2018 Quality Management Program

In keeping with the mission and vision of Health Alliance to provide competitive insurance products that maximize value to shareholders, purchasers and members and to be the top-rated, provider driven health plan, the Quality Management (QM) Program is designed to integrate quality clinical care and service within Health Alliance, the Carle System, Health Plan partners and contracted providers. Quality Management works in tandem with all departments to establish, coordinate and execute a structure to support Health Alliance members to improve their health and assess and evaluate the care and service provided. (*Note: the following are used interchangeably throughout the document; Health Alliance and Health Alliance Medical Plans; and case and care management.*)

QUALITY MANAGEMENT
DEFINITION OF QUALITY**:**
- **Clinical quality** defined as minimum variation from evidence-based practice or expert consensus.
- **Service quality** defined as meeting or exceeding the valid service requirements of our customers.

PURPOSE
The purpose of the Quality Management Program is to design and implement quality improvement activities utilizing an integrative process of continuous assessment and monitoring that strives to improve medical and behavioral health care and service provided to all Health Alliance members across all product lines. Based on quality measurements and continuous evaluation of the program components as outlined in the annual QI Plan/Roadmaps, opportunities for improvement are identified and serve as the basis for restructuring/developing and/or initiating new tactics to enhance the quality of care and service provided to our members by improving efficiency, increasing the span of healthy life and reducing disparities in the healthcare provided. The Quality Management Department is committed to ensuring that the care delivered to our members is of the highest "value" with Value defined as Quality + Service/Cost.

GOALS
The goals of the Quality Management Program include:
1. Identify needs of the populations served through annual population assessment data.
2. Focusing medical and behavioral health clinical care and service measures based on priority needs adhering to NCQA, HPMS, CMS, and State and health plan requirements.
3. Assessing performance, measuring the effectiveness of interventions and implementing actions as needed to improve medical and behavioral health care and service.

PROGRAM COMPONENTS
Oversight of the quality functions by the Quality Improvement Committee (QIC):
1. Monitor the information sources used for quality management core processes.
2. Facilitate a partnership between practitioners, providers, members, and Health Alliance for the purpose of maintaining and improving plan-wide care and service.
3. Develop and maintain approaches to support high-quality medical and behavioral health care, including disease management, clinical practice guidelines, utilization criteria and guidelines, complex case management, peer review, pharmaceutical management procedures, ambulatory medical record criteria, and processes to enhance communication and continuity of care between practitioners and providers.
4. Involvement of designated behavioral health care practitioner to address behavioral health issues.

5. Develop and maintain a utilization management (UM) program that incorporates nationally recognized criteria, use of appropriate clinical professionals, risk management, and member and practitioner appeal rights, and appropriate handling of denials of service.
6. Develop and maintain a pharmaceutical management program that includes the development of policies and procedures, processes for restrictions and preferences, patient safety including medication therapy management and update of procedures, participation of pharmacists and physicians, notification to practitioners, and prior authorization processes including denials and appeals.
7. Provide access to information about patient safety to members and practitioners through the Health Alliance website and encourage accountability for patient safety with contracted providers through our adverse events and quality of care processes.
8. Develop and promote preventive health standards, family planning services and programs to encourage members and practitioners to utilize appropriate guidelines and early detection services for prevention of illness.
9. Provide an appeals process designed to protect the rights of the member, physician and hospital as fully as possible. Ensure that any member, provider or practitioner affected by an adverse determination is given the opportunity to appeal through a verbal or written request for medical and administrative review.
10. Establish standards and processes for maintenance and oversight of delegated activities, as applicable.
11. Establish an annual QM Plan that describes specific activities undertaken each year to address the components of the QM program.

STRUCTURE OF PROGRAM

The Quality Management Program provides a comprehensive structure to identify, evaluate and improve clinical care and service provided to members individually and collectively. The Health Alliance Board has designated the day-to-day accountability of the quality management program to the Health Alliance System Vice President of Quality, Chief Quality Officer and Executive Director of Quality Management with reporting accountability to the Quality Improvement Committee (QIC). Subcommittees, workgroups and operational teams of the Quality Improvement Committee provide a focus on initiatives involving quality improvement such as member rights and responsibilities, credential, and pharmacy. In addition to committees, multiple departments and individual staff members have key roles and responsibilities in the QM Program.

MEDICARE ADVANTAGE

In addition to objectives and program structure previously described, the following are specific to the Health Alliance Medicare Advantage population:

1. Implement chronic care improvement programs (CCIP) through methods that identify enrollees with multiple or sufficiently severe chronic conditions that would benefit from participating in the program, In addition, establish mechanisms for monitoring these enrollees that are participating in the chronic care improvement program. The program also addresses additional populations identified by CMS based on a review of current quality performance.
2. Quality improvement projects (QIP) that can be expected to improve health outcomes, enrollee satisfaction, and addresses areas identified by CMS.
   a. The projects are specific initiatives that address clinical and non-clinical areas and involve measurement of performance, system interventions including the establishment or alteration of practice guidelines, improving performance and systematic and periodic follow-up on the effect of the intervention.
   b. The projects assess performance under the plan use quality indicators that are objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research.
   c. The performance assessments on the selected indicators are based on systematic ongoing collection and analysis of valid and reliable data.

d. Interventions identified in the annual work plan strive to achieve demonstrable improvement and improvement is documented in the annual evaluation,

e. Each QIP project status and results of each project are reported to CMS as requested.

3. Encourages providers to participate in CMS and Health and Human Service (HHS) QI initiatives.

4. Contracts with approved Medicare CAHPS® vendor to conduct the Medicare CAHPS® survey.

5. Complies with and monitors the activities reflected in the Medicare Star Rating strategy to be consistent with the six priorities in the National Quality Strategy including making care safer by reducing harm caused by the delivery of care; ensuring that each person and family are engaged as partners in their care; promoting effective communication and coordination of care; promoting the most effective prevention and treatment practices for the leading causes of mortality; working with communities to promote wide use of best practices to enable healthy living; and making quality care more affordable for individuals, families, employers and governments by developing and spreading new health care delivery models.

6. Complies with CMS requirements for Medication Therapy Management programs. The goal is to optimize therapeutic treatment of specified chronic disease states by increasing compliance and providing education to enrollees and prescribers.

   a. Health Alliance contracts with OptumRx to perform the Medication Therapy Management functions.

   b. Health Alliance policy for Medicare Part D Medication Therapy Management Program, outlines the identification of beneficiaries, intervention and reporting processes and policy for Medicare Part D Reporting Requirements.

   c. Health Alliance provides OptumRx eligibility data files as well as beneficiary plan start/end dates. Members are selected based on criteria identified within the policy. All eligible members are included unless the member chooses to opt out of participation.

   d. OptumRx provides services including determination of eligibility, telephonic CMR, medication action plan, personal medication list, targeted medication review and other interventions identified in the policy. Health Alliance reviews all interventions and provides feedback and further education/assistance as necessary

   e. CMS data validation standards are used to validate accuracy of reporting data. Data is uploaded to CMS annually via HPMS.

To support CMS regulations Health Alliance maintains a health information system that collects, integrates, analyzes and reports data necessary to implement its QM program:

   a. Health Alliance has policies and procedures in place on the requirements for reporting data to CMS. Updates to the Reporting Requirements are reviewed upon publication and updates to policies, procedures and systems are completed.

   b. Health Alliance collects data on the following:

      ▪ Provider characteristics – via Visual CACTUS Credentialing System for provider and the MC400 as the primary member system of record for member characteristics.

      ▪ Services furnished to members – via Compliance Reporter and Risk Manager (HEDIS®), CAHPS® survey process, VITAL Platform for case and utilization management services, MC400 for medical claims, OptumRx for pharmacy data.

      ▪ Data to guide the selection of quality improvement project topics and meet the data collection requirements for quality improvement projects – via McKesson Compliance Reporter and Risk Manager (HEDIS), CAHPS® survey process, VITAL
        Platform for case and utilization management services, MC400 for medical claims,
        OptumRx for pharmacy data

   c. Health Alliance ensures that information and data received from providers are accurate, timely and complete – via MC400 Claims processing system and the PBM.

d. Health Alliance has information systems that integrate data from various sources, including member concerns and complaints – via SalesForce.
e. Health Alliance has a formalized process to analyze data – via Compliance Reporter and Risk Manager (HEDIS) and Access data bases as needed.
- Health Alliance addresses identified deficiencies in reported data through provider feedback or ongoing analysis of data through Compliance Reporter (HEDIS) and Risk Manager, ambulatory and inpatient reviews.
- Health Alliance complies with HIPAA and privacy laws and professional standards of health information management through the Compliance Committee.
f. Health Alliance conducts a pre-assessment on the Part C measures and has checks and balances in place for data submission. Corrective actions are put into place for all findings from the data validation audit and CMS notification.

Formal evidence of the impact and effectiveness of the QM program is documented in the annual evaluation. The evaluation includes measurement tools required by CMS and is made available to CMS to enable beneficiaries to compare health coverage options and select among them based on quality and outcomes measures.

The process of integrating the quality management initiatives with various Health Alliance departments and committees is accomplished, in part, through appointment of representatives to the committees listed in the structure of this program with a diversity of knowledge and skills. These individuals support the development and continuous evaluation of the QM Program, through the plan, do, check, act cycle. It is the primary responsibility of the following key personnel to diffuse quality initiatives throughout the organization.

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

KEY PERSONNEL
- **Chief Quality Officer and System Vice President of Quality** are dyad partners for the Carle Health System that lead quality for Carle (outpatient and inpatient) and the health plan.
- **Chief Medical Officer and the Vice President of Medical Management** are dyad partners that lead medical management for Carle and the health plan**.**
- **Vice President and Associate Chief Medical Officer** is a Psychiatrist by training and provides behavioral health leadership for all Health Alliance products in all service areas.
- **Regional Medical Director**, Family Practice Physician, is a 100% medical director for the Bloomington/Peoria and surrounding markets. Chairs the credentialing committee and reports to the Quality Improvement Committee. l
- **Medical Director,** Family Practice/Convenient Care provider**,** chairs the Population Health Committee; and chaired the Quality Improvement Committee prior.
- **Executive Director of Quality Management** provides oversight for the quality management department, reporting to the System VP of Quality.
- **QM Data Reporting Manager** oversees the HEDIS data gathering processes; and system operations staff to ensure timely and accurate completion of HEDIS data reporting for all products, working closing with the HEDIS Supervisor and Technician.
- **Accreditation Manager** leads the credentialing/recredentialing for the health plan; and monitors all chapters of compliance with NCQA standards and other regulatory bodies.
- **Case Management Director** provides oversight for inpatient, case manager of case management for Health Alliance and the Carle system.

- **Utilization Management Director** provides oversight of inpatient, outpatient and skilled nursing facility utilization management for Health Alliance.
- **Pharmacy Director** is responsible for the supervision of the pharmacy network, pharmacy staff; pharmacy related contracting and pharmacy benefit manager.
- **Member and Provider Solutions Manager** oversees the staff and management for all plans in all service areas member appeals, DOI complaints, ERO reviews, peer reviews, and retrospective claim reviews.
- **Clinical Services Consultant** responsible for oversight of clinical services delegation activities and potential quality incidents.
- **Supervisor of Quality Informatics and Reporting** of the Carle Health System helps coordinate data needs between the health plan and Carle.
- **Systems Quality Data Analyst** provides data analytics for HEDIS measures and impact of interventions for Health Alliance and the Carle System.
- **QM Project Manager** manages the quality program and annual evaluation processes and supports the annual HEDIS data collection and reporting.
- **STAR Program Manager** (new position October 2017) works with cross-functional teams and leaders to ensure understanding and continuous improvement of star rating measures to achieve a 5-Star rating.
- **Star/QI Coordinators** focus on improving and maintain high Star and NCQA ratings through intervention implementation and monitoring.

TECHNICAL RESOURCES/SYSTEMS

There are a number of technical resources/systems available to support and implement the QI program:

1. **VITAL Platform** (recently transitioned from AxisPoint Health to MedDecision) is a technology system that provides, condition identification, program identification/work list, risk levels/risk profile, identification of gaps in care, system alerts and messaging capabilities to support medical management services including utilization management, case management, disease management, management of members at risk (complex case management) as well as integration with wellness programs (i.e. health coaches) and documentation of member appeals..

2. **InterQual** is embedded in VITAL and is an industry-leading evidence-based tool for determining the appropriateness of health care interventions and levels of care across the continuum. This program supports preauthorization, concurrent review and retrospective analysis of clinical appropriateness. The following guidelines are used:

    a. Inpatient Services:
        i. InterQual® Level of Care: Acute Criteria, Adult; and Acute Criteria, Pediatric;
        ii. Prest & Associates, Inc. Review Criteria - Mental Health
        iii. American Society for Addiction Medicine (ASAM) Patient Placement Criteria for the Treatment of Substance-Related Disorders, (Second Edition – Revised)

    b. Outpatient Services
        i. InterQual® Care Planning: Procedures Criteria, Adult and Pediatric
        ii. InterQual® Care Planning: Imaging Criteria, Adult and Pediatric
        iii. InterQual® Care Planning: Molecular Diagnostics
        iv. InterQual is a nationally respected vendor with clinical criteria based on best practice, clinical data and medical literature.
        v. Prest & Associates, Inc. is a nationally respected independent review organization that provides behavioral health criteria along with consultation and review services with board certified

physicians in mental health and substance abuse. ASAM guidelines are a nationally accepted standard of care for the treatment of substance abuse disorders.

    c. Where vendor guidelines are incomplete or absent, internal medical policies that reflect current standards or medical practice are developed by the Medical Director Committee and reviewed by the Medical Policy Committee. All Health Alliance criteria and medical policies are reviewed annually to determine whether updates/revisions are warranted.

3. **Change Healthcare (formally McKesson)**
   a. **Risk Manager** is an integrated performance platform that enables better management to reduce medical management costs and improve physician efficiency and quality profiling.
   b. **Compliance Reporter** gathers and reports HEDIS. This includes data reported annually to NCQA, as well as at the provider specific HEDIS and prospective HEDIS work.

4. **MC400 – Managed Care 400** is a claim processing system from OAO Healthcare Solutions retains member/enrollee eligibility information, applies provider contract and payment terms and adjudicates claims based on specific rules established for employer benefit packages.

5. **PBM -** Pharmacy Benefit Manager, OptumRx, offers customized products and uses an evidence-based approach to manage costs.

6. **Visual CACTUS** - houses all data for credentialed providers and drives the recredentialing process

7. **Ambulatory Review Database** – an Access based system developed by Health Alliance staff that enables tracking, documentation and reporting of ambulatory review criteria and results.

8. **Adverse Events Database** – an Access based system developed by Health Alliance staff enables to tracking, documentation and reporting of adverse events (never events and sentinel events).

9. **Wellness Vendor (Rally)** - available to all Commercial Health Alliance members and providers free of charge via the Health Alliance/ website. Rally offers web-based wellness programs using current technologies to engage members in improving their health.

10. **MCNet** - pulls member/enrollee information for the customer service representative from the member/enrollee number entered into the Cisco Systems IVR by the caller or when accessed manually by the representative. MCNet combines access to a call tracking process from another system by Onyx called Customer Center with data housed in the MC400. Calabrio's Work Force Management and Quality Management software are used for staff scheduling, call recording, and call monitoring.

The following pages contain descriptions of the quality management program committee structure.

QUALITY IMPROVEMENT COMMITTEE (QIC)

a. **Role:** To provide direction, implementation, oversight and coordination of quality improvement initiatives throughout Health Alliance for all products.

b. **Chairperson:** Chief Medical Office, Health Alliance (Robert Good, DO)

c. **Membership:**
   ▪ Chief Quality Officer, Carle Health System (Robert Healy, MD)
   ▪ System Vice President of Quality, Carle Health System (Hope Brown, RN, MSHA, MSN, CPHQ)
   ▪ Chief Quality Officer, Wenatchee Valley Medical Center (Dr. Randy Mosely)
   ▪ Vice President of Medical Management, Carle Health System (April Vogelsang, RN, MS)
   ▪ Executive Director of Quality Management, Health Alliance (Jane Elliott, MHSA, CPHQ)
   ▪ Accreditation Manager, Health Alliance (Christine Freehill)

   Non-Voting:
   ▪ QM Administrative Assistant (Amber Millburg)
   ▪ QM Project Manager (Debra Carruthers)

d. **Reporting:** Reports to the Health Alliance Medical Plans Board.

e. **Responsibilities** (*denotes accreditation/regulatory requirements**):**
   ▪ Evaluate and allocate resources for quality improvement activities, including resources needed to impact Star and NCQA ratings*
   ▪ Evaluate the quality improvement structure and complete a formal QI Plan and QI Evaluation on an annual basis.*
   ▪ Adopt, develop, and implement overall preventive health and clinical guidelines.*
   ▪ Oversee all quality improvement initiatives as described in the annual plan.*
   ▪ Review HEDIS rates by product, reporting findings from the annual HEDIS audit, and assess actions based on results.*
   ▪ Review Medical Management Oversite Committee (MMOC) minutes specific to the utilization management program structure NCQA requirements*.
   ▪ Review Part C and Part D Report Cards (Star Ratings)*
   ▪ Monitor Quality Improvement Project (QIP) and Chronic Care Improvement Program (CCIP)*
   ▪ Oversee pay for performance programs related to quality metrics*
   ▪ Oversee all delegated activities*
   ▪ Delegate any of the above activities to sub-committees, workgroups or operational teams with appropriate oversight.*
   ▪ Monitor sub-committee, work group and operational team activities through review of meeting minutes and reports at least annually.*

f. **Meets:** Monthly

g. **Minutes:**
   ▪ Generated for each meeting and approved by the committee.

- Reflect the activity, discussion, analysis and recommendations of the committee, as well as follow-up and resolution of prior recommendations.

ADVERSE EVENTS COMMITTEE

a. **Role:** Reviews aggregate Potential Quality Incidents identified through any method, including but not limited to Serious Reportable Adverse Events (SRAE)[1] and Hospital Acquired Conditions[2]; and provide recommendations for patient safety interventions to QIC.
[1]Sometimes referred to as never events or sentinel events, Serious Reportable Adverse Events are defined by the National Quality Forum. [2] As defined and updated by Centers for Medicare and Medicaid.

b. **Chairperson**: Vice President of System Quality, Carle (Hope Brown, RN, MSHA, MSN, CPHQ)

c. **Membership:**
   - Chief Quality Office, Carle and Health Alliance (Robert Healy, MD)
   - Vice President and Associate Chief Medical Officer, Health Alliance (John Beck, MD)
   - Regional Medical Director, Health Alliance (Stephen Belgrave, MD)
   - Regional Medical Director, Health Alliance Northwest (Richard Hourigan, MD)
   - Vice President of Medical Management, Health Alliance and Carle (April Vogelsang, RN, MS)

     Non-Voting:
   - Executive Director, Quality Management (Jane Elliott, MHSA, CPHQ)
   - Manager, Clinical Services Delegation (Laurie Howard, RN)

d. **Reporting:** Reports to Quality Improvement Committee.

e. **Responsibilities** (*denotes accreditation/regulatory requirements):
   - Oversee the policy and procedure to ensure meets CMS requirements.
   - Trend and track events for annual reporting.*

f. **Meets:** As needed

g. **Minutes:**
   - Generated for each meeting and approved by the committee.
   - Reflect the activity, discussion, analysis and recommendations of the committee as well as follow-up and resolution of prior recommendations.

BEHAVIORAL HEALTHCARE COMMITTEE

a. **Role:** Identifies opportunities to improve the quality of behavioral health care delivered to members of Health Alliance throughout all service areas. Reaches out to high volume behavioral health providers on a regular basis to identify interventions and coordinate efforts for medical and behavioral health care.

b. **Chairperson:** Vice President and Associate Chief Medical Officer, Health Alliance (John Beck, MD)

c. **Membership:**
   ▪ Regional Medical Director, Health Alliance (Dr. Stephen Belgrave)
   ▪ Direct of Case Management, Carle Health System (Kate Morgan, RN, MHSA)
   ▪ Senior Case Manager, Social Worker, Health Alliance (Devin Richardson)
   ▪ Practicing Behavioral Health Practitioner, Carle (Katherine Kwiatkowski, MD)
   ▪ Practicing Primary Care Practitioner, Carle (Carl Sather, MD)

   Non-voting:
   ▪ Accreditation Manager, Health Alliance (Christine Freehill)

d. **Reporting:** Reports to Medical Director Committee and Population Health Committee

e. **Responsibilities** (*denotes accreditation/regulatory requirements**):**
   ▪ Advise Health Alliance on issues related to improving continuity and coordination of care between medical care and behavioral health care.*
   ▪ Review HEDIS results for measures related to behavioral health care and advise Health Alliance on improvement opportunities and action plans.*
   ▪ Addresses any identified patient safety improvement opportunities around behavioral health.*
   ▪ Identify and recommend actions to improve access to behavioral health services.*

f. **Meets:** Monthly

g. **Minutes:**
   ▪ Generated for each meeting and approved by the committee
   ▪ Reflect the activity, discussion, analysis and recommendations of the committee

CONSUMER ADVISORY COMMITTEE – COMMERCIAL PRODUCTS

a. **Role:** Identifies and reviews consumer concerns and makes advisory recommendations to Health Alliance. In addition, Health Alliance makes requests of the committee to provide feedback to proposed changes in plan policies and procedures, programs, materials and processes, which will affect enrollees. Regulatory Requirement: 215 ILCS 134//75 Managed Care Reform and Patient Rights Act. Sec. 75. Consumer Advisory Committee.

b. **Chairperson:** Elected by the committee.

c. **Membership:**
Eight (8) enrollees selected as required by law. An enrollee may not serve on the committee if during the two (2) years preceding service the enrollee: (1) has been an employee, officer, or director of the plan, an affiliate of the plan or a provider or affiliate of a provider that furnishes health care services to the plan or affiliate of the plan; or (2) is a relative of a person specified in item (1). Four (4) enrollees will serve a two-year term and four enrollees a one year term. After the term expires, Health Alliance will re-appoint or appoint an enrollee to serve on the committee for a two-year term.

Resources to the Committee:
- Chief Compliance and Risk Officer, Health Alliance (Scott McAdams)
- Regulatory Compliance Manager, Health Alliance (Lisa Goodpaster)
- Chief Medical Officer Health Alliance (Robert Good)

d. **Reporting:** Reports to the Members' Rights and Responsibilities Committee.

e. **Responsibilities:**
- Identify and review consumer concerns and make advisory recommendations.
- Provide feedback to proposed changes in plan policies and procedures which will affect enrollees.
- Identify and recommend improvement of Health Alliance membership and educational materials.
- Provide input and recommendations for coverage issues.

f. **Meets:** Quarterly

g. **Minutes:**
- Generated for each meeting and reviewed/approved by the committee.
- Reflects the activity, discussion, and decision of the committee, as well as follow-up and resolution of prior recommendations.
- Reported to the Members' Rights and Responsibilities Committee.

CREDENTIALING COMMITTEE

a. **Role:** Primary responsibility is to review all credentialing and recredentialing files and determine approval or denial of individual practitioners and facilities at the time of initial credentialing and recredentialing.

b. **Chairperson:** Regional Medical Director, Health Alliance (Dr. Stephen Belgrave)

c. **Membership:**
- Associate Chief Medical Officer, Health Alliance, (Dr. John Beck)
- Regional Medical Director, Health Alliance (Dr. James Burke)
- Associate Medical Director, Northwest (Dr. Tanny Davenport)
- Associate Medical Director, Health Alliance (Dr. Michael Johnson)

Consulting Members:
- Women's Health Physician
- Surgical Services Physician, Carle (Dr. Sherfield Dawson)
- Otolaryngology Physician, Carle (Dr. Ryan Porter)
- Associate Medical Director, Carle (Dr. Ken Sagins)

Non-Voting:
- Accreditation Manager, Health Alliance (Christine Freehill)

d. **Reporting:**   Reports to the Medical Director Committee

e. **Responsibilities** (*denotes accreditation/regulatory requirements**):**
- Reviews all materials, including patient safety/quality issues, relevant to an applicant regarding credentialing and recredentialing issues as identified in the Health Alliance credentialing policies and procedures.*
- Determines approval or denial status as a Health Alliance participating practitioner or facility.*
- Reviews and revises all policies and procedures related to credentialing and recredentialing activities at a minimum annually.*
- Oversees quality monitoring deficiencies for all providers outside the recredentialing cycle, including LTSS providers.*

f. **Meets:** Bimonthly

g. **Minutes:**
- Generated for each meeting and approved by the committee.
- Reflect the activity, discussion, analysis and recommendations of the committee as well as follow-up and resolution of prior recommendations.

MEDICAL DIRECTORS' COMMITTEE (MDC)

a. **Role:** Primarily responsible for oversight and review of medical management activities and strategic planning for initiatives that will enhance the provision of care.

b. **Chairperson:** Chief Medical Officer, Health Alliance (Dr. Robert Good)

c. **Membership:**
   - Associate Chief Medical Officer, Health Alliance (Dr. John Beck)
   - Regional Medical Director, Health Alliance (Dr. James Burke)
   - Regional Medical Director, Health Alliance (Dr. Stephen Belgrave)
   - Medical Directors, Health Alliance (Dr. Dumich, Dr. Johnson, Dr. Charles Liang, Dr. Ken Sagins, Dr. John Zech)
   - Medical Directors, Health Alliance Northwest (Dr. Richard Hourigan, Dr. Davenport and Dr. Haughton)

   Non-voting:
   - Medical Management Project Coordinator (Diana Hasler)

d. **Reporting:** Reports to the Quality Improvement Committee for NCQA requirements only.

e. **Responsibilities** (*denotes accreditation/regulatory requirements**):**
   - Review medical policies at least annually.*
   - Oversee the review of information involving new technologies and/or treatments.*
   - For medical policy and new technology and/or treatment reviews, obtain input from participating providers, as needed.*
   - Reviews credentialing committee actions for credentialing and recredentialing of providers.
   - Reviews appeal decisions from External Review Organizations (EROs) to determine if changes in current criteria/medical policies are indicated.*
   - Oversees review of inter-rater reliability reports for applying UM criteria and validity including sampling methodology used when selecting records eligible for inter-rater reliability testing.*
   - Reviews and approves department policies presented for new or changed UM activities or processes*At least annual assessment of practitioner's experience with the UM processes*.
   - Discusses UM issues and may recommend further review by QM Leadership.* ▪ Timeliness of UM decisions*

f. **Meets:** Monthly. Reports summary of activities to QIC

g. **Minutes:**
   - Generated for each meeting and approved by the committee.
   - Reflect the activity, discussion, analysis and recommendations of the committee as well as follow-up and resolution of prior recommendations.

MEDICAL POLICY COMMITTEE (MPC)

a. **Role:** To review and provide practitioner input on new and updated criteria, medical policies, and policies and procedures.

b. **Chairperson:** Associate Chief Medical Officer, Health Alliance (Dr. John Beck)

c. **Membership:**
- Regional Medical Director, Health Alliance (Dr. Stephen Belgrave)
- Regional Medical Director, Health Alliance (Dr. James Burke)
- Medical Specialist (Dr. Brent Kaufmann)
- Rural Health Practitioner (Dr. Erich Slocum)
- Director of Utilization Management, Health Alliance (Dawn Peterson)

    Non-Voting
- Medical Management Project Coordinator (Diana Hasler)

d. **Reporting:** Provides feedback to the Medical Directors' Committee, as needed

e. **Responsibilities:**
- Review case requests for new technology based on literature with recommendations based on area of expertise.
- Review and updates to policy and procedures with recommendations based on area of expertise.
- Review inter-rater reliability reports for applying UM criteria and validity including sampling methodology used when selecting records eligible for inter-rater reliability testing.

f. **Meets:** Monthly

g. **Minutes:**
- Generated for each meeting and approved by the committee.
- Reflect the activity, discussion, analysis, and recommendations of the committee as well as follow-up and resolution of prior recommendations.
- Reviewed by Corporate Medical Directors' Committee monthly and shared with the Quality Improvement Committee.

MEDICARE ADVISORY BOARD

a. **Role:**   The Medicare Advisory Board (MAB) for Health Alliance Medicare established to provide beneficiaries a forum where ideas, concerns, and suggestions could be shared and discussed; and to have input into program planning and product development. The primary mission of the Board is to facilitate open communication between plan leadership and members. The Board is a crucial source of insights related to member issues and concerns, product development needs and service requirements. Members have the opportunity to influence decision-making by providing feedback to proposed changes in plan policies and procedures, which will impact beneficiaries.

   Health Alliance Medicare currently has MABs with membership representative of the following areas:
   - Illinois
   - North Central Washington
   - Yakima County, WA

b. **Chairperson:**   Director of Consumer Products Service, Health Alliance

c. **Membership:** The Board shall consist of up to 12 Medicare Advantage members who hold active membership on a Health Alliance Medicare plan. To be selected for the Advisory Board, individuals must be articulate about issues and needs and be willing to commit to participation. There are no set terms of membership. Membership on the advisory board will remain in effect until such time as the member or Chairperson deems otherwise. Health Alliance representatives shall include:
   - Director of Consumer Products Service Member Service Representative and/or Member Retention Analyst
   - Communications Coordinator

   Health Alliance Resources to the Board:
   - Vice President of Sales and Retention,
   - Vice President of Government Programs
   - Director of Consumer Sales
   - Compliance Programs Manager
   - Community Liaisons

d. **Reporting:** Reports to the Members' Rights and Responsibilities Committee.

e. **Responsibilities:** The Board functions in an advisory capacity only. The Board will serve as a mechanism to: ▪ Provide ongoing member feedback on services, regulations, policies and procedures
   - Evaluate current products and services
   - Identify new/alternative services and products
   - Determine areas, products, or services that may need to be changed and/or improved ▪ Serve as an issues forum
   - Determine member priorities and needs

f. **Meets:** Meeting frequency may be altered to meet the needs of Board members and Health Alliance staff. ▪ Illinois – Quarterly
   - Washington (Confluence) – Tri-annually
   - Washington (Yakima) – Tri-annually

g. **Minutes:**
   - Generated for each meeting and reviewed/approved by the Chairperson.
   - Reflects the activity, discussion, and decision of the committee, as well as follow-up and resolution of prior recommendations.
   - Reported to the Members' Rights and Responsibilities Committee.

MEMBERS' RIGHTS AND RESPONSIBILITIES COMMITTEE (MRRC)

a. **Role:** To assist in maximizing the value of our members'' health care by monitoring available reports and information and making recommendations for improvement to the Quality Improvement Committee. Information reviewed includes but is not limited to: complaints and appeals data, MRR policies and procedures, member/enrollee communications, prospective member/enrollee communications, member/enrollee satisfaction survey results (CAHPS® and new member/enrollee surveys), disenrollment survey results, cultural and linguistic service needs, provider access data, and service-related Key Performance Indicators.

b. **Chairperson:** Accreditation Manager, Health Alliance (Christine Freehill)

c. **Membership:**
   - Vice President of System Quality, Carle (Hope Brown, RN, MSHA, MSN, CPHQ)
   - Chief Compliance and Risk Officer, Health Alliance (Scott McAdams)
   - Executive Director of Quality Management, Health Alliance (Jane Elliott, MHSA, CPHQ)
   - Director of Communications, Health Alliance (Dana Meek)
   - Director of Consumer Products Service, Health Alliance (Jennifer Marquardt)

   Ad-Hoc Members:
   - Director of Claims and Recovery, Health Alliance (Lisa Parker)
   - Director of Pharmacy, Health Alliance (Brian Smolich)
   - Member/Provider Resolutions Manager, Health Alliance (Debbie Burr)

d. **Reporting:** Reports to the Quality Improvement Committee and confidentiality issues to Compliance Committee.

e. **Responsibilities** (*denotes accreditation/regulatory requirements**):**
   - Facilitate mutually respectful relationships with members and providers through an established statement of members' rights and responsibilities.*
   - Review member/enrollee complaints and appeals data and provider appeals (annually) to identify trends, provide recommendations for improvement as needed. Monitor development, implementation and tracking of applicable policies and procedures.*
   - Ensure member materials contain information needed to understand benefit coverage and obtain care.*
   - Ensure communication (written and oral) with prospective members clearly outline benefits and provides a description of Health Alliance operating procedures.*
   - Ensure cultural and linguistic needs of members/ are assessed annually and addressed to ensure cultural competence of all staff.*
   - Review findings of member and practitioner satisfaction surveys (at least annually) to identify trends and opportunities for improvement.*

f. **Meets:** Every other month

g. **Minutes:**
   - Generated for each meeting and approved by the committee.
   - Reflect the activity, discussion, analysis and recommendations of the committee.
   - Shared with the Quality Improvement Committee, which reports up to the Health Alliance Board of Directors.

PHARMACY AND THERAPEUTICS COMMITTEE

a. **Role:** Provides guidance for pharmacy utilization for Health Alliance providers.

b. **Chairperson:**   Pharmacy Director, Health Alliance (Brian Smolich)

c. **Membership:**
 Voting:
   - Family Practitioner and Psychiatrist, Carle (Dr. Kevin Brazill)
   - Regional Medical Director, Health Alliance (Dr. Stephen Belgrave)
   - Internal Medicine Practitioner, Christie Clinic (Dr. Kathleen Collins)
   - Manager Care Pharmacists, Signal Health Washington (Ryan Taketomo)
   - Long Term Care Pharmacist, Christian Homes Nursing Homes (John Rupkey)
 Non-Voting:
   - Rheumatologist, Carle (Dr. Mehmoodur Rasheed)
   - Gastroenterologist, Carle (Dr. Nelson Moy)
   - Oncologist, Carle (Dr. Maria Grosse-Perdekamp)
   - Neurologist, Carle (Dr. Graham Huesmann)
   - Endocrinology, Carle (Dr. Kingsley Onyemere)
   - Pediatrics, Carle (Dr. Donald Davison)
   - Cardiology, Carle (Dr. Morteza Farasat

d. **Reporting:** Reports to Medical Directors Committee.

e. **Responsibilities (***denotes accreditation/regulatory requirements)**:**
   - Annual review of the pharmacy program and PBM oversight*.
   - Maintain and establish a formulary*.
   - Reviews and updates pharmaceutical management policies and procedures annually based on new technologies.*
   - Approves or disapproves medications including biotechnology and medications. Medication on the formulary may be removed or have its status changed.*
   - May, from time to time, determine that a prior approval guideline should be developed and implemented.
   - May establish guidelines for criteria based medications.*
   - Establish and implement a Drug Utilization Evaluation (DUE) program.*
   - Designate a Task Force or Subcommittee to study particular prior approval guideline.*
   - Ensure an appeal process for pharmacy issues is maintained.*

f. **Meets:** Bimonthly

g. **Minutes:**
   - Generated for each meeting and approved by the Chairman.
   - Reflects the activity, discussion, analysis, and recommendations of the committee as well as followup and resolution of prior recommendations.
   - Distributed to the Medical Director Committee, key directors and managers at Health Alliance.
   - Provided to Communications Dept. to include a summary of minutes to all Health Alliance practitioners

POPULATION HEALTH COMMITTEE

a. **Role**: To review HEDIS data, monitor current interventions, identify areas to target for improvement, recommend specific actions to bring about that improvement and drive discussion to improve care and service to all members.

b. **Chairperson**: Associate Medical Director, Health Alliance (Dr. Charles Liang)

c. **Membership**:
   - Medical Director Population Health, Carle (Dr. Timothy Meneely)
   - Medical Director, Northwest (Dr. Richard Hourigan)
   - Vice President System Quality, Carle (Hope Brown, RN, MSHA, MSN, CPHQ)
   - Executive Director of Quality Management, Health Alliance (Jane Elliott, MHSA, CPHQ)
   - Director of Population Health, Carle (Sue Reardon)
   - Director of Medical Management Analytics, Health Alliance (Vacant)

   Non-Voting:
   - QM Administrative Assistant, Health Alliance (Amber Millburg)

d. **Reporting**: Reports to the Quality Improvement Committee

e. **Responsibilities**:
   - Review results of HEDIS Prevention/Screening, Chronic Care, Medication Management and Respiratory
   - Recommend improvements and evaluate impact on measures
   - Work with Carle and Provider partners to promote improvements and impact

f. **Meets**: Monthly

g. **Minutes**:
   - Generated for each meeting and approved by the committee at the next scheduled meeting.
   - Reflect the activity, discussion, analysis and recommendations of the committee as well as followup and resolution of prior recommendations.

HEALTH ALLIANCE ILLINOIS, INDIANA and IOWA STARS STRATEGIC WORKGROUP

a. **Role**: Develop, implement, and monitor an ongoing quality improvement plan for IL and Midwest Medicare star ratings

b. **Chairperson**: Director, Star Program, Health Alliance (Kena Hahn)

c. **Membership**
   - Chief Medical Officer, Health Alliance, (Robert Good, DO)
   - Vice President of Medical Management, Carle (April Vogelsang, RN, MS)
   - System Vice President of Quality, Carle (Hope Brown, RN, MSHA, MSN, CPHQ)
   - Clinical Pharmacist Medicare Advantage, Health Alliance (Tamara Migut)
   - Director of Consumer Product Services, Health Alliance (Jennifer Marquardt)
   - Compliance Programs Manager, Health Alliance (Traci Jensen)
   - Member/Provider Resolutions Manager, Health Alliance (Debbie Burr)
   - Star Coordinators, Health Alliance (Reba Karr, Danielle Daly, and Emily Wells)
   - Director, Provider Relations, Health Alliance (TBD)

d. **Reporting**: Reports to the Quality Improvement Committee

e. **Responsibilities:**
   - Develop, implement, and monitor interventions for Illinois/Indiana and Iowa stars measures
   - Reviews Part C and Part D Star Ratings
     - Develop and implement interventions to achieve 5 star rated health plan
     - Review and develop intervention strategies directed towards members and providers
     - Monitor and review the CCIP and QIP plans
     - Analyze changes to future Star Ratings and Display Measures
     - Review new Health Plan benefits and analyze the impact to Star Ratings
     - Promote accountability and collaboration between departments
     - Promote collaboration with Carle, our largest provider network, and other at risk and rural alliance partners
     - Review and adjust plan and interventions based on market need

f. **Meets**: Monthly

g. **Minutes**:
   - Generated for each meeting and approved by the committee at the next scheduled meeting.
   - Reflect the activity, discussion, analysis and recommendations of the committee as well as follow-up and resolution of prior recommendations.

HEALTH ALLIANCE NORTHWEST (Washington) QI Subcommittee

a. **Role:** Primary responsibility is to provide implementation, coordination, monitoring of Health Alliance Northwest quality improvement initiatives as defined by the Health Alliance Quality Improvement Committee.

b. **Chairperson:** Medical Director, Health Alliance Northwest (Dr. Richard Hourigan)

c. **Membership:**
   - Confluence Health Representatives
   - Signal Health Representatives
   - Physicians of Southwest Washington Representatives
   - QI Coordinator, Health Alliance (Katie Bonomo)
   - Clinical Services Delegation Manager, (Laurie Howard)
   - Accreditation Manager, Health Alliance (Christine Freehill)
   - Executive Director of Quality Management, Health Alliance (Jane Elliott, MHSA, CPHQ)
   - Director, Star Program, Health Alliance (Kena Hahn)
   - Ad-Hoc representatives, as needed

d. **Reporting:** Reports to the Health Alliance Quality Improvement Committee

e. **Responsibilities** (*denotes accreditation/regulatory requirements)**:**
   - Communicate the implementation for quality improvement activities for care and service specific to HANW*
   - Continuously monitor data from quality improvement activities (including CAHPS and other surveys/reports) as outlined in the annual work plan and recommend appropriate action for HANW.*
   - Evaluate and allocate resources for quality improvement activities, including resources needed to impact Star ratings and NCQA rankings.*
   - Review new NCQA standards and make recommendations, as needed.*
   - Review HEDIS rates, reporting findings from the annual HEDIS audit, and assess actions based on results.*
   - Review Part C and Part D HANW Report Cards (Star Ratings)*
   - Develop and implement interventions to achieve a 5 star rated health plan directed towards members and providers.
   - Monitor HANW Quality Improvement Projects (QIP) and Chronic Care Improvement Programs (CCIP) for HANW*

f. **Meets:** Monthly

g. **Minutes:**
   - Generated for each meeting and approved by the committee.
   - Reflect the activity, discussion, analysis and recommendations of the committee, as well as follow-up and resolution of prior recommendations.

HEDIS Operational Lead Team

a. **Role**: To review HEDIS results and monitor current interventions, identify areas to target for improvement, recommend specific actions to bring about that improvement and drive discussion to improve care and service for to all members.

b. **Chairperson**: Executive Director, Quality Management, Health Alliance (Jane Elliott MHSA, CPHQ)

c. **Membership**:
   - Accreditation Manager (Christine Freehill)
   - Prevention and Wellness Coordinator, Health Alliance (Season Barrett)
   - Communications Liaison, Health Alliance (Kathleen Jackson)
   - Pharmacist, Health Alliance (Mark Balanger)
   - QM Vendor and Specialist, Health Alliance (Paula Wingler)
   - QM Project Manager, Health Alliance (Deb Carruthers, RHIA, CPHQ)
   - Provider Services Coordinator, Health Alliance (Jill Ducey)
   - Star/QI Coordinators (Reba Karr) (Katie Bonomo) (Danielle Daly)

d. **Reporting**: Reports to the Population Health Committee

e. **Responsibilities**:
   - Review results of HEDIS Prevention/Screening, Chronic Care, Medication Management and Respiratory
   - Recommend improvements and evaluate impact on interventions
   - Work with Carle, through primary care medical home/population heal, and Provider partners to promote improvements and identify interventions for designated populations.

f. **Meets**: Monthly

g. **Minutes**:
   - Generated for each meeting and approved by the committee at the next scheduled meeting.
   - Reflect the activity, discussion, analysis and recommendations of the committee as well as follow-up and resolution of prior recommendations.

Approval

The Quality Improvement Committee (QIC) approved the first QI Program on May 24, 1994. The QIC reviews and revises the QM Program document at least annually. After review and approval by the QIC, the program is submitted to the Health Alliance Medical Plans Board for final approval. As of August 2001, the Health Alliance Board designated this function to the newly formed Quality Committee. Approval dates are reflected in the following chart.

QM Program	QIC Annual Approval Date
2018	January 23, 2018
2017	February 9, 2017
2016	January 14, 2016
2015	February 13, 2015
2014	January 9, 2014
2013	December 21, 2012

Delegation

If quality improvement, utilization management, or credentialing activities are delegated to another organization or provider group, strict procedures for assessing and monitoring the delegation relationship through the quality improvement committee or its designee are followed, including:

- Pre-delegation agreement
- Pre-delegation evaluation to determine scope and current capabilities
- Formal, written contract and description of roles and responsibilities for both parties
- Specified regular reporting by delegate to Health Alliance
- Annual oversight audit with appropriate follow-up for deficiencies
- Review and approval of delegates' pertinent program descriptions, policies and procedures

At present, Health Alliance delegates credentialing to entities; the HRA and self-assessment tools to Rally; and complex case management for designated provider partners.

CONFIDENTIALITY AND CONFLICT OF INTEREST

QI information is considered confidential and handled in accordance with Health Alliance confidentiality policies and procedures. Health Alliance employees and committee members sign a confidentiality and conflict of interest statement, as applicable, on an annual basis.