

# **16 QUALITY ASSESMENT PERFORMANCE IMPROVEMENT PROGRAM**

## **16.1 OVERVIEW**

### **16.1.1 PURPOSE**

The purpose of the Plan's Quality Assessment and Performance Improvement (QAPI) Program is the provision of a comprehensive therapeutic and preventive health care delivery system implemented in a manner that is appropriate, timely and effective.

### **16.1.2 SCOPE**

The provides a comprehensive health care delivery system for its membership including: inpatient and outpatient hospital services; ambulatory care; ancillary services (skilled nursing care, home health, DME, laboratory, radiology and physical therapy); mental health/substance abuse, vision, dental, pharmacy services, emergency services and transportation when appropriate.

The scope of the QAPI Program is broad and includes the participation of all Plan departments in the process of monitoring and evaluating the outcome of:

- The identification of issues and/or opportunities to improve care and service;
- The assessment and resolution of problems that negatively impact the health of, or service to, members;
- The effectiveness of the corrective action and improvement process.
- The promotion of health maintenance activities among providers and members.

### **16.1.3 OBJECTIVES**

- To effectively evaluate the quality of care and provision of services to Plan members in an effort to continuously improve, as well as, identify potential areas of concern that may negatively impact Plan membership.
- To proactively address issues of concern in a timely manner.
- To review, modify and/or adopt clinical practice and preventive health guidelines that are consistent with standard medical practice.
- To establish, implement, and monitor provider compliance with established Plan standards pertaining to: health maintenance, access, availability, continuity of care and preventive services.

- To comply with all Quality Improvement Activities mandated by federal, state, city, and regulatory agencies or accrediting bodies such as: New York State Department of Health (NYSDOH); and for New York City providers, the New York City Department of Health and Mental Hygiene (NYCDOHMH).
- To develop and implement QI studies that are relative to the population and demographics of the Plan membership, and assure timely follow-up of study results by identifying areas needing improvement and developing appropriate programs and/or action plans.
- To provide ongoing communication between the Plan and its customers, both members and providers, of Plan established standards and guidelines.
- To identify in a timely manner potential risks from a medical, legal or financial perspective and recommend appropriate actions for their resolution and/or prevention.
- To establish standards and performance goals for all department indicators, continuously monitor the Plan's performance, and implement corrective actions where appropriate.
- To assure that appropriate resources are available to all departments and individual staff members to meet established standards and performance goals.
- To maintain effective systems to assure current credentialing and recredentialing of all participating practitioners and health delivery organizations.
- To evaluate local, state and federal public health goals to determine how they relate to Plan membership. Incorporate strategies, as appropriate, to assist in meeting public health goals.
- To assure effective and comprehensive oversight of all delegated entities.
- To improve the quality and safety of clinical care and services the Plan provides to its members.

## **16.2 *Quality Assessment Performance Improvement Program Committee***

### **16.2.1 AUTHORITY AND RESPONSIBILITY**

The Plan Board of Directors (BOD) has ultimate authority and responsibility for the quality of care and service delivered to Plan members. The BOD delegates the responsibility for general quality management and the day-to-day oversight of the QAPI Program to the Quality Management Department and to the Quality Assessment and Performance Improvement Committee (QAPIC).

The Chief Medical Officer (CMO) is responsible for directing the implementation of the annual Work Plan.

The QAPIC, chaired by the Chief Medical Officer or their designee, will receive reports every other month detailing the activities and progress of the QAPI Program/Work plan.

The BOD will receive reports on a Quarterly basis detailing the activities and progress of the QAPI Program/Work plan.

## **16.3 QI MONITORING AND EVALUATION**

### **16.3.1 IMPORTANT ASPECTS OF CARE**

Selected indicators for each of the following aspects of care and service are monitored with special attention paid to those areas involving high risk members, high volume services, and appropriate local, state and national public health goals. In addition, monitoring of over/under utilization and the evaluation of annual QARR / HEDIS performance focuses the Plan in developing appropriate QI activities related to the following:

- Preventive Care
- Acute Disease Management
- Chronic Disease Management
- Ambulatory Care
- Ancillary Care
- Provider Satisfaction
- Access and Availability
- Inpatient Services

### **16.3.2 INDICATORS OF SERVICE**

At a minimum, the following service indicators will be monitored by the appropriate Plan departments:

- Telephone abandonment rate
  - Telephone average speed to answer
  - % of calls answered within 30 seconds
  - Claims resolution time
  - Claims accuracy
  - % ID cards issued within 14 days
  - Enrollment application accuracy
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- Enrollment application turnaround time
  - Complaint and appeals turnaround time
  - Credentialing / recredentialing turnaround time (Aging process).
  - Completion of welcome calls and health risk assessments within 30 days of enrollment.

### **16.3.3 PERFORMANCE**

Goals for Important Aspects of Care: Performance goals are established for each selected aspect of care listed above with input from the QAPI Committee, participating providers, recommendations of professionally recognized local and national guidelines, and/or review of current medical and scientific literature.

Goals for Service Indicators: Each department is responsible for establishing performance goals for each indicator listed above relevant to its operations and processes. At a minimum, corporate standards/goals will be enforced.

### **16.3.4 DATA COLLECTION AND ANALYSIS**

Data Collection and Analysis: A variety of sources are utilized to extract data for the purpose of monitoring and evaluating Plan performance related to QI initiatives; including, but not limited to: encounters, claims, enrollment, pharmacy, automated administrative systems (i.e. telephone answer/abandonment rates), member complaint /appeal tracking, medical record review scores, utilization statistics, provider and member survey results.

Problem Identification: The responsibility for identifying and reporting quality of care and service problems/concerns and/or potential problems is shared by all Plan Departments. Based on the data collection and analysis described above, the Plan will identify opportunities for improvement in any area that impacts the quality of care/service delivered to our membership.

Setting Priorities: The various QI committees collaborate with the Plan in establishing the focus of the QAPI Program. Priority will be given to those areas where opportunity for improvement exist between actual performance and established goals have been identified. Recommendations from Healthy People, the United States Preventive Services Task Force, national specialty medical organizations, and local and state health department priorities are also considered when determining QI priorities.

Improvement Plans: Corrective action plans will be developed and implemented to address the nature, severity and scope of the specific problem identified.

Evaluation/Reporting: Plan interventions are continuously monitored for effectiveness via audits and resurveyed. The results of monitoring QI activities are reported to the QAPI Committee on either a weekly, monthly or quarterly basis.