Neighborhood Health Plan of Rhode Island

2016 Quality Improvement Program Description

Submitted to the Clinical Affairs Committee by the Department of Evaluation and Improvement on May 19, 2016

Approved by Neighborhood’s Clinical Affairs Committee:

Approved by Neighborhood’s Board of Directors:
Supersedes: 4/01, 4/02, 4/03, 5/04, 6/05, 8/06, 6/07, 7/08, 5/09, 5/10, 5/11, 5/12, 5/13, 5/14, 5/15, 5/16

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
Neighborhood Health Plan of Rhode Island © 2016
Proprietary & Confidential - Not for Distribution
### Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Introduction</td>
<td>3</td>
</tr>
<tr>
<td>II. Scope and Philosophy of the Quality Improvement Program</td>
<td>3</td>
</tr>
<tr>
<td>III. Methodology</td>
<td>4</td>
</tr>
<tr>
<td>IV. Program Goals and Objectives</td>
<td>5</td>
</tr>
<tr>
<td>V. Program Structure, Leadership and Support Committees</td>
<td>6</td>
</tr>
<tr>
<td>Board of Directors</td>
<td>6</td>
</tr>
<tr>
<td>Clinical Affairs Committee</td>
<td>6</td>
</tr>
<tr>
<td>Chief Medical Officer</td>
<td>7</td>
</tr>
<tr>
<td>Medical Director/Associate Medical Directors</td>
<td>8</td>
</tr>
<tr>
<td>Operations and Service Improvement Committee</td>
<td>8</td>
</tr>
<tr>
<td>Rhody Health Options Quality and Operations Committee</td>
<td>9</td>
</tr>
<tr>
<td>Clinical Management Committee</td>
<td>10</td>
</tr>
<tr>
<td>Pharmacy and Therapeutics Committee</td>
<td>10</td>
</tr>
<tr>
<td>Quality Assurance Committee</td>
<td>11</td>
</tr>
<tr>
<td>Senior Leadership Team</td>
<td>11</td>
</tr>
<tr>
<td>Department of Evaluation and Improvement</td>
<td>12</td>
</tr>
<tr>
<td>Department Directors</td>
<td>12</td>
</tr>
<tr>
<td>Managers and Supervisors</td>
<td>13</td>
</tr>
<tr>
<td>Staff</td>
<td>13</td>
</tr>
<tr>
<td>VI. Behavioral Health Quality</td>
<td>13</td>
</tr>
<tr>
<td>VII. Program Staffing and Resources</td>
<td>13</td>
</tr>
<tr>
<td>Care Management Staff</td>
<td>14</td>
</tr>
<tr>
<td>Evaluation Management and Improvement Staff</td>
<td>14</td>
</tr>
<tr>
<td>Utilization Management Staff</td>
<td>14</td>
</tr>
<tr>
<td>Credentialing Staff</td>
<td>15</td>
</tr>
<tr>
<td>Provider Network Management Staff</td>
<td>15</td>
</tr>
<tr>
<td>Member Services Staff</td>
<td>15</td>
</tr>
<tr>
<td>Grievance and Appeals Unit</td>
<td>15</td>
</tr>
<tr>
<td>Pharmacy Staff</td>
<td>16</td>
</tr>
<tr>
<td>Additional Program Staff and Resources</td>
<td>16</td>
</tr>
<tr>
<td>VIII. Advisory Groups / Committees</td>
<td>16</td>
</tr>
<tr>
<td>Member Satisfaction Workgroup</td>
<td>16</td>
</tr>
<tr>
<td>Member Advisory Committees</td>
<td>17</td>
</tr>
<tr>
<td>CAHPS® Workgroup</td>
<td>17</td>
</tr>
<tr>
<td>IX. Role of Participating Practitioners</td>
<td>17</td>
</tr>
<tr>
<td>X. Quality Improvement Activities</td>
<td>17</td>
</tr>
<tr>
<td>XI. Delegation</td>
<td>22</td>
</tr>
<tr>
<td>XII. Confidentiality and Conflict of Interest</td>
<td>23</td>
</tr>
<tr>
<td>Appendix A: Quality Improvement Structure</td>
<td>24</td>
</tr>
</tbody>
</table>
I. Introduction

Neighborhood Health Plan of Rhode Island’s (Neighborhood) Quality Improvement (QI) Program strives to ensure that members have access to high quality health care services that are responsive to their needs and result in positive health outcomes. In order to meet this high level goal, Neighborhood’s QI Program targets clinical quality of care, member and provider satisfaction and internal operations. The purpose of the Quality Improvement Program Description is to detail the scope, goals, and objectives of the program; to demonstrate how improvement activities are operationalized within Neighborhood; to describe the methodology used within the program; to outline the structure and functions of the committees and subcommittees that support the program; and to delineate the oversight and guidance provided to the program by Neighborhood’s senior management and the Neighborhood Board of Directors. Annually, the Quality Improvement Program Description is approved by the Neighborhood Board of Directors.

II. Scope and Philosophy of the Quality Improvement Program

Within the scope of its QI Program, Neighborhood monitors and evaluates care and services rendered to members, with particular emphasis on accessibility to care, availability of services, member satisfaction, and health outcomes, as captured through routine health plan reporting, annual HEDIS® and CAHPS® results, assessment of provider and member satisfaction, accessibility and availability standards, utilization trends, and especially designed quality improvement studies. Neighborhood assesses its performance, including the performance of its contractors and its network providers, against goals and objectives that are evidence-based and align with industry standards.

Neighborhood’s QI Program extends to all departments within the organization, at all levels, in the recognition that teamwork and collaboration are essential for quality improvement. Department directors are charged to develop and oversee quality improvement activities aimed at clinical care, services, and organizational efficiency within their own departments as well as coordinate interdepartmental quality improvement activities, as applicable.

As one component of its QI Program, Neighborhood annually develops a QI Work Plan to guide the organization’s improvement initiatives for the upcoming calendar year. The QI Work Plan lists each planned initiative or ongoing activity with a brief description, the timeframe for completion, the status of the activity and the individual responsible to oversee the activity. The Work Plan includes QI activities relevant to the work of Neighborhood’s subcontractors as well as those undertaken directly by the Plan.

To assess the effectiveness of the QI Program, Neighborhood produces an annual evaluation which depicts the Plan’s measurable performance achievements over the course of the year, with trended data when available. The Quality Improvement Annual Evaluation includes identification of the barriers which made quality improvement difficult to achieve, the interventions recommended to overcome these barriers, and a summary of the overall effectiveness of the program, with consideration given to the adequacy of resources, committee structure, and leadership involvement.

Neighborhood delegates the quality improvement function for behavioral health services to Beacon Health Strategies – accredited by the National Committee for Quality Assurance (NCQA) as a Managed Behavioral Healthcare Organization.
III. Methodology

Neighborhood’s Continuous Quality Improvement (CQI) approach emphasizes the use of “Plan Do Study Act” (also known as the Shewhart or Deming Cycle) as the methodology of choice to achieve and maintain performance excellence. Neighborhood achieves this CQI mission by:

- Creating an organizational culture of continuous quality improvement
- Using data and measurable outcomes to identify opportunities for improvement and to monitor progress toward established goals
- Consistently applying proven QI methods and tools to all quality improvement activities in the areas of clinical practice, service delivery, and internal operations
- Achieving recognition among industry peers as an inspiring model of CQI, and
- Delivering ever improving value to internal and external customers and stakeholders contributing to organizational sustainability.

Neighborhood's CQI initiatives are multi-disciplinary and extend across to all departments within the organization, at all levels, in recognition that teamwork and collaboration are essential for continuous quality improvement. CQI extends beyond the regulatory requirements and accrediting standards to all aspects of our daily work. Neighborhood’s CQI efforts support the Plan’s mission, vision and values and reflect the following core principles:

- **Leadership Driven** - Senior Leadership Team (SLT) involvement is key to the success of CQI. Senior Leadership lead the creation of an organizational culture that supports CQI, model leadership practices that promote and sustain improvement efforts, and create an open and encouraging environment where all staff can use performance improvement to develop their potential for doing the best job they can.

- **Customer Focused** – CQI understands and respects the needs and requirements of internal and external customers, and always strives to exceed their expectations.

- **Employee Empowerment/Involvement** – CQI involves staff at all levels of the organization and takes concrete steps to enable them to make improvement decisions that affect their daily work. CQI supports staff by providing the resources, training and structure necessary to achieve improvement.

- **Results-Based Decision-Making** – CQI identifies opportunities and improves programs and services by using reliable data for decision-making and focusing on measurable outcomes.

The **Plan Do Study Act** (PDSA) quality improvement methodology is a systematic, data-driven approach that must be employed across all departments to ensure continuous quality improvement in the Plan’s clinical and service performance and operational functions and efficiencies.

The following are the steps applied to all quality improvement initiatives undertaken by Neighborhood:

**Plan**

Neighborhood monitors a variety of performance measures covering clinical care and service delivery to identify opportunities for improvement. Neighborhood uses HEDIS and CAHPS results, program evaluation results, member and provider satisfaction surveys, the Member Services member call logs, claims, utilization data, disease and case management data, medical records, patient safety...
data, accessibility and availability surveys, member and provider focus groups, and other sources of data to guide and inform the quality improvement process. The available data are analyzed to assess performance over time, across providers, and among member sub-groups. Root cause analysis is conducted, often in collaboration with network providers and / or member representatives, to better understand trends in the data and identify opportunities for improvement.

Neighborhood's standing QI committee, subcommittees, and ad-hoc QI workgroups are responsible for identifying potential quality improvement interventions to address the identified opportunities for improvement and prioritizing the work and initiatives to be performed. Priorities are set, and interventions are designed based on the data analysis as well as evidence-based practice, when possible. Operational efficiency and the appropriate and reasonable use of the resources within the organization are considered when prioritizing each activity/intervention. QI workgroups lead individual improvement activities through the PDSA cycle.

For each improvement activity selected, Neighborhood's QI workgroups identify goals and objectives that are specific, measurable, achievable, relevant, and time-bound (SMART). The performance goals and objectives selected often align with local and national benchmark data, including but not limited to Quality Compass® and NCQA Accreditation benchmarks for Medicaid Managed Care organizations.

Do
The QI team leaders, in collaboration with their improvement work groups, carry out the interventions designed based on the analysis of data and evidence-based practice, whenever possible.

Study
The improvement work group monitors the effectiveness of the interventions carried out based on the goals and measures previously identified. The data is collected and analyzed, and the results are reported to the appropriate QI team based on the targets established for each activity using the PDSA methodology, including the identification of barriers and the interventions for overcoming the identified barriers.

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

IV. Program Goals and Objectives

The overall goal of Neighborhood's QI Program is to ensure that members have access to high quality health care services that are responsive to their needs and result in positive health outcomes.

The objectives of the QI Program in support of this goal are to:

- Assure access to high quality medical and behavioral healthcare
- Apply the chronic care model to all disease management programs
- Support members with acute health care needs and long-term care
- Monitor and improve coordination of care across settings
- Improve member and provider experience
o Ensure the safety of members in all health care settings
o Monitor quality of care in nursing facilities through MDS data and other data sources
o Engage members in their own care
o Improve HEDIS and CAHPS performance
o Improve Health Outcome Survey performance*
o Achieve maximum performance under the RI Medicaid Performance Goal Program and other pay for performance initiatives as appropriate
o Achieve optimum performance for Quality Withhold under the Integrity product line
o Maintain grievance and appeal procedures and mechanisms and assure that members can achieve resolution to problems or perceived problems relating to access and other quality issues
o Maintain collaborative relationships with network providers and state agencies
o Improve operational efficiency in the work performed across the organization
o Ensure Neighborhood’s quality improvement structure and processes adhere to NCQA standards and state and the federal requirements
o Assess the QI Program annually and make changes as necessary to improve program effectiveness

*Data collection begins in 2018

V. Program Structure, Leadership and Support Committees

A. Board of Directors
Neighborhood’s Board of Directors has final authority and responsibility for the care and service delivered to Neighborhood’s members. The Board of Directors delegates oversight of the Quality Improvement Program to the Clinical Affairs Committee. The Board exercises its oversight of the Program by annually approving the Quality Improvement Program Description and Quality Improvement Work Plan, and by annual review of the Quality Improvement Program Evaluation.

B. Clinical Affairs Committee
The Clinical Affairs Committee (CAC) is Neighborhood’s Quality Improvement Committee. The CAC provides direction to the Quality Improvement Program and Neighborhood staff for all activities described in the Quality Improvement Program Description, Annual Evaluation and Work Plan, including those quality improvement activities that have been delegated to the health plan’s behavioral health vendor and other subcontracts. The CAC recommends approval of Neighborhood’s Quality Improvement Program Description and Work Plan to the Board of Directors after review and recommendations. The CAC annually reviews the QI Program Evaluation. The CAC oversees the credentialing and recredentialing processes for providers and facilities and approves or denies their application to be part of Neighborhood’s network. The CAC also reviews and makes network determinations, regarding care provided to Neighborhood members, for behavioral health providers presented by Beacon Health Option’s Credentialing Committee. The CAC is responsible for quality assurance and peer review to address substantiated complaints and concerns about practitioners who fail to adhere to established standards of care. The CAC meets monthly, reports to the Board of Directors and is chaired by a network practitioner who is appointed by the Board. The activities of the CAC include but are not limited to the following:

- Reviews and approves the organization’s clinical practice and preventive care guidelines.
- Reviews practitioner performance monitoring reports and clinical quality of care issues identified and tracked by the Quality Assurance Committee and Credentialing.
- Reviews and recommends approval of the Quality Improvement Program Description and Quality Improvement Work Plan to the Board of Directors.
- Reviews the Quality Improvement Annual Evaluation.
- Provides input and high-level direction for all activities described in the Quality Improvement Program Description and Quality Improvement Work Plan, including those QI activities that have been delegated.
- Identifies and recommends quality improvement activities and programs for Neighborhood on an ongoing basis as well as within the context of the annual work plan.
- Promotes practitioner and staff participation in the QI Program through planning, design, implementation and/or review.
- Provides insight and recommendations to the Pharmacy and Therapeutics, Operations and Service Improvement, RHO Quality and Operations, and Clinical Management Committees for QI activities.
- Maintains written minutes which are approved by the Committee and signed by the Committee Chair.

The Chair or President of the Board of Directors appoints the Chair of CAC, and the Nominating Committee appoints its members for voluntary term. Committee membership includes primary care and specialty care practitioners from the hospital-based practices, private practices, and community health centers in Neighborhood’s network. Specialty care practitioners represented include geriatricians, behavioral health providers, and providers with expertise in Long Term Services and Supports (LTSS). Key staff, including the Chief Medical Officer, Medical Director, Director of Evaluation and Improvement, representatives from Neighborhood’s behavioral health vendor, and additional Neighborhood staff provide support to CAC and present reports and status updates as necessary.

**C. Chief Medical Officer**

The Chief Medical Officer (CMO) is a Rhode Island-licensed, board-certified physician. The Chief Medical Officer guides the direction, delivery, and implementation of Neighborhood’s QI Program and oversees the functions, responsibilities, planning, design and implementation of activities undertaken by the QI committees and subcommittees. The CMO provides guidance to the CAC, the Operations and Service Improvement Committee, the Pharmacy & Therapeutics Committee, the Clinical Management Committee and the Rhody Health Options Quality and Operations Committee. Additionally, the CMO provides guidance to the internal peer review committee, the Quality Assurance Committee (QAC) and delegates the day-to-day responsibilities to the Medical Director. The CMO or his designee is a non-voting member of the CAC and a standing member of other committees.

The Chief Medical Officer has responsibility for the oversight, direction, delivery, and implementation of Neighborhood’s Quality Improvement Program. The day-to-day operations of Neighborhood's Quality Improvement Program are performed by the Operations and Service Improvement Committee and the Rhody Health Options Quality and Operations Committee, including the development of Neighborhood's Quality Improvement Program Description, Annual Evaluation and Work Plan.

The CMO is responsible for the delivery of medical and behavioral healthcare services through operational oversight of the Pharmacy, Medical Management, Network Performance and Regulation and Evaluation and Improvement Departments.
D. Medical Director and Associate Medical Directors
The Medical Director and Associate Medical Directors (MD/AMDs) are Rhode Island-licensed physicians. The AMDs support the MD in assisting the CMO in the role of providing clinical guidance to the organization by directing the development of new clinical programs, evaluating new medical technologies, developing criteria for standards of performance to evaluate individual provider compliance with clinical practice and preventive health guidelines, and providing oversight to physician reviewer and consultant activities and recruitment. The MD/AMDs communicate with practitioners regarding features of the Utilization Management, Clinical Programs and Case Management Programs and on individual cases as necessary. The Medical Director or his/her designee chairs the Pharmacy and Therapeutics Committee, the Clinical Management Committee and the Quality Assurance Committee. The Medical Director or his/her designee oversees the credentialing and recredentialing processes, manages the quality assurance incident reporting process, facilitates practitioner peer review and disciplinary action, and provides staff support to the Clinical Affairs Committee and is a member of the Operations and Service Improvement Committee and RHO Quality and Operations Committee.

Support Committees and Staff:

The quality improvement support committees are the Operations and Service Improvement Committee, the Rhody Health Options Quality and Operations Committee, the Clinical Management Committee and the Pharmacy and Therapeutics Committee. Each of these committees performs quality improvement activities within their areas of focus and is accountable to the Chief Medical Officer who provides the day-to-day direction to the QI Program.

E. Operations and Service Improvement Committee
The Operations and Service Improvement Committee (OSIC) provides direction, guidance, and input to the quality improvement activities undertaken and implemented within the organization to monitor and improve the efficiency and operations of Neighborhood’s departments and service to members and providers. OSIC advises the CMO on the quality of clinical care, operational performance and member and provider services provided by Neighborhood. The CMO provides oversight and direction to OSIC and the RHO Quality and Operations Committees and is responsible for ensuring that the QI Work Plan and Annual Evaluation presented to the Clinical Affairs Committee address all clinical, service and performance improvement activities undertaken by Neighborhood. Beacon and other subcontractors if applicable also report regularly to the OSIC on specific QI activities undertaken in their respective areas.

The Operations and Service Improvement Committee:
  o Oversees and recommends for review and approval of the Quality Improvement Program Description, Work Plan and Evaluation to the Clinical Affairs Committee
  o Ensures that Neighborhood’s quality improvement philosophy extends to each department’s day-to-day operations
  o Identifies and recommends quality improvement opportunities, activities and programs for Neighborhood’s clinical performance on an ongoing basis as well as within the context of the annual work plan
  o Ensures practitioner and staff participation in the Quality Improvement Program through planning, design, implementation and/or review
  o Identifies opportunities to improve departmental and interdepartmental business processes and operational functions
  o Serves as a resource for departmental improvement projects
- Addresses opportunities for improvement in the areas of member and provider satisfaction, accessibility of services, and program effectiveness
- Develops and monitors performance and implementation of the HEDIS and CAHPS Improvement Plans
- Establishes and participates in workgroups and subgroups as necessary to address identified opportunities for improvement
- Identifies and monitors departmental metrics
- Maintains written minutes which are approved by the Committee and signed by the Committee Chair.

The Operations and Service Improvement Committee is a multidisciplinary Committee, which meets monthly, is chaired by the Director of Evaluation and Improvement, and reports on its activities to the Clinical Affairs Committee on a quarterly basis.

**F. Rhody Health Options (RHO) Quality and Operations Committee**

The RHO Quality and Operations Committee monitors and reviews the quality improvement and operational activities of the RHO UNITY and INTEGRITY MMP product, including the Model of Care. Findings and issues are presented to the Clinical Affairs Committee for review and approval and also shared with the Chief Medical Officer and the Vice President for Medicare and Medicaid Integration. The CMO and the Vice President of Medicare and Medicaid Integration provide the oversight and direction to the RHO Quality and Operations Committee.

The RHO Quality and Operations Committee meets monthly to coordinate reporting activities, review selected measures of program effectiveness and identify areas in need of improvement through review of regular reports and facilitating improvements. On a monthly basis, the RHO Quality and Operations Committee reviews trends for UNITY and INTEGRITY members to determine if there is over or under-utilization based on members’ demographics, diagnosis and conditions including review of LTSS operations.

The RHO Quality and Operations Committee is responsible for establishing workgroups charged with improving performance when measure results are below target. When specific metrics do not meet the established goals and benchmarks, the RHO Quality and Operations Committee reviews the data with the appropriate business owners and identifies barriers to meeting the goals and possible interventions to overcome the barriers.

Feedback and recommendations from the RHO UNITY and INTEGRITY Member Advisory Workgroups is shared with the RHO Quality and Operations Committee.

The Director of Evaluation and Improvement and the MMP Product Manager co-chair the RHO Quality and Operations Committee. The RHO Quality and Operations Committee is comprised of VP of MMP Integration, Medical Director, Compliance Officer, Medicare Compliance Manager, Director of Claims, Director of Operations-Member Support Services, Director of Pharmacy Programs, Director of Utilization Management, Manager of Care Management, Manager of Claims Production, Manager of Grievance and Appeals Unit, Manager of Performance Improvement and Accreditation, Manager of Quality and Support Services, LTSS Oversight Manager, Sr. Manager of Communications and Government Affairs, Behavioral Health Project Specialist, Provider Services Specialist, Chair of RHO Unity and Integrity Member Advisory Workgroups.
**G. Clinical Management Committee**

Neighborhood’s Clinical Management Committee (CMC) provides direction for clinical services such as new and changing medical and behavioral health technology, clinical medical policies, utilization management procedures, and the assurance of consistent medical review criteria and actions.

The CMC acts in an advisory capacity to the Chief Medical Officer. The CMC:

- Evaluates the development of new medical technology of pertinence to Neighborhood’s members, including technology decisions made by Neighborhood’s behavioral health vendor.
- Recommends the development of new or modified Clinical Medical Policies and reviews the Managed Care Appropriateness Protocol (MCAP) annually, used for medical necessity decisions.
- Assesses and evaluates reports of under- and over-utilization and reviews Neighborhood’s and its delegates’ clinical appeals and denials data.
- Reviews and approves Neighborhood’s Utilization Management Program Description and Annual Evaluation, including the delegated entities (eviCore and Beacon Health Strategies).
- Monitors and improves members’ and providers’ satisfaction with Neighborhood’s utilization management processes and decision-making.
- Maintains written minutes which are approved by the Committee and signed by the Committee Chair.

The Committee meets bi-monthly, is chaired by the Medical Director or his/her designee and submits detailed minutes of its meetings to the Clinical Affairs Committee. Ad-hoc meetings may be convened for the expedited assessment of new medical technology or new uses of medical technology as necessary, i.e. on a case-by-case basis. Committee members include: primary care and specialty care practitioners, the Medical Director and/or the designated Associate Medical Director, Director of Utilization Management and Clinical Medical Policy and Medical Review Nurse. External physician reviewers are consulted and/or invited to participate in meetings to provide their expertise on specific new technologies, as needed. Representatives from Neighborhood’s behavioral health vendor and additional Neighborhood staff provide support to CMC and present reports and status updates as necessary.

The Neighborhood CMC Chair receives the meeting minutes and related documentation of technology review activities conducted by Neighborhood’s behavioral health vendor.

**H. Pharmacy and Therapeutics Committee**

The Pharmacy and Therapeutics Committee (P&T) acts in an advisory capacity to the Chief Medical Officer on the provision of quality pharmaceutical services. The P&T Committee is responsible to regularly review and revise the Neighborhood Formulary. The P&T reviews pharmacy program for Medicaid and Exchange product lines. The Committee meets quarterly to assess the safety, efficacy, and effectiveness of new medications or therapeutic classes and in this review considers FDA classification, information from peer-reviewed medical literature, and research monographs prepared by expert consultants in clinical pharmacology. As part of the evaluation process associated with each new drug or drug class, the P&T Committee reviews utilization data to identify trends in drug use. This information is used to help develop and implement specific initiatives to promote appropriate use of drug therapies. The P&T Committee is responsible to:

- Establish a pharmacy program and formulary that ensures cost-effective drug therapy.
- Review and revise the formulary.
- Develop pharmacy practice guidelines and performance standards.
o Review and approve all quality improvement activities relative to drug utilization activity.
o Assess new pharmaceutical technology and summarize activities / recommendations for
distribution to the Clinical Management Committee and Clinical Affairs Committee.
o Provide feedback, summary reports, and notification of formulary changes to network
clinicians.
o Maintain written minutes which are approved by the Committee and signed by the
Chair.

The Medical Director or his/her designee chairs the Committee. Committee members include: local
community pharmacists primary care, specialty care, and behavioral health clinicians and practice
managers from Neighborhood’s provider network as appointed by Director of Pharmacy and the
Chief Medical Officer, Neighborhood’s Pharmacy Operations Manager, Clinical Pharmacist, an
Associate Medical Director, a clinical account manager from Neighborhood’s contracted pharmacy
benefit manager, and a member of Neighborhood’s Board of Directors.

PerformRx’s Pharmacy and Therapeutics Committee, the Plan’s pharmacy and benefit manager,
reviews the pharmacy program for INTEGRITY MMP including Part D formulary and reports to
the Director of Pharmacy and Operations.

I. Quality Assurance Committee
The Quality Assurance Committee (QAC) is responsible for investigating member complaints about
their clinical quality of care as well as concerns that are forwarded by Neighborhood staff from their
contact with members. QAC is responsible for making the determination as to whether the issue
is standard of care, is an opportunity for improvement, or is a quality of care concern. QAC notifies
the provider of the determination and, when warranted, requests a correction plan be submitted and
implemented by the provider. Cases determined to have “Quality of Care Concern/s,” with or
without a corrective action plan are presented to the Clinical Affairs Committee for any additional
suggestions that they might have or for inclusion in their re-credentialing decisions.

QAC meets monthly or more frequently as needed, reports to the Clinical Affairs Committee and is
chaired by the Medical Director. Members of QAC include the Quality Assurance Specialist, an RN
who coordinates the QAC activities, the Medical Director, the Associate Medical Directors and the
Medical Consultants.

J. Senior Leadership Team
The Senior Leadership Team is key to the success of the Continuous Quality Improvement (CQI)
process, by leading the creation of an organizational culture that supports CQI, using management
practices that sustain improvement efforts, and creates an environment where all staff can use
performance improvement to develop their potential for doing the best job they can. Senior
Leadership Team supports the CQI by:
o Having the Chief Medical Officer or his designee as a standing member of the Operations
and Service Improvement Committee
o Setting expectations for all staff that PDSA is the methodology for Neighborhood in
achieving performance excellence and is evident on all-staff meeting presentations on quality
improvement projects.
o Supporting the utilization of the PDSA methodology in decision-making and problem
solving and making resources available for continuous quality improvement.
o Acting as a role model for continuous quality improvement by utilizing the PDSA
methodology for decision-making and emulating the leadership practices of Neighborhood
consistent with being a QI leader, as described in Neighborhood’s Leadership Guide.
Ensuring that presentations to staff are documented in a way that PDSA methodology is evident by:

- Holding staff accountable for applying PDSA continuous quality improvement approach in individual roles and responsibility.
- Providing ongoing, visible and useful feedback and support.

**K. Department of Evaluation and Improvement**

The Department of Evaluation and Improvement (DEI) oversees the implementation and the effectiveness of the QI Program by:

- Facilitating the alignment and integration of CQI with the overall organization in collaboration with Senior Leadership Team.
- Coordinating the preparation of the Quality Improvement Annual Evaluation and Program Description.
- Facilitating the monitoring of the quality improvement work plan through reporting to Operations and Service Improvement and the RHO Quality and Operations Committees.
- Integrating clinical program evaluations results into continuous quality improvement efforts.
- Utilizing the existing committees that support quality improvement to better align with organization's continuous quality improvement Mission, Vision and Core Principles.
- Developing, in collaboration with HR, training tools and topics to support the CQI.
- Training staff on using the quality improvement tools, as necessary.
- Developing and driving the Quality Improvement agenda for the Clinical Affairs Committee.
- Collaborating with staff on the development of quality improvement story boards.
- Facilitating Neighborhood's success in the Medicaid Performance Goal Program.
- Collecting and analyzing HEDIS data in support of quality improvement activities.
- Leads the Continuous Quality Improvement Workgroups in support of HEDIS improvement.
- Leading achievement of CAHPS Improvement Plan.
- Collecting and analyzing the CAHPS, HOS, Provider Satisfaction survey data as well as other survey data, in support of quality improvement activities.

**L. Department Directors**

Each department is expected to participate and work collaboratively on the quality improvement activities that are undertaken organization-wide and at the departmental level to improve the clinical care and service delivered and improve operations effectiveness and efficiency. The directors support the CQI efforts by:

- Developing departmental goals that stem from the organization’s strategic goals and aligns staffs’ performance goals with continuous quality improvement.
- Making data-driven decision resulting in data-driven improvements using the continuous quality improvement methodology (PDSA).
- Advocating for the CQI philosophy as a way to improve quality and efficiency resulting in positive outcomes for all.
- Developing and overseeing quality improvement activities aimed at optimal clinical care, service, and organizational effectiveness and efficiency within their own departments.
- Identifying and supporting the continuous quality improvement efforts within the department by:
  - Providing time needed for staff to complete quality improvement project work, including training, meetings, documentation and deliverables.
  - Participating in periodic continuous quality improvement forums facilitated by the DEI.
M. Managers and Supervisors
Managers and Supervisors are essential to the success of continuous quality improvement as they drive the day-to-day work for the organization. Managers and Supervisors support the CQI efforts by:
  o Continually seeking to identify opportunities in their daily work and in the work of their teams.
  o Utilizing the PDSA methodology in decision-making and problem solving.
  o Advocating for the CQI philosophy as a way to improve quality and efficiency resulting in positive outcomes for all.
  o Providing time needed for staff to complete quality improvement project work, including training, meetings, documentation and deliverables.

N. Staff
All staff are given the responsibility and authority to participate in Neighborhood’s continuous quality improvement efforts. To fully accomplish this, staff is provided with materials and technical support regarding Neighborhood’s continuous quality improvement Mission, Vision and Core Principles through the Evaluation and Improvement Department.

Staff are essential to the success of CQI as they are the individuals who carry out the tasks and are closest to the potential opportunities for continuous quality improvement. Staff supports the CQI efforts by:
  o Continually seeking to identify opportunities in their daily work and in the work of their teams.
  o Utilizing the PDSA methodology in decision-making and problem solving.
  o Advocating for CQI philosophy as a way to improve quality and efficiency resulting in positive outcomes for all.

VI. Behavioral Health Quality

Neighborhood delegates the quality improvement function for behavioral health services to Beacon Health Strategies, including the involvement of a designated behavioral health practitioner in program implementation and oversight. Neighborhood’s Clinical Affairs Committee annually approves Beacon’s Quality Improvement Program Description and Work Plan and reviews Beacon’s Quality Improvement Annual Evaluation. These documents encompass the behavioral health aspects of the QI program. Additionally, Neighborhood collaborates with Beacon to collect and analyze data to monitor and identify opportunities in several areas including but not limited to exchange of information between PCPs and behavioral health specialists, appropriate uses of psychopharmacological medications, management of treatment and follow up for members with co-existing medical and behavioral health disorders and appropriate diagnosis, treatment and referral of members with behavioral health disorders to all appropriate levels of care.

VII. Program Staffing and Resources

Each of Neighborhood’s departments contributes to the QI Program and is represented in the Operations and Service Improvement Committee. Through the leadership of the director and Senior Leadership Representative, each department is expected to participate and work collaboratively on the quality improvement activities that are undertaken organization-wide and at the departmental level to improve the clinical care and service delivered to members. Below are some of the responsibilities of the departments and staff which support the organization’s QI Program:
Care Management Staff
- Oversee case management for high-risk members including those identified through Neighborhood’s disease management programs.
- Track clinical program outcomes.
- Conduct outreach and care coordination activities for members who have been identified as being at high clinical and social risk in order to ensure quality, and cost-effective member-centered care.
- Annually evaluate program activities.
- Develop materials and resources with the input of network providers to impart the importance of positive health behaviors to members.
- Implement health education programs for individual Neighborhood members, populations, and/or other community needs.
- Educate members and work with them toward healthy lifestyle behaviors.
- Plan and evaluate health education programs for individual Neighborhood members, populations, and/or other community needs.

Evaluation and Improvement Staff
- Continuously monitor the outcomes and results of clinical quality improvement initiatives.
- Provide support for measurement and evaluation across Neighborhood to maximize Neighborhood’s ability to make data-driven decisions and support day-to-day functions.
- Facilitate the alignment and integration of CQI with the overall organization in collaboration with Senior Leadership Team.
- Coordinate the preparation of the Quality Improvement Annual Evaluation, Program Description and Work Plan.
- Integrate clinical program evaluations results into continuous quality improvement efforts.
- Utilize the existing committees that support quality improvement to better align with organization’s continuous quality improvement Mission, Vision and Core Principles.
- Train staff on using the quality improvement tools.
- Develop and drive the Quality Improvement agenda for the Clinical Affairs Committee.
- Collaborate with staff on the development of quality improvement story boards.
- Facilitate Neighborhood’s success in the Medicaid Performance Goal Program.
- Collect and analyze HEDIS data in support of quality improvement activities.
- Leads the Continuous Quality Improvement Workgroups in support of HEDIS improvement.
- Lead the achievement of CAHPS Long Term Improvement Plan.
- Analyzes the CAHPS data in support of quality improvement activities.
- Collect and analyze the MDS data in support of monitoring the quality of care provided at nursing facilities.
- Participate in the Member Satisfaction Workgroup, Clinical Affairs and Clinical Management Committees.
- Lead the Operations and Service Improvement Committee and lead and co-chair the RHO Quality and Operations Committee.
- Facilitate the monitoring of quality improvement work plan through OSIC and RHO Quality and Operations Committee reporting.

Utilization Management Staff
- Conduct pre-certification, concurrent, and retrospective analysis of appropriateness of care.
- Provide an annual evaluation of the medical management and utilization management activities to the Clinical Management Committee for the identification of improvement opportunities.
- Track and trend key utilization data.
- Work with the AMD to identify and develop the organization’s Clinical Medical Policies, which detail the medical necessity criteria for coverage of conditional benefits.

**Credentialing Staff**

- Oversee and complete office and facility site assessments to ensure those sites meet environment of care standards such as safety, accessibility, and cleanliness.
- Maintain and update the provider credentialing database.
- Oversee the credentialing and recredentialing processes for practitioners and organizational providers.
- Conduct ongoing monitoring and evaluation of network practitioners to assure the safety and quality of services provided to enrolled members.
- Coordinate and collaborate with Provider Network Management to ensure optimal network access for the Plan’s membership.

**Provider Network Management Staff**

- Manage communications and serve as the primary point of contact for network providers.
- Field provider inquiries regarding eligibility, coverage, claims, and access to care.
- Work to implement collaborative quality improvement activities with network providers.
- Monitor the availability and accessibility standards at physician offices, including appointment times and after-hours coverage.
- Document and track practitioner complaints and act on improvement efforts as necessary and as identified during the annual provider satisfaction survey.

**Member Services Staff**

- Field all member inquiries regarding eligibility, benefit coverage, claims, special programs and access to care and interact with appropriate staff to achieve resolution.
- Conduct welcome calls to members for the purpose of educating them about the health plan benefits.
- Conduct member education on how to file a grievance and appeal.
- Arrange interpreter services for members.
- Log member complaints and requests for appeals in accordance with established policies and procedures.
- Identify potential quality of care and member safety issues for review by Grievance and Appeals Unit staff.

**Grievance and Appeals Unit**

- Resolve member complaints (grievance) and requests for appeals in accordance with established policies and procedures.
- Interact with cross functional areas as required to ensure appropriate and consistent decision making.
- Identify potential quality of care and member safety issues (critical incidents) for review by Quality Assurance staff.
- Conduct analysis and trending of complaints, grievances and appeals and provide monthly, quarterly and annual reports and analysis internally and to appropriate committees and agencies.
- Oversee appeal processes delegated to Beacon for behavioral health services and eviCore for high-end radiology services.
- Lead monthly Appeal Review Committee.
Pharmacy Staff
- Facilitate review and update of the Formulary by the Pharmacy and Therapeutics Committee.
- The Plan’s pharmacist serves as member of the PerformRx P&T Committee for INTEGRITY MMP formulary and pharmacy program.
- Conduct oversight of Neighborhood’s Pharmacy Benefit Manager to ensure contract compliance.
- Inform and notify members, providers, and network pharmacies of medication safety alerts and Formulary updates.
- Ensure effective management and maintenance of the Formulary, efficient authorization and processes, and the safety of members.

Additional Program Staff and Resources
In addition to the responsibilities of the departmental staff and committees reflected above, the following individuals also participate in the development, implementation, oversight and evaluation of Neighborhood’s Quality Improvement Program as indicated in the time allotments below:

<table>
<thead>
<tr>
<th>Position</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Medical Officer</td>
<td>15%</td>
</tr>
<tr>
<td>Medical Director &amp; Associate Medical Directors</td>
<td>30%</td>
</tr>
<tr>
<td>Director of Evaluation and Improvement</td>
<td>50%</td>
</tr>
<tr>
<td>Manager of Performance Imp. &amp; Accreditation</td>
<td>75%</td>
</tr>
<tr>
<td>Performance Improvement Project Lead</td>
<td>75%</td>
</tr>
<tr>
<td>Manager of Program Evaluations</td>
<td>15%</td>
</tr>
<tr>
<td>Manager of Clinical Performance Improvement</td>
<td>60%</td>
</tr>
<tr>
<td>Quality Analytics &amp; Metrics Improvement Supervisor</td>
<td>75%</td>
</tr>
<tr>
<td>HEDIS Analyst</td>
<td>25%</td>
</tr>
<tr>
<td>Quality Assurance Specialist</td>
<td>25%</td>
</tr>
<tr>
<td>Director of Utilization Management</td>
<td>15%</td>
</tr>
<tr>
<td>Manager of Care Management</td>
<td>20%</td>
</tr>
<tr>
<td>Medical Management Clinical Business Analyst</td>
<td>25%</td>
</tr>
<tr>
<td>Managers of Utilization Management</td>
<td>20%</td>
</tr>
<tr>
<td>Health and Wellness Outreach Specialist</td>
<td>25%</td>
</tr>
<tr>
<td>Medical Management Project Lead</td>
<td>30%</td>
</tr>
<tr>
<td>Managers of Network Management</td>
<td>15%</td>
</tr>
<tr>
<td>RHO Product Manager</td>
<td>15%</td>
</tr>
<tr>
<td>VP of Medicare and Medicaid Integration</td>
<td>15%</td>
</tr>
<tr>
<td>Chief Operations Officer</td>
<td>15%</td>
</tr>
<tr>
<td>Director of Operations</td>
<td>15%</td>
</tr>
<tr>
<td>Director of Operations-Member Services Support</td>
<td>10%</td>
</tr>
<tr>
<td>Manager of Member Services</td>
<td>5%</td>
</tr>
<tr>
<td>Member Satisfaction Analyst</td>
<td>75%</td>
</tr>
<tr>
<td>Manager of Grievance and Appeals Unit</td>
<td>20%</td>
</tr>
<tr>
<td>Clinical Programs Team Lead</td>
<td>30%</td>
</tr>
<tr>
<td>Manager of Enrollment</td>
<td>15%</td>
</tr>
<tr>
<td>Director of Pharmacy Programs</td>
<td>15%</td>
</tr>
<tr>
<td>Pharmacy Operations Manager</td>
<td>15%</td>
</tr>
<tr>
<td>Manager of Quality &amp; Support Services</td>
<td>25%</td>
</tr>
<tr>
<td>Director of Behavioral Health</td>
<td>25%</td>
</tr>
<tr>
<td>Behavioral Health Project Specialist</td>
<td>25%</td>
</tr>
<tr>
<td>Data Architect</td>
<td>25%</td>
</tr>
<tr>
<td>Healthcare Data Analyst I</td>
<td>25%</td>
</tr>
<tr>
<td>Director of Business Intelligence &amp; Analytics</td>
<td>10%</td>
</tr>
<tr>
<td>Healthcare Data Analysis Project Lead</td>
<td>25%</td>
</tr>
<tr>
<td>Compliance Officer/staff</td>
<td>25%</td>
</tr>
<tr>
<td>Director of Care Management</td>
<td>15%</td>
</tr>
</tbody>
</table>

VIII. Advisory Groups / Committees
In addition to assuring appropriate external representation within the quality improvement committees mentioned previously, Neighborhood utilizes the following committees and forums to obtain additional information to guide the organization’s quality improvement efforts. Activities and work undertaken by each of the following groups is reported to the Operations and Service Improvement Committee.

A. Member Satisfaction Workgroup
Neighborhood has as its first priority the health, well-being and satisfaction of our enrolled members. In support of this, the Member Satisfaction Workgroup’s (MSW) mission is to identify, understand and remove sources of dissatisfaction with health care services for our members.

2016 Quality Improvement Program Description
Neighborhood Health Plan of Rhode Island © 2016
Proprietary & Confidential - Not for Distribution
MSW is chaired by the External Relations Manager. As chair, the manager facilitates meetings, recruit member and provider representation on the committee as necessary, understand and integrate all activities undertaken by Neighborhood to address member satisfaction, prepare agendas, ensure that reporting standards and schedules are met, oversee the completion of actionable items identified at each workgroup meeting, and report semi-annually to the Operations and Service Improvement Committee. MSW meets six times per year. MSW members include Neighborhood members, staff from selected departments and representative from Neighborhood’s provider network.

- MSW members are responsible to serve as the voice of Neighborhood’s members. By sharing and evaluating data and the experiences and perspectives of the member, Neighborhood is better able to propose actionable interventions to implement actionable quality improvement activities aimed at improving member satisfaction with the health plan.

- MSW members coordinate and compile satisfaction-related information identified or generated within their departments / areas of responsibility and present each to MSW. Subsequently, MSW members are responsible to share the recommendations of the workgroup with their departments as well as ensure the implementation of any recommendations pertinent to their areas of responsibility.

B. Member Advisory Committees

The Neighborhood Member Advisory Committees offer Neighborhood an avenue for the voice of the member to be heard and to ensure that the organization’s initiatives and program materials are member-centric at all times. These advisory groups provide important assistance to Neighborhood in the identification of members’ issues and concerns regarding health care at the individual, organizational, and systemic levels. Advisory group members work closely with staff on the creation and implementation of quality improvement initiatives addressing member concerns. These groups have also been instrumental in reviewing, improving and approving the health plan’s member materials. Beyond their role within Neighborhood, advisory group members have been invited to speak on behalf of our members at the State and Federal level regarding legislation and budget issues.

Each Committee is comprised of members and community partners representing the various product lines that Neighborhood serves. The Committees meet on a bi-monthly basis and communicate and document issues and concerns that are within the scope of Neighborhood’s operational responsibilities. The Member Advisory Committees are chaired by Neighborhood’s External Affairs Manager and facilitated by the Member Advocate. The Member Advisory Committees for Medicaid and the Health Benefit Exchange products report to the Member Satisfaction Workgroup and the RHO UNITY and INTEGRITY MMP Member Advisory Committees report to the RHO Quality and Operations Committee with a dotted reporting to the Member Satisfaction Workgroup, who reports to the Operations and Service Improvement Committee. These Committees provide input to the Clinical Affairs Committee.

C. CAHPS Workgroup

The CAHPS Workgroup was created in 2015 to identify opportunities for and barriers to improvement, and develop targeted interventions to improve member satisfaction with the health care experience, and with the health plan overall. Neighborhood uses the results from the annual CAHPS Adult Medicaid survey to identify areas of member dissatisfaction and opportunities for improvement. The CAHPS Workgroup meets quarterly to develop, implement and track the
progress of interventions designed to improve member satisfaction. An update of the CAHPS Workgroup activities is reported annually to OSIC.

IX. Role of Participating Practitioners

The expertise and input of participating practitioners at each of Neighborhood’s Community Health Centers, private primary care practices, hospital-based primary care practices, specialty care practices and hospitals are critical to the development, delivery, and success of Neighborhood’s Quality Improvement Program. As part of their commitment and contribution to the QI Program, Neighborhood’s contracted practitioners, hospitals, and provider sites:

- Commit to abide by the policies and procedures of Neighborhood.
- Demonstrate active involvement and participation in Neighborhood’s disease and preventive health management programs.
- Review and adhere to Neighborhood’s Clinical Practice Guidelines, preventive health guidelines, and Clinical Medical Policies and offer recommendations for improvement based on community standards.
- Participate on various standing and ad-hoc quality improvement committees.
- Participate and cooperate with medical chart review activities, quality assurance policies and procedures, and audits.
- Work with Neighborhood’s Case Managers, Member Services Staff, and Provider Network Management staff to ensure optimal delivery of care and service to members through communication.
- Partner with Neighborhood in quality improvement collaboratives organized at the state-level.

X. Quality Improvement Activities

Clinical Quality Performance Indicators: HEDIS

The purpose of HEDIS is to ensure that health plans collect and report quality, cost and utilization data in a consistent way so that purchasers can compare performance across health plans. Neighborhood uses the annual HEDIS measures to provide network providers with a standardized assessment of their performance in key areas in comparison to plan-wide findings and national benchmarks. Neighborhood conducts analysis of HEDIS results by race and ethnicity, language spoken, gender, age group, primary care provider type, and line of business to better understand clinical outcome patterns and identify areas for improvement. Neighborhood shares and discusses site-specific HEDIS results with high-volume primary care provider sites to encourage collaboration to better improve members’ clinical outcomes and improve HEDIS performance annually.

Member Satisfaction: CAHPS Member Satisfaction Surveys

Surveying member satisfaction/experience provides Neighborhood with information on our members’ experience with the plan and their practitioners and helps to prioritize the improvement initiatives that are most meaningful to members. Neighborhood uses the results from the annual CAHPS Adult Medicaid survey to identify areas of member dissatisfaction and opportunities for improvement. CAHPS survey results are supplemented with ongoing and extensive review of member complaints and appeals. Activities to address member satisfaction are overseen by the CAHPS Workgroup, Member Satisfaction Workgroup and the Manager of Performance Improvement and Accreditation.
Provider Satisfaction Survey
Neighborhood conducts an annual Provider Satisfaction survey to measure provider satisfaction with Neighborhood’s administrative and clinical processes. Neighborhood annually administers two separate surveys to physicians and office managers to better assess the needs of its external customers. These surveys assess respondents’ satisfaction with functional areas within Neighborhood and the Neighborhood network, as well as overall satisfaction and health plan loyalty. The information obtained is used to develop quality improvement initiatives across the organization to increase providers’ satisfaction with Neighborhood and to ensure high quality care for Neighborhood members.

Member Satisfaction: Disease Management Member Satisfaction Survey
Neighborhood conducts an annual survey to measure members’ satisfaction with the Plan’s Disease Management Programs. Members are surveyed to gain information about their knowledge of how to access care, perceptions about the usefulness of program information, the ease of understanding educational materials, and overall satisfaction with the Disease Management Program. Survey results are used to identify areas of member dissatisfaction and opportunities for improvement.

Member Satisfaction: Case Management Member Satisfaction Survey
The Neighborhood Health Plan of Rhode Island Case Management Survey is designed to evaluate member perceptions, expectations, experiences, and satisfaction with Neighborhood’s Case Management Programs. The survey is conducted on a monthly basis for a twelve month period, with reporting provided on a quarterly and annual basis. Survey results are analyzed by program level and line of business and allow for the identification of program strengths, opportunities for improvement, and the development of targeted interventions where necessary.

Clinical Practice Guideline Development
Neighborhood’s Medical Director’s Office develops and/or adopts and maintains clinical practice guidelines consisting of current, peer-reviewed, evidence-based standards of care. The clinical practice guidelines identify the Plan’s expectations of its network and serves as a clinical resource to providers. Clinical practice guidelines for behavioral health are developed by Neighborhood’s behavioral health vendor. The Clinical Affairs Committee reviews and approves the organization’s clinical practice and preventive care guidelines. The guidelines complement and reinforce the established medical philosophy and benefit coverage offered by the Plan. Clinical Practice Guidelines are updated no less than every two (2) years and are accessible to network practitioners via the Neighborhood website.

Clinical Programs and Disease Management
Neighborhood’s Clinical Programs include Disease and Condition Management and Wellness Programs. The Clinical Program staff work collaboratively with community partners including, but not limited to Neighborhood’s provider network, the Rhode Island Department of Health, the Executive Office of the Health and Human Services, and the Rhode Island Health Center Association, to identify health program and project opportunities that align with the health needs of our members and the community. Programs are planned, implemented and monitored with the goal of achieving positive health outcomes for members and focus largely on preventive health, health promotion, disease management, and patient safety. Program implementation requires the development of member and provider educational materials and ongoing interaction and outreach to members. Neighborhood’s disease management programs strive to: support the relationship between practitioners and their patients and reinforce the established plan of care; emphasize the prevention of exacerbations and complications utilizing cost-effective evidence-based practice guidelines and patient empowerment strategies such as self-management and patient education and
outreach; and continuously evaluate clinical and financial outcomes with the goal of improving overall health and efficient plan performance. Neighborhood’s current Clinical and Disease Management programs include: asthma, diabetes, tobacco cessation, chronic obstructive pulmonary disease, congestive heart failure and coronary artery disease.

**Peer Review Activity**

The Plan’s peer review program is conducted according to the Rhode Island Board of Medical Licensure and Discipline Regulations. The Chief Medical Officer (CMO) manages the peer review process internally for presentation and review by the Clinical Affairs Committee. Cases requiring peer review are identified through member or provider complaints, utilization review and other sources. The CMO may perform peer review directly or arrange for review by an appropriate physician or committee of physicians, in accordance with Neighborhood's Policies and Procedures. Any necessary remedial and disciplinary actions are implemented in a timely manner in accordance with Neighborhood's Professional Review Action policies and procedures.

**Actions to Address Quality of Care Complaints**

All complaints and/or concerns received from members, providers, Neighborhood staff, state agencies, and other entities relative to the quality of care or clinical services rendered to members are forwarded directly to the Quality Assurance Specialist who coordinates the investigation and prepares the findings to be reviewed with the Medical Director or other staff physician assigned to the case. The physician and the Quality Assurance Specialist collaborate to complete the investigation, make determinations, and when required, notify external entities such as the RI DOH about cases. As needed, the physician and the Quality Assurance Specialist also create and monitor corrective action plans, which are shared with and guided by the Clinical Affairs Committee (CAC). Complaints deemed to be issues of quality of care by the QAC are reported to the CAC on a regular basis. The CMO reviews the quality of care complaints and concerns in accordance with Neighborhood’s established policies and procedures.

**Activities to Improve Patient Safety**

The following activities are undertaken as a demonstration of Neighborhood’s commitment to improve clinical quality of care and ensure the safety of its members:

- Comprehensive site assessments during the credentialing and recredentialing process for those providers who meet the designated criteria to ensure that patient care sites meet Neighborhood's standards for safety and cleanliness.
- Additional site visits for any complaint about site environment including those about safety, physical access, and cleanliness.
- Continuous monitoring of entire network’s licensing status and exclusion listings.
- Notification to the GÀU and Quality Assurance Specialist of any potential quality or safety cases (e.g., significant provider errors including pharmaceutical errors, unexpected deaths, missed diagnoses or treatments, missed follow-up, or insufficient discharge planning).
- Investigation and tracking of quality of care complaints, identification of trends, institution of increased monitoring as appropriate.
- Committee review and consideration of new technology, new uses of existing technology, and new pharmaceuticals to ensure the safety, efficacy, and effectiveness of each.
- Pharmacy Home Program – members with high risk dispensing patterns (multiple opioids, benzodiazepines, prescribers, and pharmacies are assigned to one Pharmacy Home).
- Notification to patients and providers of medications recalled by the FDA and other risks related to pharmaceuticals.
Drug Utilization Reviews for other high risk patterns include: concurrent second generation antipsychotics, 4 or more concurrent psychotropics for 18 years and under, dangerous drug combinations. Providers are notified by mail or phone call depending on risk level.

Care coordination discharge planning to ensure safe transitions, medication reconciliation, and follow up.

Case and utilization managers have access to data across the continuum of care including inpatient, outpatient, and pharmacy. Care is also coordinated with onsite behavioral health clinicians.

Care Coordination High Risk outreach programs for ER, readmissions, and poly-pharmacy.

Targeted and general member educational outreach (Member Newsletters or telephonic outreach).

Neighborhood’s annual work plan encompasses additional patient safety activities planned for each upcoming year.

Objectives to Enhance Service to a Culturally Diverse Membership

Neighborhood’s membership is comprised of people from diverse cultures with differing needs. Neighborhood serves low-income families, recent immigrants, diverse racial and ethnic groups, people of all ages, and people with disabilities. Its stated mission is to secure access to high quality, cost-effective health care for Rhode Island’s at-risk populations. In order to improve its ability to serve its culturally and linguistically diverse membership, Neighborhood undertakes the following efforts and initiatives:

- Works to improve the completeness and accuracy of the information on members’ race, ethnicity, language spoken, disability status, and geographic location, in order to understand and respond to the diversity in its membership.
- Works to improve the completeness and accuracy of the practitioners’ race, ethnicity, language spoken, and geographic location in order to understand and respond to the diversity in its membership.
- Analyzes its HEDIS and CAHPS data in particular, and other data as appropriate, to identify gaps in access and quality of care based on race, ethnicity, language spoken, age and other characteristics.
- Presents the results of data analyses identifying disparities in access and quality of care and in services to members to the Operations and Service Improvement Committee and where applicable to RHO Quality and Operations Committee, Neighborhood's internal quality improvement committees to identify opportunities for improvement.
- Assesses the language spoken by its network practitioners and Member Service staff, as well as the adequacy of the telephonic interpreter services available, to identify and address any gaps relative to the language needs of its membership.
- Assesses the geographic adequacy of its physician network for groups who speak languages other than English.
- Includes members that are representative of the diversity of its membership’s culture and language in all advisory committees and ad hoc work groups to help assure that all members’ needs are being considered by these groups.
- Conducts marketing efforts that outreach to culturally and linguistically diverse populations to maintain and expand its market share among these populations.
- Makes an organizational-wide commitment to diversity of staff and management.
- Develops member materials that are targeted to the expected reading level and the languages spoken by its members.
- Ensures the availability and accessibility of cultural linguistic services such as 24/7 interpreting services including the American Sign Language.
Objectives to Enhance Services to Members with Complex Health Needs
Neighborhood’s membership is comprised of people with differing health and social needs. The Plan’s mission is to be a catalyst for improved access and better health in Rhode Island, especially for vulnerable populations. Neighborhood works to ensure the delivery and coordination of services for members with complex health needs including those in LTSS through integrated case management and complex case management that address their needs. Members identified for the Programs include those with multiple chronic conditions, physical or developmental disabilities, and members with severe mental illnesses. The Plan’s case managers assess the needs of these members and work with practitioners, members and their care givers to support the physical, social and emotional aspects of chronic illness to help them regain optimum health. The objectives for serving our members with complex health needs include but are not limited to:

- Ensure that needed services identified through the assessment processes are obtained and that any existing gaps or barriers to necessary services are addressed and/or eliminated.
- Assist members in achieving an optimal level of wellness and function by facilitating timely and appropriate health care services.
- Improve access to primary and specialty care by facilitating timely and appropriate health care services, thus helping members with complex health needs achieve an optimal level of wellness and function.
- Ensure the integration of medical and behavioral health services.
- Decrease care fragmentation and optimize resource utilization inclusive of the member and/or family in the decision making process at every opportunity.
- Provide home-based care through Health@Home.
- Provide transitions of care to members with multiple chronic conditions.
- Collaborate with member’s providers to ensure continuity and coordination of care.
- Educate members in self-advocacy and self-management.
- Improve the member’s and family’s/caregiver’s satisfaction with the health care delivery system.

Annual Evaluation and Work Plan Development
Neighborhood conducts an annual evaluation of its QI Program, inclusive of the activities undertaken and monitored by Neighborhood’s QI committees, subcommittees and workgroups. Neighborhood uses the annual evaluation as an opportunity to make program revisions and identify work plan objectives and activities for the upcoming year. Annually, all contributors, DEI staff and the Chief Medical Officer review the draft annual Quality Improvement Program Evaluation, Program Description and Work Plan in whole or impart. The Chief Medical Officer presents the Annual Evaluation, Program Description, and resulting Work Plan to the Clinical Affairs Committee for review and recommendation to the Board of Directors for final review and approval.

XI. Delegation

Contractual agreements between Neighborhood and any delegated group, agency, or organization specify the responsibilities of both parties; the functions or activities that are delegated; the frequency of reporting on those responsibilities and functions to Neighborhood; the process by which performance is evaluated; corrective action plan expectations, when identified as necessary; and lastly, termination for cause language in the event expectations are not fulfilled. Responsibility for the oversight of delegated activities lies with designated Neighborhood Account Managers. Delegates are monitored according to a regular reporting schedule overseen by the responsible
Account Managers. Additionally, Neighborhood’s committees assist in the oversight process, as indicated:

- Monthly, Neighborhood’s Clinical Affairs Committee (CAC) reviews and accepts practitioners credentialed and recredentialed by its delegates. Neighborhood retains the ultimate authority to approve, terminate, or suspend individual practitioners or providers when warranted.
- Annually, Neighborhood’s Clinical Management Committee reviews and recommends modifications to each delegate organization’s Utilization Management Program Description, Annual Evaluation, and Work Plan. Semi-annually, the Committee reviews a summary of delegated utilization management activities detailing high level performance and opportunities identified for improvement, as presented to the designated Account Manager quarterly.
- Annually, the delegate’s Quality Improvement Program Description and Work Plan are reviewed and approved by the Plan’s Clinical Affairs Committee.
- Annually, the delegate’s Quality Improvement Annual Evaluation is reviewed by the Plan’s Clinical Affairs Committee.
- Quarterly, the Operations and Service Improvement Committee reviews a summary of delegated quality improvement activities, detailing high level performance and opportunities identified for improvement, as presented by the designated Business Owner.

In the event that oversight activities reveal opportunities for improvement, Neighborhood’s responsible Account Manager works with the delegate to develop a corrective action plan and monitors the delegate’s activities to fulfill the corrective expectations.

XII. Confidentiality and Conflict of Interest

Neighborhood’s QI Program maintains the confidentiality of members and providers as required by federal and state law. Electronic and paper reports, minutes, phone logs, medical records or and any other information generated are specifically excluded from release or discoverability except as allowed by federal or state laws. All information is protected in accordance with current peer review privacy and confidentiality acts and access to member information is granted on a need-to-know basis. All Neighborhood employees are responsible to read and sign a Confidentiality Agreement and Code of Conduct at the start of their employment or assignment with Neighborhood, and thereafter on an annual basis. To avoid potential conflict of interest, all internal staff, Physician Reviewers, and Physician Consultants involved in the planning or delivery of a treatment plan do not participate in medical review decisions. Medical review decisions are not made with regard to financial incentives.
Neighborhood Health Plan of Rhode Island
Quality Improvement Structure
Appendix A

Board of Directors

Clinical Affairs Committee

Vice President of Medicare & Medicaid Integration

Chief Medical Officer

RHO Quality & Operations Committee

Operations & Service Improvement Committee

Pharmacy & Therapeutics Committee

Clinical Management Committee

Quality Assurance Committee

MMP Member Advisory Committees

Member Satisfaction Workgroup

Ad-hoc QI Workgroups

Medicaid & Health Benefit Exchange Member Advisory Committees