

PASSPORT HEALTH PLAN

Our mission is to improve the health and quality of life of our members.

Quality Improvement 2010 Program Description



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Background and History

In October 1995, the Kentucky Department for Medicaid Services (DMS) received approval from the Health Care Financing Administration to revise its payment mechanism and delivery systems to improve health care services to Kentucky's Medicaid population. The Department requested special permission to allow it to contract with regional groupings of Medicaid partnerships to be known as Health Care Partnerships. These partnerships would be responsible for providing services to the majority of non-institutionalized Medicaid beneficiaries on a capitated basis.

The Department decided to establish eight regional partnerships consolidating the Medicaid providers in each region into a single managed care entity. It envisioned that the medical schools at the University of Louisville and the University of Kentucky would play an active role in several of the partnerships. At this time Region 3 is the only existing partnership.

A core group of Medicaid providers came together to form a Kentucky HMO, University Health Care (UHC), to contract with the State to provide services for Medicaid beneficiaries residing in Region 3. Region 3 consists of Breckinridge, Bullitt, Carroll, Grayson, Hardin, Henry, Jefferson, Larue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble, and Washington Counties.

The provider owners of UHC are:

- Medical School Practice Association (of the University of Louisville School of Medicine),
- Louisville/Jefferson County Primary Care Association,
- Norton Hospitals Inc.,
- Jewish Hospital & St. Mary's HealthCare and
- University Medical Center, Inc.

The Louisville/Jefferson County Primary Care Association is comprised of the Jefferson County Department of Health, the Region's Federally Qualified Health Centers (Family Health Centers and Park Duvall Community Health Centers) and the University of Louisville Primary Care Center.

There is a three-way contract between the State, UHC, and the Partnership Council, which is a non-profit membership organization. The Partnership includes representatives from each major type of provider (hospital, physician, pharmacy, home care, transportation, etc.) and four consumer representatives.

As the licensed HMO, UHC has accountability through contracts or subcontracts for all covered health care services for its members with the exception of behavioral health care services. Behavioral Health services have been carved out by Kentucky's Department for Medicaid Services. AmeriHealth Mercy Health Plan (AMHP), located in Philadelphia, Pennsylvania, was chosen by UHC to act as administrator for all HMO functions related to medical services. These functions are administered locally under the product known as

Passport Health Plan. Passport Health Plan enrolled its first members in November 1997, and currently has an enrolled population as of December 31, 2008 of 148,588 people in AFDC, SOBRA, SSI with and without Medicare, Foster Care and KCHIP programs.

The Plan's practitioners are independent health care providers that include primary care practitioners (PCPs) and specialists. Primary care practitioners are defined as individual practitioners who provide primary care services and manage routine health care needs, including family practice, internal medicine, general practice and pediatric specialty types. Women may also select an obstetrician/gynecologist as their PCP if the practitioner has agreed to assume that role and provided that all credentialing and contracting criteria have been met. The major facility contracts include hospitals and home health agencies.

Passport Health Plan Committee Organizational Chart



Mission Statement

Passport Health Plan's mission is to improve the health and quality of life of our members.

Authority

The UHC Board has authority and responsibility for the quality of care delivered by Passport Health Plan. Ongoing oversight of program deliverables has been delegated to the Partnership Council. The Quality Medical Management Committee (QMMC) and Chief Medical Officer (CMO) have the responsibility for planning, designing, implementing and coordinating the patient care and clinical quality improvement activities as delegated by the Partnership Council.

Performance accountabilities of the Partnership Council, as delegated by the UHC Board, include, but are not limited to the following:

- Annual review and approval of the QI Program Description, QI Work Plan and QI Program Evaluation.
- Designation of a QI Committee (QMMC) to design and implement the QI Program.
- Review status of the QI Work Plan twice annually.
- Support the QI Committee in evaluating the effectiveness of QI activities and providing feedback as appropriate.
- Establish direction and strategy for the QI Program.
- Approval of subcommittee recommendations following peer review and credentialing review.

Scope

The QI Program is broad in scope and encompasses the range of clinical, safety, and service issues relevant to external and internal customers. External and internal customers are defined as eligible members, practitioners, providers, the DMS, the Centers for Medicare and Medicaid Services (CMS), and Passport Health Plan employees.

- The scope of quality review is reflective of the health care delivery systems, including quality of clinical care, safety, and quality of service including non-clinical services.
- All activities reflect Passport Health Plan's population in terms of age groups, disease categories, special risk status, and cultural and linguistic needs of the members.

- The scope of services include, but is not limited to services provided in institutional settings, ambulatory care, home health care and services provided by primary care, specialty care and other practitioners.

QI Activities to Fulfill the Scope

Passport Health Plan has many ongoing quality improvement activities to fulfill the scope of the QI Program. While a summary of major activities is listed below, the full detail including time frames for completion, responsible parties, and planned monitoring and evaluation is included in the QI Work Plan. Passport Health Plan QI activities include but are not limited to:

Assessment of and interventions to improve as necessary:

- Patient safety (annual member safety plan)
- Member satisfaction
- Cultural and linguistic competency (The Passport Health Plan Cultural & Linguistic Services Program (CLSP))
- Provider/practitioner satisfaction
- Continuity and coordination of care
- Provider/practitioner access and availability
- Delegation oversight
- Credentialing and recredentialing of practitioners and providers
- Medical Management programs and activities
- Ongoing assessment of population changes including cultural and linguistic needs
- Assessment of the QI Program
- Regional best practices opportunities
- Annual Amerihealth Family of Companies HEDIS[®] and CAHPS[®] comparison
- Quality Circle participation
- Collaboration with the Kentucky Health Alliance Quality Initiatives- Consortium(KHAQI-C)
- The results of the annual IPRO review conducted on behalf of DMS
- Healthy Kentuckians health outcomes results
- Performance Improvement Projects conducted in collaboration with, DMS and IPRO
- Accreditation status and annual reevaluation of results.

HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

Purpose

The purpose of the Quality Improvement (QI) Program is to provide the infrastructure for the continuous monitoring, evaluation and improvement in care, safety, and service.

Quality Improvement activities are coordinated with other performance monitoring activities and management functions including, but not limited to utilization management, case and disease management, health management, risk management, patient safety, cultural and linguistic competency, credentialing, claims, member and provider services, and network development.

In addition, collaborative health outcome measures are developed with DMS and the external peer review organization, IPRO.

Prospective Quality Improvement Activities

Prospective quality improvement activities include but are not limited to:

- Credentialing Activities
- Prospective PCP and OB/GYN site visits
- Utilization Management Activities
- Adoption of Preventive Health Guidelines
- Adoption of Clinical Practice Guidelines

Concurrent Quality Improvement Activities

Concurrent quality improvement activities include but are not limited to:

- Case Management Activities
- Disease Management Activities
- EPSDT and Adult Preventive Health Activities

Retrospective Quality Improvement Activities

Retrospective quality improvement activities include but are not limited to:

- Appeals and Grievances
- Claims Reprocessing
- Member Inquiries
- Peer Review
- Medical Record Review audits for compliance with documentation and Continuity and Coordination of Care Standards
- Clinical Practice Guidelines Audits
- Preventive Health Guideline Audits
- Performance Improvement Projects
- Health Outcome Audits

Passport Health Plan has mechanisms to identify quality of care and services issues that have occurred and utilizes that information to prevent non-compliance in care, safety and service.

Goals

The goal of the QI Program is to link together the knowledge, structure and processes throughout Passport Health Plan as well as to assess and improve quality of care, safety, and service. The Plan utilizes QI philosophy and tools to achieve this goal.

Objectives

The objectives of the QI Program are:

- To continuously monitor and analyze key clinical, safety, and service indicators
- To manage disease and health management programs
- To conduct outreach and health education activities
- To ensure members are provided culturally and linguistically appropriate services
- To develop programs for populations with special needs
- To conduct performance improvement projects and select studies in clinical and service areas in collaboration with DMS and IPRO
- To perform appropriate oversight of delegated activities
- To conduct satisfaction surveys for members and providers/practitioners
- To coordinate activities across functional areas to improve care, safety, and service
- To foster an environment that assists practitioners and providers with improving the safety of their practice
- To conduct oversight of risk management
- To evaluate the effectiveness of the QI Program

Delegation

Passport Health Plan has delegated the following activities as defined by NCQA standards for managed care organizations.

Vendor Name	Delegated Activities
MCNA, a dental benefits manager	<ul style="list-style-type: none"> • Network development, credentialing, utilization management, processing of first level appeals, resolution of member complaints and claims processing for general dentistry services only. <i>(MD services fall under the scope of medical benefits and thus credentialing of dental surgeons and utilization management for dental surgery has not been delegated.)</i>
Block Vision, a vision benefits manager	<ul style="list-style-type: none"> • Network development, credentialing, utilization management, processing of first level appeals, resolution of member complaints and claims processing for general vision services only. <i>(MD services fall under the scope of medical benefits and thus credentialing of ophthalmologists and utilization management for eye surgery has not been delegated.)</i>
Perform Rx, a pharmacy benefits manager	<ul style="list-style-type: none"> • Network development, credentialing, utilization management (approvals only), and claims processing. <i>(Denial decisions, denial notification to members and practitioners, and appeal processing have not been delegated.)</i>
AmeriHealth HMO, family planning services vendor	<ul style="list-style-type: none"> • Claims processing services only.
IntelliCare, Inc., nurse advice services vendor	<ul style="list-style-type: none"> • Nurse advice call center only.

Behavioral health benefits are carved out by the State and as such accountability for administering behavioral health services does not reside with the Plan.

Passport Health Plan believes in a “Partnership” relationship with its delegates and therefore:

- Provides oversight to assure compliance with CMS and State regulatory standards, and NCQA standards for accreditation.
- Collaborates with vendors to continuously improve health service quality and safety.

Passport Health Plan has policies and procedures to ensure delegated provider compliance with health plan standards. Passport Health Plan retains accountability for all delegated functions.

Passport Health Plan assesses delegated compliance with health plan standards through an annual on-site review and quarterly report review via the Delegation Oversight Committee (DOC). The annual on-site review is conducted utilizing Passport Health Plan delegate audit tools. Review of the appropriate policies and procedures, programs, and files may require a corrective action plan. The corrective action process includes follow-up tracking of compliance in accordance with preset time frames. The DOC reports at each Partnership Council meeting regarding oversight of all delegated activities.

Role of Chief Medical Officer

The Chief Medical Officer (CMO) has been appointed by the President of Passport Health Plan to support the quality improvement committees outlined in this program by providing day-to-day oversight of quality improvement and credentialing activities. The CMO staff also includes two medical directors and one pharmacy director who each contribute approximately 25 percent of their time towards implementation of the QI Program. The CMO reports to the President of Passport Health Plan and is responsible for:

- Overseeing the implementation of the QI Program as it concerns medical, quality care/services, safety, and other health related issues;
- Acting continuously to improve the overall effectiveness of the QI Program;
- Assuring resources dedicated to the QI Program are consistent with its goals;
- Overseeing quality, appropriateness, safety, and effectiveness of clinical care and services provided by the Plan;
- Overseeing all activities requiring physician involvement. The CMO has delegated some day-to-day physician responsibilities to medical and/or pharmacy directors under his/her supervision;
- Providing final approval or denial of specific healthcare services to any Plan member;
- Overseeing the development of medical policies and benefits relative to necessity, access, availability of service, member and provider utilization, case management and quality care/services; and

- Participating in, or delegating responsibility to other medical directors to participate in all clinical quality improvement committees and review findings.

Role of QI Department

The Associate Vice President of Quality Improvement directs the QI Program. The Manager of Quality Improvement oversees the day-to-day operations of the Quality Improvement Department. The Data Analysis and Reporting Team (DART) provides expertise in program design, statistics, and analysis to the QI department. Additionally, there are seven QI staff members who perform the QI Department responsibilities which include:

- Credentialing and recredentialing of practitioners and providers to participate in the Plan's provider network.
- Providing staff support to quality improvement and credentialing committees and subcommittees;
- Developing initial drafts of QI Program documents for review and approval by the CMO, QMMC, and Partnership Council;
- Developing the QI Work Plan and identifying responsible Plan staff who facilitate QI Program implementation;
- Reviewing and evaluating quarterly departmental reports and QI Work Plan updates that support the QI Program;
- Participating in the initial evaluation of potential delegates, reviewing and evaluating delegates reports, and performing annual on-site reviews of delegates;
- Assisting in data collection for selected components of contractual reporting requirements for accrediting bodies and external review agencies;
- Developing and implementing systematic data collection methodologies;
- Monitoring the QI Program to assure compliance with regulatory and accrediting agency requirements;
- Developing Passport Health Plan policies and procedures related to quality improvement;
- Conducting medical record reviews against documentation standards and Continuity and Coordination of Care standards;
- Assessing and promoting patient safety through use of the Annual Member Safety Plan.
- Collecting facility patient safety plans;
- Collaborating with internal and external resources to conduct satisfaction surveys;
- Designing and implementing clinical and service studies to include appropriate methodologies and sample sizes;
- Performing qualitative and quantitative analysis for QI studies; and
- Facilitating NCQA accreditation, HEDIS® reporting and CAHPS®.
- Reviewing and responding to annual external quality review recommendations.

Role of Participating Practitioners

Participating practitioners serve on all external committees. Through committee activity, participating practitioners:

- Review, evaluate and make recommendations regarding the QI Program Description, Work Plan and Annual Evaluation;
- Review, evaluate and make recommendations for credentialing and recredentialing decisions;
- In response to identification of quality of care concerns review individual medical records reflecting adverse occurrences and initiate requests for corrective actions as appropriate;
- Review and evaluate continuity and coordination of care against standards;
- Review, evaluate and make recommendations for improving satisfaction;
- Review and provide feedback on proposed clinical practice guidelines, preventive health standards and guidelines, clinical protocols, disease management programs, health management programs, quality and HEDIS[®] results, new technology, and other clinical issues regarding policies and procedures of Passport Health Plan;
- Review and provide feedback regarding proposed QI study designs; and
- Participate in the development of action plans and interventions to improve the levels of care and service for individual providers and the provider network as a whole.

Committee Structure

GOVERNING BODY

The UHC Board is the Governing Body for the Plan. The UHC Board delegates ongoing oversight of deliverables for the QI and UM Programs to the Partnership Council. The UHC Board consists of five representatives from the University of Louisville Medical School Practice Association, one representative from each of the following: Jewish Hospital & St. Mary's HealthCare, University of Louisville Medical Center, Norton Healthcare and Louisville/Jefferson County Primary Care Association.

- | | |
|----------------|--|
| a. Membership: | <ul style="list-style-type: none"> Board of Directors • President, UHC • Vice President • 2nd Vice President • Treasurer • Secretary • Additional members • Partnership Council President Ex Officio |
|----------------|--|

- b. Quorum: Determined by the bylaws.
- c. Frequency: Quarterly. The UHC Board must meet at least three times during the year to meet QI Program objectives.
- d. Membership Term: Annual; members may be re-appointed without restriction.

Committee Descriptions

The following section provides an overview of each committee along with their meeting frequency, oversight accountability, scope and composition.

Partnership Council

Overview

The Partnership Council is a non-profit organization established to broadly represent Medicaid and Medicare providers and Passport Health Plan members to assure constituencies have a voice in determining the policies and procedures of the Kentucky Managed Care Program.

Meeting Frequency

Every two months and must meet at least five times during the year to achieve the QI Program objectives.

Oversight Accountability

UHC Board quarterly

Scope

The Partnership Council has responsibility for reviewing, providing feedback, and approving the annual QI and UM Program Descriptions, the QI Work Plan annually, and the annual QI and UM Evaluations. The Partnership Council has ongoing responsibility for recommending policy decisions, reviewing and evaluating the results of quality activities, instituting actions and overseeing follow up as appropriate. The Partnership Council may establish subcommittees to support Passport Health Plan's QI and UM Programs in accordance with, and subject to, the approval by the Kentucky Department for Medicaid Services.

Composition

The Partnership Council is comprised of representative classes of participating providers and Medicare and Medicaid recipients appointed or elected on an annual basis by class members.

Representative Class	Staff Support
Hospital, University Medical Center	Regional President^
Hospital, Kosair Children's	Executive Director^
Hospital, Jefferson County Representative	Chief Medical Officer^
Hospital, Non Jefferson County Representative	Vice President, Public Affairs^
Practitioner, Greater Louisville Medical Society (2)	Vice President, Medical Management^
Practitioner, Medical School Practice Association	AVP, Provider Relations^
Practitioner, Association of Primary Care Physicians	Senior Director, Pharmacy **^
Practitioner, Falls City Medical Society	Vice President, Contracting and Operations^
Practitioner, Kosair Children's PHO	Director, UHC Special Projects^
Skilled Nursing, Representative	AVP, Quality Improvement**^
Practitioner, Non Jefferson County (2)	UHC Legal Council^
Behavioral Health Representative	*Chair **Ad hoc ^Non-voting
Other Health Services, Home Health	
Other Health Services, Commission for Children	
Other Health Services, Federally Qualified Health Centers^	
Other Health Services, School of Medicine	
Other Health Services, At Large Position	
Health Department, Jefferson County	
Health Department, Non Jefferson County	
Dental Representative	
Vision Representative	
Transportation Representative	
Consumer Advocate or Member (4)	
Other, Nurse	
Other, Pharmacist	

Quality Medical Management Committee

Overview

The Quality Medical Management Committee provides direction to and oversight of the provision of clinical care and services.

Meeting Frequency

Monthly and must meet at least eight times during the year to meet QI Program objectives.

Oversight Accountability

Partnership Council every two months

Scope

The Quality Medical Management Committee provides direction to, and oversight of, those management and subcommittee functions responsible for the provision of clinical care and services. The Quality Medical Management Committee is responsible for approval of the annual QI and UM Program Descriptions, twice annual review of the QI Work Plan and Annual QI and UM Evaluations. The Quality Medical Management Committee is also responsible for the review, feedback and approval of clinical and preventive health guidelines, under and over-utilization findings, UM criteria, clinical and service audits and findings, and administrative policies, such as confidentiality, that have an impact on the member's health care. The Quality Medical Management Committee provides recommendations regarding provider education and interventions, health education programs, and other plan initiatives. It is charged with accountability for the review of member complaints for quality of care and sentinel events having the potential for an adverse effect on members and as referred to the Quality Medical Management Committee by Plan staff. The Quality Medical Management Committee reviews aggregate data of member complaints, transfers, surveys, as well as the results of provider audits, and makes determinations regarding corrective action to be taken.

Composition

Voting membership is comprised of participating providers and Medicare & Medicaid advocates appointed or elected on an annual basis by class members.

Representative Class	Staff Support
Practitioner Representative (BH)	Chief Medical Officer*^
Clinical Pharmacist (2)	Vice President, Medical Management^
Health Department Clinical Director	Manager, Quality Improvement ^
Practitioner Representative (FP) (2)	Manager, Clinical Programs^
Practitioner Representative (IM)	Director, Med Mgmt, UM and Clinical Programs^
Practitioner Representative (Pediatrics) (2)	AVP, Quality Improvement**^
Practitioner Representative (OB/GYN)	Representative, Provider Relations^
Practitioner Representative (Health Center) (2)	Director, Med Mgmt, Care Coordination^
Practitioner Representative (Surgeon)	Representative, Partnership Council**^
Practitioner Representative (Psychiatry)	Manager, Compliance***^
Practitioner Representative (Chiropractor)	Manager, Delegated Services^
Medical Ethicist	Director, Member Services^
Consumer Advocate	Senior Director, Pharmacy^
	Manager, Utilization Manager^
	Administrator, Medical Management^

*Chair

**Ad Hoc

^Non-voting

Child and Adolescent Health Committee

Overview

The Child and Adolescent Health Committee provide direction to, and oversight of, the management of the care provided to newborns up to age 21.

Meeting Frequency

Quarterly and must meet at least two times during the year to meet QI Program objectives.

Oversight Accountability

Quality Medical Management Committee quarterly

Scope

The Child and Adolescent Health Committee is responsible for the review and approval of medical and administrative policies, clinical guidelines, work plans, and programs that have impact on the newborn to 21 year old member's health care, as well as quality and utilization management issues relating to these members. The Child and Adolescent Health Committee is charged with accountability for the review of member complaints for quality of care and sentinel events having the potential for adverse affect to their member population. The Child and Adolescent Health Committee also review issues and results of the EPSDT program including immunizations, preventive health visits and special studies.

Composition

Voting membership is comprised of participating providers and Medicare & Medicaid recipients appointed or elected on an annual basis by class members.

Representative Class	Staff Support
Practitioner Representative (Pediatrics) (7)	Chief Medical Officer*^
Practitioner Representative (Neonatology)	Vice President, Medical Management^
Practitioner Representative (Pediatric Cardiology)	AVP, Quality Improvement^
Practitioner Representative (FP)	Provider Relations Representative, EPSDT^
Practitioner Representative (ENT)	Manager, Quality Improvement**^
Health Department Director	Manager, Health Management^
ARNP Advisor	Supervisor, Health Management^
Consumer Advocate (2)	Director, Medical Management Care Coordination^
Practitioner Representative (Occupational Therapy)	
Nurse Advisor (ER)	

*Chair

**Ad hoc

^Non-voting

Women’s Health Committee

Overview

The Women’s Health Committee provides direction to, and oversight of, the management of the care given to women throughout their life including pregnancy.

Meeting Frequency

Quarterly and must meet at least two times during the year to meet QI Program objectives.

Oversight Accountability

Quality Medical Management Committee quarterly

Scope

The Women’s Health Committee is responsible for the review and approval of medical and administrative policies, clinical guidelines, and programs that have an impact on a female member’s health care, as well as quality and utilization management issues relating to these members. The Women’s Health Committee is charged with accountability for the review of sentinel events having the potential for adverse affect to this member population. The Women’s Health Committee also reviews quality of care issues regarding women’s health, birth outcomes and HEDIS® measures results.

Composition

Voting membership is comprised of participating providers and Medicare & Medicaid recipients appointed or elected on an annual basis by class members.

Representative Class	Staff Support
Practitioner Representative (OB/GYN) (4)	Chief Medical Officer*^
Practitioner Representative (Fetal Medicine)	Vice President, Medical Management^
Practitioner Representative (FP) (2)	AVP, Quality Improvement^
ARNP Advisor	Manager, Health Management^
Consumer Advocate (2)	Director, Med Mgmt Care Coordination^
	Representative, Provider Relations^
	Manager, Quality Improvement**^

*Chair

**Ad hoc

^Non-voting

Behavioral Health Committee

Overview

The Behavioral Health Committee provides direction to, and oversight of, the management of inpatient and outpatient behavioral health services.

Meeting Frequency

Ad hoc, at the discretion of the Quality Medical Management Committee.

Oversight Accountability

Quality Medical Management Committee

Scope

The Behavioral Health Committee is responsible for the review of sentinel events, behavioral health clinical guidelines, quality of care concerns and focus studies, and behavioral health related HEDIS® outcomes.

Composition

Voting membership is comprised of participating providers and member advocates recipients appointed or elected on an annual basis by class members.

Representative Class	Staff Support
Practitioner Representative (Behavioral Health) (8)	Chief Medical Officer*^
Social Worker Advisor	Manager, Behavioral Health Services^
ARNP Advisor	Director, Med Mgmt, Care Coordination^
Consumer Advocate	AVP, Quality Improvement**^
	Vice President, Medical Management^
	Director, Med Mgmt, UM and Clinical Programs^
	Senior. Director, Pharmacy^
	AVP, Provider Relations^
	Manager, Quality Improvement^

*Chair

**Ad hoc

^Non-voting

ER Subcommittee

Overview

The ER Subcommittee provides direction to, and oversight of, the management of ER utilization for the Plan's member.

Meeting Frequency

Ad hoc and must meet at least once during the year to meet QI Program objectives.

Oversight Accountability

PCP Workgroup as needed

Scope

The ER subcommittee is responsible for the evaluation of current health plan initiatives related to emergency care of its members and identification and assistance in the development of new ER program initiatives. These initiatives are designed to reduce inappropriate member ER utilization, assure appropriate access to PCP's and facilitate care coordination.

Composition

Voting membership is comprised of participating providers appointed or elected on an annual basis by class members.

Representative Class	Staff Support
Partnership Council Chair Person	Chief Medical Officer*^
Practitioner Representative, Emergency Department	AVP, Quality Improvement**^
Hospital Representative	Manager, Health Management^
Emergency Transportation Representative	Vice President, Medical Management^
	AVP, Provider Relations^
	Manager, Provider Relations^

*Chair

**Ad hoc

^Non-voting

PCP Workgroup

Overview

The PCP Workgroup provides direction to Passport Health Plan on issues concerning PCPs and their members.

Meeting Frequency

Quarterly and must meet at least three times during the year to meet QI Program objectives.

Oversight Accountability

Partnership Council quarterly

Scope

The PCP Workgroup identifies and addresses the needs and concerns of PCPs and their role in Passport Health Plan. The PCP Workgroup reviews and approves recommendations regarding Plan policies, procedures, and programs with emphasis on enhancing quality of care and access for primary health care services.

Composition

Voting membership is comprised of participating providers appointed or elected on an annual basis by class members.

Representative Class	Staff Support
Partnership Council Chairperson*	Chief Medical Officer^
Practitioner Representatives, Pediatrics (8)	VP, Medical Management^
Practitioner Representatives, Internal Medicine (2)	VP, Contracting and Operations^
Practitioner Representative, Family Practice	AVP, Quality Improvement**^
	AVP, Contract Management & Network Development^
	AVP, Provider Relations^
	Medical Director^
	Director, Med Mgmt, UM and Clinical Programs^
	Manager Provider Relations^

*Chair

**Ad-hoc

^non-voting

Rural Health Advisory Council

Overview

The Rural Health Advisory Council provides direction to Passport Health Plan on issues concerning non-Jefferson County (rural) providers and their members.

Meeting Frequency

Ad hoc.

Oversight Accountability

Partnership Council

Scope

The Rural Health Advisory Council reviews and makes recommendations regarding Plan policies, procedures, and programs with an emphasis on enhancing quality of care and access in rural communities. The Rural Health Advisory Council also assists rural health practitioners in resolving issues specific to their practices.

Composition

Voting membership is comprised of participating providers appointed or elected on an annual basis by class members.

Representative Class	Staff Support
Partnership Council Chairperson*^	Chief Medical Officer^
Practitioner Representative, Internal Medicine	AVP, Contract Management & Network Development ^
Practitioner Representative, Pediatrics	Senior Director, Pharmacy^
Practitioner Office Representatives	AVP, Provider Relations^
	Director UHC Special Projects^
	Manager, Provider Relations^

*Chair

**Ad hoc

^Non-voting

Internal Quality Review Committee

Overview

The Internal Quality Review Committee (IQRC) provides internal clinical quality review of sentinel events and member complaints related to quality of care. The committee was established to assist in referring only cases of a severe nature to Passport Health Plan’s clinical quality subcommittees and to provide expeditious review and follow up for cases with a lesser severity of quality of care concerns.

Meeting Frequency

Quarterly, and must meet at least two times during the year to meet QI Program objectives.

Oversight Accountability

Quality Medical Management Committee as needed

Scope

The IQRC is responsible for reviewing all cases deemed to have an outcome of 3A (quality of care concern resulting in a temporary adverse outcome) by the physician advisor. The IQRC also reviews any case deemed to have lesser than a 3A outcome in which the physician advisor would like additional clinical review. The IQRC makes final outcome determinations on all cases referred to it for review or makes a referral of the case to the appropriate clinical quality subcommittee if the IQRC feels that additional clinical peer review is needed. The IQRC reviews, resolves and requests additional activities for all cases referred to it in accordance with the Plan’s policy for quality review, QR 1.01.

Composition

Voting membership is comprised of Plan staff appointed on an annual basis.

Staff Support
Medical Directors (2)
Utilization Management Nurse
Mommy & Me Nurse
Behavioral Health Nurse
Case Manager
Clinical Quality Review Nurse*^
Chief Medical Officer**
Manager, Quality Improvement**

*Chair

**Ad hoc

^Non voting

Pharmacy and Therapeutics Committee

Overview

The Pharmacy and Therapeutics Committee provides direction to, and oversight of, pharmaceutical issues concerning members, using pharmacological, economic and clinical information.

Meeting Frequency

Every two months and must meet at least four times during the year to meet QI Program objectives.

Oversight Accountability

Quality Medical Management Committee every two months

Scope

The Pharmacy and Therapeutics Committee is responsible for the review and approval of formulary functions as defined by Passport Health Plan, clinical guidelines, work plans, pharmacy program design and outcomes, as well as quality and utilization management pharmacy related issues. The Pharmacy and Therapeutics Committee is also charged with accountability for clinical quality analysis of drugs/drug categories, using pharmacological, economic and clinical information for the reviews. The Pharmacy and Therapeutics Committee also reviews the results of drug utilization review, utilization trends, clinical information, drug use outcome studies and reviews practitioner profiles concerning their prescribing patterns.

Composition

Voting membership is comprised of participating providers appointed or elected on an annual basis by class members.

Representative Class	Staff Support
Pharmacist (Home Infusion)	Senior Director, Pharmacy *^
Pharmacist (Community)	Chief Medical Officer**^
Practitioner Representative (FP) (1)	Vice President, Medical Management***^
Practitioner Representative (IM) (1)	Director, Med Mgmt, UM and Clinical Programs^
Practitioner Representative (Pediatrics) (2)	Manager, Delegated Services^
Practitioner Representative (Clinical Pharmacology)	Pharmacy Advisor (Perform Rx)^
Practitioner Representative (Cardiology)**	Staff Pharmacist (Passport)^
Practitioner Representative (Gastroenterology)**	
Practitioner Representative (Allergist)**	
Practitioner Representative (Behavioral Health)	
Consumer Advocate	

*Chair

**Ad Hoc

^Non-voting

Behavioral Health Pharmacy and Therapeutics Subcommittee

Overview

The Behavioral Health Pharmacy and Therapeutics Committee provide direction to, and oversight of, behavioral health pharmaceutical issues concerning members, using pharmacological, economic and clinical information.

Meeting Frequency

Ad hoc at the discretion of the Pharmacy and Therapeutics Committee.

Oversight Accountability

Pharmacy and Therapeutics Committee as needed

Scope

The Behavioral Health Pharmacy and Therapeutics Subcommittee is responsible for the review of behavioral health medications and formulary functions as defined by the Plan. At the request of the Pharmacy and Therapeutics Committee the Behavioral Health Pharmacy and Therapeutics Subcommittee reviews and makes recommendations regarding behavioral health quality and utilization management pharmacy related issues.

Composition

Voting membership is comprised of participating providers appointed or elected on an annual basis by class members.

Representative Class	Staff Support
Pharmacist (Home Infusion)	Senior Pharmacy Director*^
Pharmacist (Community)	Chief Medical Officer**^
Practitioner Representative (Psy) (4)	Director, Med Mgmt Care Coordination^
Practitioner Representative (Pediatrics Psy) (3)	Director, Med Mgmt, UM and Clinical Programs^
Practitioner Representative (Clinical Pharmacology)	Pharmacy Advisor (PerformRx)^
Practitioner Representatives (Behavioral Health)	Medical Director, Behavioral Health^
Consumer Advocate	Manager, Behavioral Health Services^
	Staff Pharmacist (Passport)^
	Manager, Delegated Services^

*Chair

**Ad Hoc

^Non-voting

Lock-In Subcommittee

Overview

Lock-In Subcommittee provides direction to, and oversight of, the restriction of members related to inappropriate utilization of pharmacy benefits.

Meeting Frequency

Monthly and must meet at least ten times during the year to meet QI Program objectives.

Oversight Accountability

Pharmacy and Therapeutics Committee every two months.

Scope

The Lock-In Subcommittee is responsible for the development and approval of policies that restrict members via the Lock-In program. The Lock-In Subcommittee considers referrals from multiple sources to determine if the lock-in program is an appropriate method to address the member pharmacy usage pattern. The Lock-In Subcommittee works with other programs in the Plan for the most appropriate program placement. Once a member is in Lock-In, the status of the member is reviewed at least annually and more often if needed.

Composition

Membership is comprised of Plan staff appointed on an annual basis.

Staff Support
Medical Director*
Manager, Compliance
Representative, Quality Improvement
Representative, Case Management
Staff Pharmacist (Passport)
Liaison, Behavioral Health
Representative, Medical Management
Coordinator, Lock-In ^

*Chair

**Ad hoc

^Non-voting member

Medical Criteria/Policy Review Committee

Overview

The Medical Criteria/Policy Review Committee provides review, approval, and recommendation for adoption of medical criteria/policies, new technologies, or new applications of existing technology, and review of procedures for applying the criteria/policies.

Meeting Frequency

Every two months and must meet at least four times during the year to meet QI Program objectives.

Oversight Accountability

Quality Medical Management Committee every two months.

Scope

The Medical Criteria/Policy Review Committee provides review and recommendation for adoption of medical criteria/policies, new technologies, or new applications of existing technology, and review of procedures for applying the criteria/policies. The Medical Criteria/Policy Review Committee is responsible for annual review, approval, and recommendation for adoption of medical criteria, guidelines, medical policies, and protocols.

Composition

Voting membership is comprised of participating providers appointed or elected on a biannual basis by class members.

Representative Class	Staff Support
Practitioner Representative (Ophthalmology)	Medical Director*^
Practitioner Representative (OB/GYN) (1)	Manager, Clinical Programs**^
Practitioner Representative (Pediatric)	Manager, Utilization Management^
Practitioner Representative (IM or FP) (2)	Coordinator, Medical Policy^
Practitioner Representative (Psychiatry)	Medical Policy Writer, RN^
	Director, Med Mgmt, UM and Clinical Programs^

*Chair

**Ad hoc

^Non-voting

Credentialing Committee

Overview

The Credentialing Committee is responsible for the implementation of all credentialing and recredentialing, certification and recertification processes for practitioners in accordance with Passport Health Plan and NCQA standards.

Meeting Frequency

Monthly and must meet at least five times during the year to meet QI Program objectives.

Oversight Accountability

Quality Medical Management Committee monthly

Scope

The Credentialing Committee is accountable for the timely and thorough review of all practitioner applications. The Credentialing Committee administers credentialing/recredentialing policies, trends credentialing issues, and makes recommendations regarding health plan participation. Credentialing actions must be reported to and approved by the Partnership Council. For approved practitioners, effective dates will commence with action by the Credentialing Committee.

Composition

Voting membership is comprised of participating providers appointed or elected on an annual basis by class members.

Representative Class	Staff Support
Practitioner Representatives (IM)	Chief Medical Officer*^
Practitioner Representatives (Pediatrics)	AVP, Quality Improvement**^
Practitioner Representatives (Psychiatry)	Credentialing Technician^
Practitioner Representatives (OB/GYN)	Representative, Contract Management^
Practitioner Representatives (General Surgery)	Manager, Quality Improvement^
Practitioner Representatives (Medical Subspecialty) (2)	Supervisor, Credentialing ^

*Chair

**Ad hoc

^Non-voting

Quality of Service Committee

Overview

The Quality of Service Committee is responsible for measuring and improving services rendered to members and providers by the Plan departments.

Meeting Frequency

Twice each quarter and must meet at least eight times during the year to meet QI Program objectives.

Oversight Accountability

Quality Medical Management Committee twice each quarter.

Scope

The Quality of Service Committee responsibilities include reviewing aggregate data and survey results to identify opportunities to improve the quality of service and recommending interventions to improve performance in targeted areas.

Composition

Membership is comprised of Plan staff.

Staff Support
Manager, Quality Improvement ^{*^}
AVP, Quality Improvement ^{**}
Chief Medical Officer ^{**}
Medical Director
Executive Director ^{**}
Vice President, Medical Management ^{**}
Director, Medicare Advantage
Director, Operations (AMHP)
Director, Med Mgmt UM and Clinical Programs ^{**}
Director, Med Mgmt Care Coordination ^{**}
Manager, Behavioral Health
Manager, PAD member outreach
Manager, Provider Services
Manager, Case Management
Manager, Provider Claims Services
Manager, Health Management
Manager, Utilization Management
Manager, Data Analysis and Reporting
Supervisor, Member Services
Supervisor, Health Management
Supervisor, Credentialing
Quality Improvement Coordinator
Clinical Quality Review Nurse
Representative, Public Affairs (1)
Representative, Public Affairs (2) ^{**}

^{*}Chair

^{**}Ad hoc

Delegation Oversight Committee

Overview

The Delegation Oversight Committee is responsible for the oversight of all subcontractors (as noted below) to which utilization and/or quality management, credentialing, member services, provider services, and/or claims operations functions have been delegated.

Meeting Frequency

Monthly and must meet at least eight times during the year to meet QI Program objectives.

Oversight Accountability

Quality Medical Management Committee monthly and continue to report separately to Partnership Council every two months.

Scope

The Delegation Oversight Committee reviews all delegated subcontractors' (as noted below) Quality Improvement and Utilization Management program descriptions, annual work plans, evaluations and related administrative policies for compliance with applicable QI/UM protocols, UHC contract requirements, and regulatory and accrediting body compliance. The Delegation Oversight Committee also reviews policies and performance reports related to quality improvement/management, utilization management, credentialing, member services, provider services, and/or claims operations as appropriate. The Delegation Oversight Committee assures that predelegation visits, quarterly reviews and annual on-site visits occur to assess subcontractor performance against predetermined indicators and report findings.

Composition

Membership is comprised of Plan staff.

Representative Class	Staff Support
Region 3 Partnership Council Representative (Vision)**	Managers, Delegated Services*^
Region 3 Partnership Council Representative (Pharmacy)**	Manager, Quality Improvement
Region 3 Partnership Council Representative (Dental)**	Manager, Utilization Management
Delegate Representative, Pharmacy	Director, UHC Special Projects
Delegate Representative, Dental	Senior Director, Pharmacy
Delegate Representative, Vision	Supervisor, Credentialing
Delegate Representative, Nurse Advise Line	Supervisor, Member Services
Delegate Representative, Family Planning	Director, Passport Advantage
	Manager, Compliance
	AVP, Provider Relations
	Manager, Health Management

*Chair

**Ad hoc

^ Non voting

Quality Member Access Committee

Overview

The Quality Member Access Committee facilitates a means for Passport Health Plan consumers, advocates, and public health representatives to provide input regarding the ability of Passport Health Plan to deliver quality care and services to the Plan membership.

Meeting Frequency

Every two months and must meet at least four times during the year to meet QI Program objectives.

Oversight Accountability

Quality Medical Management Committee and Partnership Council quarterly

Scope

The Quality Member Access Committee reviews member education materials and outreach programs, offering recommendations for new efforts or for refining existing programs. The Quality Member Access Committee reviews Passport Health Plan policies, standards, and reports regarding access to care, transfer and disenrollment, member satisfaction, the complaint and appeals process, and makes policy recommendations for policies affecting the membership.

Composition

Membership is comprised of members, consumer advocates, and public health officials who represent the public health interest of the membership, as appointed by Partnership Council. Appointments are made with consideration to geographic, age, gender, and aid category, as well as racial and ethnic diversity.

Representative Class	Staff Support
Representative, Partnership*^	Director, Public Affairs^
Children with Special Needs/Foster Care/Guardianship Representative (2)	Manager, Quality Improvement**^
Aged Representative	Manager, Delegated Services^
Children and Family Related Representative (2)	Manager, Case Management^
Disabled/Blind Representative (2)	Manager, Clinical Programs^
Public Health Representative (2)	Vice President, Public Affairs^
Commission For Children Representative	Representative, Public Affairs^
KCHIP Representative	Representative, Contract Management/Network Development^
Homeless Representative	Supervisor, Member Services^
	Manager, Passport Advantage Outreach^

*Chair

**Ad hoc

^non-voting

Organizational Provider Credentialing Committee

Overview

The Organizational Provider Credentialing Committee is responsible for conducting all credentialing and recredentialing functions for organizational providers in accordance with Passport Health Plan and NCQA standards.

Meeting Frequency

Quarterly and must meet at least three times during the year to meet QI Program objectives.

Oversight Accountability

Quality Medical Management Committee quarterly

Scope

The Organizational Provider Credentialing Committee is accountable for the timely and thorough review of all organizational provider applications in accordance with Passport Health Plan policies and procedures.

Composition

Membership is comprised of Plan staff.

Staff Support
Supervisor, Credentialing*^
Chief Medical Officer
Representative, Contract Management
Director, Member Services
Manager, Utilization Management
Manager, Quality Improvement
AVP, Quality Improvement**

*Chair

**Ad hoc

^ Non voting

Administrative/Benefits Appeal Committee

Overview

The Administrative/Benefits Appeal Committee is responsible for review of appeals filed by members, practitioners or providers related to administrative or benefit decisions made by the Plan.

Meeting Frequency

Once every three weeks and must meet at least ten times during the year to meet QI Program objectives.

Oversight Accountability

Quality Medical Management Committee monthly

Scope

The Administrative/Benefits Appeal Committee reviews and makes determinations regarding individual appeals about administrative or benefit decisions made by the Plan and filed by members, practitioners or providers. Determinations are communicated within the prescribed time frames, in accordance with Passport Health Plan policies and procedures.

Composition

Membership is comprised of Plan staff.

Staff Support
Manager, Compliance*^
Manager, Provider Relations
Manager, Utilization Management**
Director, Public Affairs
Director, Member Services
Manager, Provider Claims Services
Manager, Health Management
Senior Contracting Representative
Manager, Program Applications
Manager, Clinical Programs
Research Specialist, Appeals^
Director, Medical Management-Care Coordination **
Director, Medical Management-UM/Clinical Programs **

*Chair

**Ad hoc

^Non-voting

Annual QI Program Evaluation

The QI Program evaluation is an annual assessment of the effectiveness of the QI Program which allows the Plan to determine how well it has utilized its resources in the recent past and to improve the quality of care and service provided to Plan membership. When the program has not met its goals, barriers to improvement are identified and appropriate changes are integrated into the subsequent annual QI Work Plan. Feedback and recommendations from various committees are also integrated into the evaluation as well as the annual external review results conducted by the IPRO on behalf of DMS, accreditation status and/annual reevaluation results. The final document is presented to the Quality Medical Management Committee, the Partnership Council, and the UHC Board for review and approval.

Annual Review and Update of QI Work Plan

Based on the results of the annual QI Program Evaluation and with input from all Passport Health Plan Departments, an annual QI Work Plan addressing planned and ongoing quality initiatives is developed. The QI Work Plan includes objectives, scope and planned activities that address the quality and safety of clinical care and the quality of services for the year. Planned monitoring of issues previously identified by internal and external customers are integrated including tracking of issues over time and the planned evaluation of the QI Program. Also included are persons responsible for each activity and the time frame for achieving each activity. The final document is presented to the Quality Medical Management Committee, the Partnership Council, and the UHC Board for review and approval.

Confidentiality/Conflict of Interest

Documents related to the investigation and resolution of specific occurrences involving complaints or quality of care issues are maintained in a confidential and secure manner. All PHP/AMHP employees, as well as members of the Quality Improvement Committees and associated committees, are required to sign a confidentiality statement. Any documents related to system improvement activities, which need to be reviewed by individuals, as part of the QI process do not contain member or provider specific information. In whole, confidentiality is maintained in accordance with HIPAA requirements.

No person may participate in the review, evaluation, or final disposition of any case in which he/she has been professionally involved or where judgment may be compromised. Conflict of interest is addressed at the time of signature regarding the confidentiality agreement.

Risk Management

The purpose of the risk management component of the QI Program is to prevent or reduce risk due to adverse patient occurrences associated with care or service. The risk management function involves identifying potential areas of risk, analyzing the causes and designing interventions to prevent or reduce risk. This risk management function is integrally linked to Quality Improvement. Risk management activities are coordinated among all departments.

Acknowledgment and Approval

This Quality Improvement Program Description is submitted by:

Theresa Watson, AVP, Quality Improvement Date

Approvals:

Jacqueline Simmons, MD, MPH, Chief Medical Officer Date

David Stanley, Interterm Executive Director, Chief Financial Officer Date

Bill Wagner, Chairman, Partnership Council Date

Larry Cook, M.D., President of the Board, University Health Care Date