VirginiaPremier™

Managed Long Term Services and Supports Quality Program Structure and Operations Executive Summary 2020

I. Program Description

Purpose

Virginia Premier's mission is to inspire healthy living within the communities we serve with a focus on those in need. We do this through innovation, strategic partnerships, industry-leading health care and the power of integration. The Virginia Premier Quality Program has an ongoing commitment to promote excellence in health care to all members, enhance personal wellness, continuously improve member experiences and outcomes, and to provide access to care in a safe, and culturally sensitive manner.

The Quality Management Program is designed to monitor and evaluate the care and services delivered by contracted practitioners, and affiliated providers across the full spectrum of services and sites of care. To ensure this purpose, Virginia Premier has implemented a comprehensive Quality Management Program for the Managed Long Term Services and Supports (MLTSS) population to include Dual Special Needs Plan (DSNP) members. The Quality Program described in this document strives to meet all standards set forth by the Centers for Medicare and Medicaid Services (CMS), when applicable, the Department of Medical Assistance Services (DMAS), when applicable, and the National Committee for Quality Assurance (NCQA) in guiding the organization in its delivery of services. Final oversight of the Virginia Premier Quality Program is provided by the Board of Directors through the Quality Committee structure. The committees' roles are to review, recommend, develop and implement best practices, to include clinical and service initiatives and improvement programs.

Scope

The Quality Program defines the strategy and framework necessary to advance DMAS, CMS, and NCQA quality efforts including defining the quality culture, model, and programs aligning with the DMAS Quality Strategy and the Institute of Healthcare Improvement's Quality Strategy: Quadruple Aim. The Quality Program integrates aligned goals and objectives within clinical and non-clinical services provided to Virginia Premier's members across the continuum of care. The program monitors, evaluates, and continuously improve the quality of care and service delivered by contacted practitioners and affiliated providers across the full spectrum of services and sites of care. The program encompasses services rendered in ambulatory, inpatient, and transitional settings and is designed to resolve identified areas of concern individually and systemically. The Quality Program is comprised of monitoring of community-focused programs, practitioner availability and accessibility, coordination and continuity of care, and other programs and standards impacting health outcomes and quality of life. The

Quality Program provides the structure, framework, and governance used to guide the formal and informal processes for evaluating and improving quality focusing on the following aspects:

- Appropriateness of health care services
- Effectiveness of care and care outcomes for the populations served
- Responsible cost and utilization management
- Member experience of care
- Provider experience of service and support

The Quality Program uses the Quadruple Aim, DMAS Quality Strategy, CMS guidelines, and NCQA Standards as guiding principles to shape the Quality Program efforts and provide the highest quality of care to better serve Virginia Premier members and the community.

Key Accomplishments for 2019

Demonstrating commitment to Quality, the MLTSS Quality Management Program highlights key accomplishments for 2019, to include but not limited to, the following:

- Achieved NCQA LTSS Distinction
- Scored 100% on NCQA Standards for Accreditation LTSS Initial Survey
- Improved tracking and data management
- Increased collaborative activities
- Increased awareness of quality measures across the organization
- Improved gap closure processes
- Quality Nurses started member outreach for gap closings in July 2019
- Quality Measures Improvement Committee (QMIC) expanded in membership to help guide improvements at individual measure levels
- Automation of Televox calls with an option for live person response
- Merged the Federal and State Quality Measure Improvement Committee (QMIC) into one quarterly committee
- Implemented a Medication Management referral process for complex members for Curant
- Quality Registered Nurses performed greater than 1500 Quality of Care/Service Reviews/Investigations
- Reviewed/Reported 100% of member deaths
- Managed and completed four ongoing Performance Improvement Projects per DMAS; two clinical and two non-clinical
- Initiated two newly assigned Performance Improvement Projects per DMAS; one clinical and one non-clinical
- Implemented the Quality Management Review (QMR) process with completion of five on-site and two follow-up reviews
- 100% team participation in DMAS training and collaborative sessions for the QMR process

The Annual Quality Program Evaluation is an evaluation of the previous years' quality improvement activities and provides a mechanism for systematically completing an analysis of performance. It defines meaningful and relevant quality activities implemented for our members. Through a structured review of the various clinical, service, administrative and educational initiatives, the program evaluation

serves to emphasize the accomplishments and effectiveness of the Quality Program as well as identify barriers and opportunities for improvement. The program evaluation includes details pertaining to the following elements:

- Population assessment
- Summary of MLTSS Quality activities
- Quality of Behavioral Health program care rendered
- Analysis of program grievances and appeals
- Overview of internal and delegation Utilization Management activities
- Summary of Care Coordination activities
- Chronic Care Management program overview
- Health Education engagement
- Compliance Program effectiveness
- Provider Network Adequacy
- Provider Cultural Competency
- Provider Satisfaction Survey
- Call Center Access
- Provider Access and Availability
- Provider Credentialing Activity

Virginia Premier's new five-year strategic plan defines potential successes and accomplishments in the years to come. The plan consists of strategic imperatives such as embracing top quality, growing and creating successful partnerships, and building and optimizing our infrastructure to help achieve Quality Program specific goals.

The annual Quality Program Description, Evaluation, and Work Plan full versions are reviewed and approved by the Quality Improvement Committee (QIC) with summary approval by the Continuous Quality Improvement Committee (CQIC) comprised of top executive level leadership.

2020 Quality Program's Goals

The ultimate goal of the Virginia Premier Medallion Quality Program is to achieve an NCQA 5-Star Rating by ensuring the delivery of high quality culturally competent health care, particularly to members with identified health care disparities. This will be accomplished through operationalizing the following goals:

- Continuously striving to meet the organization's mission
- Continuously meeting regulatory and accreditation requirements
- Creating a system of improved health outcomes for the populations served
- Improving members' overall quality of life through the continuous enhancement of comprehensive health management programs such as the Behavioral Health Program
- Making care safer by reducing variation in practice and enhancing communication across the continuum
- Strengthening member and caregiver engagement in achieving quality health outcomes for the member
- Ensuring culturally competent care delivery through assessment of practitioner cultural

education, as well as provision of information, training and tools to staff and practitioners to support culturally competent communication with their patients
- Encouraging appropriate utilization to achieve cost-effective, affordable care for members

The efforts engaged by Virginia Premier is executed with "Community First" guiding principles at the center. The work performed is to inspire healthy living with the ultimate goal of improving the health and lives of members, and communities served, through innovation, strategic partnerships, and industry-leading healthcare, with a focus on underserved and vulnerable populations.

2020 Key Metrics and Initiatives

The performance indicators provide a structured framework in which to target and concentrate organizational (clinical and service) efforts. Through assessment and implementation of member-focused interventions, outcomes are measured. Virginia Premier will maintain clinical and service improvement project and activities that relate to key indicators of quality and utilizes data statistically valid, reliable, and comparable. All performance indicator outcomes are reported through the quality committee structure, at least annually.

Clinical Indicators

- Contracted Specific DMAS Healthcare Effectiveness Data and Information Set (HEDIS) Measures
- NCQA Medicaid HEDIS® Scoring Measures (Effectiveness of Care)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey Measures
- Disease Management outcomes
- Chronic Care Survey
- Behavioral Health Care
- Case Management Screening
    - Prenatal/Postpartum Care
    - Childhood Immunizations
    - Well-Child Visits (first 15 months)
    - Lead Screening
    - Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
- Preventive Screenings
    - Breast Cancer Screening
    - Cervical Cancer Screening
    - Chlamydia Screening
- Disease Management (DM) Initiatives and Outcomes
- Provider and Practitioner Practice Audit Outcomes

Service Indicators

- Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
- Provider Satisfaction Survey
- Provider Access and Appointment Availability Survey
- Member Operations Average Speed to Answer (Timeliness)

- Board Certification
- Member Grievances/Complaints

Virginia Premier provides quality care and services to its membership and strives to align with DMAS Strategic Initiatives in comparing Managed Care Organizations (MCOs) performance on several related standards. DMAS utilizes a Consumer Decision Support Tool designed to help eligible members choose a Medicaid MCO.

DMAS requires MCOs to have at least two Performance Improvement Project (PIP) using the Plan, Do, Study, Act (PDSA) model. There are two PIP projects underway for the MLTSS line of business; one clinical PIP and one non-clinical PIP. The Performance Improvement Project provides a formal process to objectively and systematically monitor and evaluate the quality, appropriateness, efficiency, safety, and effectiveness of care and service of plan selected member conditions. These activities utilize a multidimensional approach which enables Virginia Premier to focus on opportunities for improving operational processes and health outcomes and satisfaction of members and practitioners/providers.

II. Behavioral Health aspects of program

Virginia Premier's Behavioral Health (BH) Services' purpose is to improve members' health and health care experience while reducing healthcare costs. The BH program serves as a point of contact to members, providers, and staff to ensure understanding of Behavioral Health benefits, processes, and requirements. The program's core premise is to ensure high quality care and timely access to appropriate mental health and substance use services as well as facilitate effective coordination for other needed services. The Behavioral Health program provides consultative services, care coordination, assessments and utilization management services, in all regions of Virginia, ensuring the best possible health outcomes. The BH Department is comprised of traditional Behavioral Health services, Inpatient BH services, Community Mental Health Rehabilitative Services (CMHRS), Addiction Recovery Treatment Services (ARTS), Behavioral Health and ARTS Care Coordination as well as Enhanced Chronic Care Coordination.

Responsibilities of the Behavioral Health Services program include:

- Ensuring member access
- Providing adequate clinical reviews through consistently applied criteria and individual considerations of the uniqueness of the member
- Facilitating transitions in care including discharge planning
- Ensuring response and follow-up of member and provider requests

In efforts to monitor and improve behavioral healthcare services provided for members, Virginia Premier's Behavioral Health Services' Goals include:

- Ensure all regulatory compliance requirements and requests are accurate and timely
- Coordinate and provide high-quality managed behavioral healthcare services
- Meet NCQA requirements
- Manage CMHRS in a high-quality, cost-effective manner
- Ensure patient satisfaction with care provided and aspects of the healthcare delivery system

- Facilitate and coordinate care through integrating medical care, behavioral care, and promoting continuity of care at the provider delivery system level
- Provide guidance, feedback, and education to participating providers, internal stakeholders, and internal departments

The Behavioral Health Medical Director serves as a peer reviewer on behavioral health cases. He/she also assists in the development and implementation of quality improvement activities related to behavioral health by identifying member focused interventions to promote improved behavioral health outcomes, and other related matters. The Behavioral Health Medical Director attends the Continuous Quality Improvement Committee (CQIC) meetings, Quality Improvement Committee, participates in the HQUM Committee meetings, and attend other Quality Program meetings, as needed.

III. Involvement of Designated Physician

Virginia Premier has one Senior Medical Director and three Medical Directors whose role is multifaceted including utilization review and quality of care reviews. Virginia Premier, through the medical directors, assures members receive quality evidenced-based care along with receiving medically necessary services in the appropriate site. The Healthcare Quality and Utilization Committee (HQUM) is comprised of physicians across the network including the organization medical directors. The HQUM is chaired by the Chief Medical Officer (CMO) and is responsible for the development, implementation and management of quality and utilization improvement processes as well as providing overall direction to Virginia Premier staff and providers on appropriate use of covered services. The HQUM meets, at minimum, quarterly, and report outcomes to the CQIC.

IV. Oversight of QI functions

Virginia Premier's Board of Directors has delegated program oversight to the Continuous Quality Improvement Committee and subcommittees; however, the Board has ultimate authority, accountability and organizational governance for the Quality Program. The Quality Committee structure was designed to provide appropriate oversight of all quality functions by reviewing and approving annually the Quality Program Description, Annual Evaluation and Work Plan for the subsequent year. Additional functions include review and approval of reports and ad- hoc studies. The Quality Committees meet regularly as defined below in each description.

The Quality structure includes the following committees:

- **Continuous Quality Improvement Committee (CQIC)** – The CQIC, chaired by the Chief Executive Officer (CEO), has ultimate authority, accountability and organizational governance for the Quality Program. The CQIC consists of the Executive Staff of Virginia Premier and all members have voting privileges. Appointment to the Committee is by virtue of Executive Staff position. The CQIC meets at least twice per year.
- **Healthcare Quality and Utilization Management (HQUM) Committee** – The HQUM is chaired by the Chief Medical Officer (CMO) and is responsible for the development, implementation and management of quality and utilization improvement processes as well as providing overall direction to Virginia Premier staff and providers on appropriate use of covered services. The HQUM Committee meets quarterly and the findings and outcomes are reported to the CQIC.

The committee members include the following:

- Chief Medical Officer (voting) – Chair
- Medical Directors (voting) – Richmond
- Participating Primary Care Physicians (voting)
- Participating Specialty Care Physicians (voting)
- Behavioral Health Physician, Associate Medical Director (voting)
- Vice President, Population Health Outcomes (Quality) (voting)
- Vice President, Health Services (voting)
- Vice President, Health Services Operations (voting)
- Vice President, Pharmacy (voting)
- Resource staff (as needed non-voting)

- **Quality Improvement Committee (QIC)** – The QIC is chaired by the Vice President of Quality and Safety. The purpose of the QIC is to monitor and ensure all Quality activities are performed, integrated, and communicated internally and to the contracted network providers, practitioners and partners to achieve the end result of improved outcomes and services for members. Committee membership includes Vice Presidents and Directors from across the organization. This ensures that an interdisciplinary and interdepartmental approach is taken and adequate resources are committed to the program and drives actions when opportunities for improvement are identified. The QIC meets monthly reporting on specific lines of business activities, as assigned.
- **Pharmacy and Therapeutics Committee (P&T)** – The P&T Committee is chaired by the Vice President of Pharmacy and provides guidance in pharmaceutical product selection, evidence-based appropriate use criteria, guidelines, algorithms, and cost-effectiveness of formulary choices for the organization's lines of businesses and Drug Utilization Reviews. The committee includes a multi-disciplinary team of physicians, pharmacists and other health care professionals and administrators comprising at least of 50% non-organization employed health professionals. This committee meets quarterly.
- **Credentialing Committee** – Responsible for oversight of activities of the Plan's Credentialing Program and Peer Review. Policies and procedures related to Credentialing are reviewed and approved by the HQUM. The committee includes representation from the HQUM support committees, with the addition of a voting Virginia Premier Network Development staff member responsible for contracting. This committee meets monthly.
- **Corporate Quality Safety Committee (CQSC)** – The CQSC is chaired by the Senior Director of Quality & Accreditation, or designee. The committee includes representatives from operational departments that have a direct impact on accreditation, member compliance, and member and practitioner/provider satisfaction. The committee ensures there is coordination of activities, reduction or elimination in duplication of efforts, and streamlined activities to ensure maximum outcomes. This committee meets quarterly.
- **Quality Measure Improvement Committee (QMIC)** – is a combined committee for all lines of business and is jointly chaired by the Director of Quality Operations for Federal Programs and the Director of Quality Operations for State Programs. They are responsible for the strategic oversight of improving the member experience and advancing clinical excellence through the provision of compassionate member-centered care. The committee's purpose is to ensure the

coordination of activities, reduce/eliminate duplication of efforts, and streamline activities to ensure maximum output and outcomes. This committee meets quarterly.

- **Ongoing Monitoring Committee** – The purpose of this committee is to monitor practitioner sanctions, complaints and quality issues between recredentialing cycles. It is chaired by the Senior Manager of Quality Accreditation. The committee includes at least one representative from Quality, Grievances, Medical Directors and the Credentialing departments. The findings of the committee are submitted to the Credentialing Committee at least semi-annually for review and/or corrective action, as warranted. This committee meets quarterly. If any adverse events are determined, those issues are submitted to the Credentialing Committee sooner than on a quarterly basis.
- **Provider Education Meetings (PEM)** – These educational meetings give our providers an opportunity to listen to updates and ask questions from each operational department including Provider Services, Claims, Medical Management, Quality, Compliance, and others. The participants in the meeting range from practitioners, specialists, community health centers staff, behavioral health practitioners and providers as well as office staff and billing persons. These face-to-face meetings provide excellent communication between our health plan, physicians, medical groups, and hospitals.
- **Member Advisory Committee (MAC)** – The MAC meetings provide a forum for members to provide the organization with member experience feedback and allows the organization to share information about what we have to offer as this reinforces collaboration with members. A member representative is selected to be "the voice" for the members to bring forth any issues or concerns. This is a forum to provide health education, organizational updates and engage members in quality improvement. The MAC Meetings occur quarterly in each region.

V. Culturally and Linguistically Appropriate Services

Virginia Premier is committed to ensuring participating providers have training and resources needed to deliver Culturally and Linguistically Appropriate Services (CLAS) to our members. The organization strives to meet the needs of the underserved and vulnerable populations by delivering quality-driven, culturally-sensitive and financially viable healthcare. It is the organization's belief that all its members should receive equitable, effective, and non-discriminatory treatment. Virginia Premier follows the National Standards for Culturally and Linguistically Appropriate Services in Health Care.

Evidence suggests that practitioner-patient communication is directly linked to patient satisfaction, adherence, and health outcomes. NCQA requirements address the necessity for completing an assessment of cultural needs and preferences and states "The organization assesses the cultural, ethnic, racial and linguistic needs of its members and adjusts the availability of practitioners within its network, if necessary." Virginia Premier meets the intent of this standard through the Cultural Competency Program.

To ensure that programs and services are available to meet the cultural and linguistic needs of members, Virginia Premier will utilize sources such as census data and enrollment files to identify member language, race and ethnicity when possible to determine additional languages for written materials, compatibility with practitioner networks, cultural and linguistic needs of members and other potential healthcare needs that might be associated with cultural beliefs and healthcare behaviors.

Goals of the Cultural and Linguistic Program

- Provide educational opportunities for participating practitioners to provide guidance in delivering culturally competent care in an effective and respectful manner
- Strengthen the delivery of health care to culturally diverse populations
- Improve meeting members' cultural, racial, ethnic, and linguistic needs and preferences by using materials and communication tools to enhance communication
- Promote safe and effective clinical practice by improving access for diverse populations
- Reduce health disparities where clinical indication is observed

Virginia Premier will ensure systems and processes are in place to address the goals for serving the culturally and linguistically diverse membership, through the following objectives:

- Analyze demographic data to identify significant culturally and linguistically diverse populations with plan's membership and revalidate data at least annually.
- Identify specific cultural and linguistic disparities found within the plan's diverse populations.
- Analyze HEDIS® results for potential cultural and linguistic disparities that prevent members from obtaining the recommended key chronic and preventive services.
- Enhance current patient-focused quality improvement activities to address specific cultural and linguistic barriers using culturally targeted materials addressing identified barriers.
- Provide a more thorough organizational understanding of the specific reasons behind identified cultural and linguistic barriers. This can be accomplished through varied forms of direct member input including focus group, member feedback forms or surveys, and complaint analyses.
- Conduct analysis of interpreter availability
- Develop educational materials to meet the cultural and linguistic needs of the population served addressing the top clinical conditions and others as requested.
- Provide staff with necessary information, training, and tools to address identified cultural barriers.

VI. Evaluating Effectiveness

The Quality Program Description and Work Plan govern the program structure and activities for a period of one calendar year. At least annually, the Quality Department will facilitate a formal evaluation of the Quality Program. Evaluation of all quality activities will include a description of limitations and barriers to improvements.

The Quality Program Annual Evaluation identifies the outcomes and includes the following areas:

- Evaluates the results of each quality improvement activity implemented during the year and identifies quantifiable improvements in care and service
- Where available, includes a trended indicator report and brief analysis of changes in trends and improvement actions taken as a result of the trends
- Identifies opportunities to strengthen member safety activities
- Evaluates resources, training, scope, and content of the program and practitioner participation
- Analysis and evaluation of the overall effectiveness of the Quality Program and its progress toward influencing network-wide safe clinical practices

- Identifies limitations and barriers and makes recommendations for the upcoming year, including the identification of activities that will carry over into next year.

The evaluation includes an assessment of the overall effectiveness of the Quality program, including progress toward influencing safe clinical practices throughout the delivery system, as well as monitoring other aspects of the program, such as practitioner availability, over and underutilization, and complaints and appeals.

At minimum, the evaluation will include:

- Adequacy of Quality resources
- QIC structure
- Practitioner participation in the Quality Program and review process
- Leadership involvement in the Quality Program and review process
- Identify needs to restructure or revise the Quality Program for the subsequent year

Practitioners and members are advised of the availability of a summary of the Quality Program posted on the Plan's web site and that the summary is also available, upon request. This summary includes information about the Quality Program's goals, processes, and outcomes as they relate to member care and service.

For a hard copy or full version of the MLTSS Quality Program Description, please contact the Virginia Premier Quality Department at 804-819-5151 or toll-free 1-800-727-7536.