan held 19 PEM meetings throughout the five regions and had a grand total of 407 attendees. The PEM met the meeting requirements.

Quality Improvement Work Plan

The 2016 QI Work Plan defines the activities, the person(s) responsible for the activity, the date of expected task completion and the monitoring techniques that will be used to insure completion

within the established timeframes. The QI Work Plan is presented to the HQUM on an annual basis for approval, through the annual evaluation process and at regular intervals throughout the year.

Work Plan Assessment

The Work Plan covered 2016's planned QI activities and timeframes for completion or submission to the HQUM (See Appendix 1). Areas presented to the HQUM to support the Work Plan are outlined below and Analyses are complete throughout the Evaluation:

- Quality of clinical care
  - HEDIS Annual Analysis – determines how well the health plan performed on a variety of outcome measures and opportunities to improve
  - Quality of care investigations
  - External HEDIS Audit – passed with no deficiencies, 100% medical record compliance
  - Clinical Practice Guidelines – review, adoption and distribution of guidelines and mapping to HEDIS measures to show success or areas of improvement
  - Culturally and Linguistically Appropriate Services Analysis (Language Match)
  - Performance Improvement Projects (Eye Exams)
  - Complex Case Management – Program participation and satisfaction
  - Disease Management Monitoring – Program participation and satisfaction
  - Utilization Management- under and over utilization and satisfaction

- Safety of clinical care
  - Patient Utilization Management and Safety Programs (PUMS)
  - Continuity of Medical Care – QI 8 initiatives in place
  - Sentinel Events Monitoring
  - Clinical Practice Guidelines monitoring and implementation
  - Medical Record Reviews
  - Quality Provider Office Site Visits
  - Quality of Care investigations
  - Credentialing Activities
  - Grievance Monitoring
  - National Patient Safety Goals (Joint Commission)

- Quality of service
  - Monitoring internally through complaints and appeals
  - Monitoring satisfaction with UM, CM, DM
  - Consumer Assessment of Healthcare Providers (CAHPS) Annual Analysis
  - Quality of Care concerns
  - Practitioner and Provider Satisfaction and Access
  - Ongoing Monitoring of Network Practitioners and Providers

- Members' experience
  - Monitoring satisfaction with UM, CM, DM
  - Chronic Care Surveys
  - Consumer Assessment of Healthcare Providers (CAHPS) Annual Analysis
  - Quality of care and service concerns

- Time frame for each activity's completion
  - A reporting schedule for each activity is a part of the Work Plan, each department's completed activity has a reporting date to HQUM

- Staff members responsible for each activity
  - The responsible executive and department manager is outlined in the reporting schedule

- Monitoring of previously identified issues
  - If an issue is identified, an action item is created to be reported at next meeting and listed as an Outstanding Item for follow-up.

- Evaluation of the QI program
  - An overall assessment of the QI program is included in the Annual Evaluation with Recommendations for the Preceding Year's Program Activities.

Scope of the QAPI Program

VPHP systematically monitors and evaluates the QI Program throughout the year by analyzing and reporting key indicators of clinical and non-clinical outcomes. These indicators include but are not limited to:

- Healthcare Effectiveness Data and Information Set (HEDIS®) results
- Performance Measure Validations (PMVs)
- Delegation oversight
- Practitioner credentialing
- Telephone service statistics for practitioners and members
- CM, DM, and UM participation metrics and outcomes
- Clinical Practice Guidelines adherence
- Member and provider experience survey results
- Cultural competency and healthcare disparities data
- Complaints, grievances, and appeals data
- Monitoring of practitioner office site quality
- Performance Improvement Projects (PIPs)
- Performance Incentive Awards (PIAs)
- Continuity and coordination of care measures
- Member/Patient safety metrics