



COMMUNITY
HEALTH NETWORK
OF WASHINGTON



COMMUNITY HEALTH PLAN
of Washington™

Quality
Improvement
Program
Description

January 1 – December 31

2017

A written description of Community Health Plan of Washington's (CHPW) Quality Improvement Program activities, structure, and oversight.

APPROVALS

Approving Body:	Date:
CHNW Network Quality Committee	2/16/17
CHPW Plan Quality Council	3/2/17
Board of Directors	3/23/17

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Background, Mission, Vision, Values

Community Health Plan of Washington (CHPW) is a wholly controlled affiliate of Community Health Network of Washington (CHNW). CHNW is comprised of 19 Washington-based Community Health Centers (CHCs). The majority of CHPW's roughly 300,000 health plan members are assigned to CHNW member center clinics for the receipt of primary care services. In addition to primary care, CHNW member centers offer behavioral services at over 70% of their sites.

The shared vision of CHPW and CHNW is to: ***“Enhance access to patient-centered care in a fiscally responsible manner while assuring that all efforts amplify the community health center mission.”*** Both organizations subscribe to the same set of core values as a means to prioritize activities to achieve our strategic and quality goals. In furtherance of our shared vision, CHPW and CHNW aspire to achieve the Quadruple Aim in health care delivery and health plan services, as defined by the Institute for Healthcare Improvement (IHI): enhancing patient experience, improving population health, reducing costs, and improving care team satisfaction.¹

CHNW's Mission is to improve the health status of our communities through the provision of high-quality, affordable, community-based health care to underserved individuals and families, and sustain the network of community health centers and affiliated businesses.

CHPW's Mission is to deliver accessible managed care services which meet the needs and improve the health of our communities, and make managed care participation beneficial for community-responsive providers

Core Values:

1. Excellence in service to our members, providers, and each other is our highest priority.
2. Every person, every idea counts.
3. We expect individual accountability for behavior. We share team accountability for performance.
4. Resource management and productivity are everyone's responsibility.

Purpose

The Quality Improvement Program Description describes the areas of focus, scope, activities, functions and structure of CHPW's Quality Improvement Program (i.e., the Program). The Program exists to foster data-driven, continuous improvement in programs and services that impact the quality of care and service to CHPW's members.

Scope

The scope of the Program includes all CHPW lines of business including Medicaid (Apple Health) and Medicare Advantage (including our Dual Eligible Special Needs Plan [SNP]), and Health Benefit Exchange

¹ Bodenheimer, MD, Thomas and Sinsky, MD, Christine. *From Triple Aim to Quadruple Aim: Care of the Patient Requires Care of the Provider.* Annals of Family Medicine. **November/December 2014** vol. 12 no. 6 **573-576**. <http://www.annfammed.org/content/12/6/573.full>

(HBE) products. Quality performance oversight is not a function that is delegated to any other organization.

Authority

The Board of Directors has ultimate responsibility for quality of care, and reviews and approves the Program documents as discussed in the oversight section. The work in achievement of the Program is assigned to CHPW's Quality Management Department. The Program is integrated into the activities of both CHPW and CHNW, which includes interactions with CHPW internal departments as well as CHNW and affiliated providers whose work is essential to the Program's success.

Areas of Focus

The Program is designed to objectively monitor, systematically evaluate and effectively improve the health and care of those being served. CHPW's Quality Management Department manages the Program and oversees activities undertaken by both CHPW and CHNW to achieve improved health of the covered population. The Program's areas of focus for 2017 are based on ***overarching goals of assuring quality and safety of clinical care, as well as achieving industry-leading member experience, quality of service and provider experience***. Nearly every program and function at CHPW is essential to these overarching goals. The Program's monitoring process is setup up to detect any changes in these core programs in order to maintain expected standards of quality performance. Detailed descriptions of the core programs (i.e. utilization management, clinical practice guidelines) can be found in Quality Improvement Program Annual Work Plan and Tracker (QIP Work Plan). Therefore, the Program outlined herein focuses on the new initiatives scheduled to be implemented or scaled up this calendar year. The Program is designed to be flexible, such that should the Program detect a need for a new intervention mid-way through the year, it would be reflected in the QIP Work Plan and described in the Evaluation.

Focus Area 1: Quality of Clinical Care

As part of its mission, CHPW aims to improve the health of the communities we serve. Delivery of the right care at the right time in the right place is at the core of Focus Area 1. It is essential that CHPW members receive the best clinical care and support services to achieve improved clinical outcomes. ***CHPW uses data and a population-based approach to coordination of care, behavioral health integration, and clinical outcomes.*** Below are the core programs and functions, objectives, and description of the new initiatives.

A. Coordination of Care

There is clear evidence that coordination of care is a foundation for engaging populations with complex health needs and improving their health outcomes. The new initiatives described below will strengthen the continuum of coordination of care services offered by CHPW.

Core programs and functions: Care Coordination; Complex Case Management; Disease Management; Initial and Annual Health Appraisal; In-home Health Risk Assessment; and Utilization Management.

Objective of new initiatives: Improve coordination of care such that members receive the right care, at the right time, in the right place.

NEW INITIATIVE 1.A.1: Medical Management Optimization. By the end of the year, CHPW will bring the medical management functions that are currently being performed by our vendor partner, Health Integrated, under our direct management and control. This effort will transform how CHPW supports our members and providers in the delivery of care. These services include utilization management, care coordination, case management and disease management and are core to operational excellence.

NEW INITIATIVE 1.A.2: In 2016, CHPW created the **Model of Care (MOC)** innovation team. This team developed a member risk stratification model and strives to identify and activate CHPW and CHNW clinical programs as well as community support services appropriate for each member's needs. Our MOC work supports our overarching goal of ensuring that members receive the right care, at the right time, by the right team, in the right place and supports members' progression through stages of chronic conditions, injury or event. The MOC team works in collaboration and partnership with CHNW member centers. In 2016, CHPW began three pilots with three CHCs. Plans for 2017 include expansion of the existing pilots within their local sites and scaling up with three new pilot sites by the end of the year. In addition to being on our 2017 QIP Work Plan, this initiative is featured on both CHPW's and CHNW's 2017 Strategic Plans.

NEW INITIATIVE 1.A.3: Health Home Program Expansion. Washington State's Medicaid agency (Health Care Authority) has mandated the expansion of the Health Homes programs to two additional counties, effective April 2017. We believe this to be an important program in the continuum of services available to higher risk members, under our MOC framework. In fact, we are interested in understanding whether there is value for CHPW to expand Health Homes services to sub-populations beyond those who meet the defined eligibility criteria. As such, our 2017 QIP Work Plan includes both the expansion of the program, as well as evaluation of the existing program to analyze the value of expanding the program's scope in 2018.

NEW INITIATIVE 1.A.4: Health Coaching and Service Connection from Community Health Workers (CHW) is designed to engage and reduce barriers for CHPW's highest risk members with complex health needs in King, Pierce and Yakima counties. Under this program, CHWs locate hard to reach members for the purpose of connecting them with primary care and other social support services. The CHW program began as a pilot in 2016. This year, the Program will analyze its effectiveness in order to decide whether to (1) continue to offer the services; (2) adapt the service; (3) and expand to additional counties.

NEW INITIATIVE 1.A.5: The Chronic Disease Management with Pharmacists Pilot supports the chronic disease management programs in the CHNW CHCs where pharmacists can see patients as a provider. Underway in three CHCs, CHPW has ensured pharmacists can register as credentialed providers and submit medical claims for Chronic Disease Management visits (similar to other mid-level providers). In 2017, CHPW will evaluate the pilots in conjunction with the CHCs and identify opportunities for expansion to additional CHCs.

B. Behavioral Health Integration

Behavioral Health Integration continues to be a primary focus point for CHPW in 2017. Ten years ago, CHPW pioneered the Mental Health Integration Program (MHIP) to implement the Collaborative Care Model by placing behavioral health care coordinators in CHNW CHC sites. In April 2017, CHPW became one of two Washington MCOs offering fully integrated Medicaid managed care in the Southwest Washington region under the Health Care Authority's early adoption of Fully

Integrated Managed Care (FIMC) wherein behavioral healthcare services formerly carved out of the Medicaid managed care benefit are now included.

Core programs and functions: Mental Health Integration Program; Potentially Preventable Readmissions Project.

Objective of new initiatives: Increase behavioral health integration and improve behavioral health status of CHPW population in the Southwest Washington region.

NEW INITIATIVE 1.B.1: FIMC Adult Performance Improvement Project (PIP). Our Health Care Authority contract requires two FIMC-specific PIPs, one for adults and one for children. In 2017, for the Adult PIP, CHPW will investigate the effectiveness of a peer bridger-like program as an intervention to improve care transitions between settings, such as transitioning from an Evaluation and Treatment facility to a community-based residential setting. Peer bridger programs employ community health workers or peers within the community to provide services and support.

NEW INITIATIVE 1.B.2: FIMC Child PIP. Similarly to the FIMC Adult PIP, CHPW is in process of researching and designing a child-focused PIP for implementation and evaluation in 2017.

NEW INITIATIVE 1.B.3: Adherence with Antipsychotic Medication Regimen. CHPW has created an initiative to identify members with schizophrenia who do not appear to be following prescribed treatment. The intervention includes contacting each member's provider and deciding on the appropriate member outreach strategy. In 2017, CHPW will evaluate this pilot for effectiveness.

NEW INITIATIVE 1.B.4: Outpatient Emergency Department Intervention. CHPW is in the process of developing a mechanism to identify and intervene with members who visited an emergency department for a behavioral health issue. The planned intervention includes contacting members directly in order to connect them with outpatient care and behavioral health care management services, as indicated. We will test this pilot and monitor its effectiveness.

NEW INITIATIVE 1.B.5: BHO Data Sharing. At the start of FIMC in Washington in April 2016, the non-early adopting regions transitioned to a model whereby mental health and substance use disorder treatment services remain carved out of Medicaid managed care, but are combined under the auspices of regional Behavioral Health Organizations (BHOs). For 2017, we plan to work with one or two BHOs to develop data and information exchange protocols for the purpose of facilitating care coordination for individual members receiving physical health benefits as CHPW members and behavioral health benefits as BHO clients.

C. Clinical Outcomes

The initiatives listed under Coordination of Care are all designed to improve clinical outcomes. For 2017, we have two new initiatives that fall squarely in clinical outcome improvement, as described below.

Core programs and functions: Pay for Performance (P4P) Quality Incentive Program; Member Outreach, Rewards and Engagement (MORE) Program; Birthday Card Program; Children First™ Program; Practice Transformation Consulting.

Objective of new initiatives: Improve member health by increasing the number of members receiving evidence based, nationally tracked, preventive and health maintenance services.

NEW INITIATIVE 1.C.1: Pay for Performance (P4P) Quality Incentive Program. This year the Health Care Authority is implementing a Value Based Purchasing (VBP) framework for MCOs focusing on nine HEDIS measures. CHPW will adapt its P4P Program accordingly. The overall program features access and diabetic control measures on which we experienced significant deterioration in our HEDIS 2016 scores due to administrative issues described below in New Initiative 5.1. In 2017, in addition to addressing these key measures through our P4P program, we plan to develop measure-specific interventions we can promote and implement with our provider network and directly with members to support improvement on these measures. CHPW will focus efforts on improving access for all members as a key lever to improving other clinical outcomes (see Focus Area 3 for more details).

The P4P measures in 2017 include the nine VBP measures (underlined) and four additional measures outlined below. We aim to achieve at least the 75th percentile on each measure:

- Childhood Immunization Status (Combo 10)
- Well-child visits for 3, 4, 5 and 6 year olds
- Medication Management for Asthma at 50% (ages 5-11)
- Medication Management for Asthma at 50% (ages 12-18)
- Controlling High Blood Pressure
- Antidepressant Medication Management (Short-Term)
- Antidepressant Medication Management (Long-Term)
- Diabetics with HbA1C Poor Control (>9%)
- Diabetics Blood Pressure Control (< 140/90)
- Child Access to PCP (1-6)
- Child/Adolescent Access to PCP (7-19)
- Adult Access to PCP (20+)
- PCP Listening

NEW INITIATIVE 1.C.2: Medication Adherence Programs. In 2016, CHPW implemented two medication adherence programs that aim to improve adherence to chronic condition medications within the CHPW population. **ScreenRx** works directly with Medicaid and Medicare members with education, tools, and resources to improve and maintain adherence. **CHC Adherence Reports** work with our CHC care teams to provide data on Medicare and Medicaid members who, based on pharmacy refill data, have been identified as being either non-adherent to chronic medications or have not received a medication associated with a particular diagnosis. The reports are used by care teams to address adherence issues with patients.

Focus Area 2: Safety of Clinical Care

Existing initiatives are stable with no concerns. Throughout the year, the Program monitors performance and status of patient safety and will introduce new initiatives as warranted. Below are the core programs and functions that will be monitored regularly.

Objective of Core Programs: Maintain current level of patient safety through the ongoing monitoring of core programs and identification of opportunities for improvement.

Core Program: Monitor clinical quality concerns. CHPW ensures no harm or injuries come to patients from the care intended to help them. This objective is accomplished by the program's activities aimed at investigating potential quality issues (PQIs), investigating serious reportable adverse events (SRAEs), reporting and responding to Critical Incidents, and reviewing mortality rates. Clinical Quality Concerns are investigated and addressed in a timely manner, as is required by regulatory bodies. All investigations are reported to the Peer Review and Credentialing Committee to ensure proper sanctions are implemented if a pattern of adverse occurrences is identified.

Core Program: High Risk Medication Intervention. The High Risk Medication Intervention uses pharmaceutical claims data to generate member-level reports to network providers. The report lists Medicare members who are prescribed medications that are identified as being on the BEERS list as a high risk medication in the elderly that should be avoided. The report includes information on the member; provider; currently prescribed high risk medication; the clinical rationale for avoidance of use in the elderly; and preferred alternatives. The report is distributed on a quarterly basis.

Core Program: Patient Review and Coordination Program. The Patient Review and Coordination Program (PRC) is designed to control over-utilization and inappropriate use of medical services by patients. This program allows restriction of patients to certain providers, including Primary Care Providers (PCP), pharmacies, and hospitals per WAC 182-501-0135. The PRC program focuses on the health and safety of these patients, who are often seen by several different prescribers, have a high number of duplicate medications, use several different pharmacies, and may have high emergency room usage as well.

Core Program: Clinical Practice Guidelines. Promote clinical practice guidelines (CPG) to ensure appropriate care can improve quality and reduce cost. CPGs are reviewed, endorsed and approved by the Clinical Quality Improvement Subcommittee. CPGs are distributed on CHPW's provider portal.

Core Program: Medication Prescription Safety. CHPW conducts two medication prescription safety programs that, together, aim to maintain patient safety. The two programs comprise a comprehensive approach to medication prescription safety and thus are described here as a single initiative. The Drug Utilization Review (DUR) halts prescriptions at the pharmacy level by notifying the pharmacy of a potential duplication and requiring an intervention on the part of the pharmacist. The Personal Medication Coach program (for Medicare D MTM and Medicare D eMTM) works with members and providers directly to support medication management, which can address duplicate therapy. In 2017, these programs will continue and be evaluated for expansion to additional populations.

Focus Area 3: Quality of Service (Member Experience including Access to Care)

CHPW has a diverse membership across the state of Washington. Across all lines of business, CHPW covers nearly equal percentages of children ages 0 to 17 (47%) and adults 18 and older (53%) as well as male (48%) and female (52%). CHPW members span rural and urban communities, represent a broad racial and ethnic mix, and speak more than 12 different languages. These data underscore the need to effectively implement the Culturally and Linguistic Appropriate Service (CLAS) standards, a core initiative to ensure provision of effective, equitable, understandable, and respectful quality care and services that

are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. Below are the core programs and functions, objectives, and description of the new initiatives.

Core programs and functions: Crossroads Patient Satisfaction Survey; Member Outreach, Rewards and Engagement (MORE) Program; Birthday Card Program; Culturally and Linguistic Appropriate Service (CLAS) standards; Initial and Annual Health Appraisals; In-home Health Risk Assessments; Member Engagement Workgroup; Online Member Portal; Member Onboarding Project; Monitoring change requests; Service Quality Improvement Subcommittee.

Objective of new initiatives: Improve members' experience through increasing access to primary care services and communication around members' health conditions.

NEW INITIATIVE 3.1: Group visits. Given the well-described shortage of primary care physicians, access is something we strive to continually ensure and expand. In 2017, CHPW will research best practices in group visit models and operations, promote the concept to CHNW member centers, recruit pilot sites, and design and deploy a network intervention. Likewise, we will also continue to promote the concept of advanced access.

NEW INITIATIVE 3.2: Telehealth. Telehealth is another mechanism we have used successfully in partnership with the University of Washington (UW) for Psychiatry via the MHIP program and Dermatology via a pilot program with one CHC. However, Network providers remain unaware of the availability of these services, and UW is expanding the specialties available for telemedicine to include: burn, travel medicine, radiology, and stroke, as well as two consultation services including perinatal psychiatry and pain. Given CHPW's geographic reach covering large rural counties, specialty access is difficult for members and providers in those areas. In 2017, CHPW will promote increased use of telehealth services via continued network education and monitor the impact of such.

NEW INITIATIVE 3.3: MORE program pilot. In 2016, the MORE Program targeted 216,405 gaps in care and was successful in reaching 28,600 members and closing 6,992 gaps. In 2017, CHPW will evaluate the possibility of reshaping the MORE program from a retroactive system based on identifying non-compliant members to a proactive system encouraging all members to remain compliant with preventive services.

NEW INITIATIVE 3.4: Children First™ Program Pilot. Children First™ is a reward program for pregnant moms and children up to the age of 14 with a focus on prenatal care and Well Child visits. The goal of the program is to encourage wellness during important stages of growth and to influence behavior. The Prenatal Children First™ program rewards moms who have two visits during pregnancy with a gift card for an infant car seat. The Well Child Children First™ program rewards parents or guardians of eligible children for well child visits and immunizations with a gift card or a car seat (within the first year only). In 2017, CHPW began a pilot partnership with Amazon as the source of the gift cards. New features of the pilot include an automated system that clinic staff access at the time of member visits to provide immediate rewards to eligible members. The partnership with Amazon will also provide CHPW members a customized shopping experience and landing page.

Focus Area 4: Provider Experience

Key to CHPW's goal of achieving the Quadruple Aim is to ensure engagement with the provider network provides value and remains positive. In 2017, the Program aims to maintain or improve the provider experience in the network through the activities described below. CHPW believes that most of the programs described in other sections are also relevant to this area of focus, particularly: Model of Care, Chronic Disease Management with Pharmacists Pilot, and the Medication Adherence Programs. One new initiative that we anticipate could have a significant impact is described below.

Core programs and functions: Arcadia Analytics; Practice transformation consulting; Condition Prevalence Reporting; Chronic Condition Review Program.

Objective of new initiatives: Improve provider experience through refined data analytics; improved coordination and support of improvement initiatives.

NEW INITIATIVE 4.1: HEDIS Interim Reporting with the vendor General Dynamics Information Technology (GDIT) will enable the Program to access HEDIS rates on at least a quarterly basis for regular analysis. CHPW began the design of its HEDIS interim reporting in 2016 and will further refine the process and identify a mechanism to share this useful data with Network providers. The initial focus will be on designing this strategy for the new VBP measures discussed in 1.C.1 above.

Focus Area 5: Additional Initiatives

In addition to engaging in the initiatives listed above, this year we plan to make some foundational changes to the administrative processes integral to measuring our quality improvement performance. Ahead of last year's HEDIS measurement cycle, we converted to a new HEDIS vendor at the same time that we lost staff with HEDIS subject matter expertise. We believe these factors contributed to deterioration in our 2016 HEDIS scores in that, even though members received the expected care, we did not accurately capture that in the administrative and medical record data used as input to HEDIS measure numerators. An example of this is that Pediatric visits were not flagged as PCP visits, such that our measures of access to primary for children were understated by nearly twenty percentage points.

Objective of new initiatives: Improve measure performance by strengthening internal operations and promoting interventions with the Network.

NEW INITIATIVE 5.1: HEDIS Data Collection. In 2017, we plan to revamp our HEDIS data collection process, including reviewing and improving: a) our administrative data mapping; b) the configuration of our chart retrieval logic and prioritization; c) our retrieval staffing model to include more permanent, as opposed to temporary, staff; d) our training of our chart review team; and e) our communication with CHC partners. To date, we have already seen evidence of improvement in HEDIS administrative data rates as a result of these changes. In addition, HEDIS data collection will leverage existing connections with CHC partners via the Clinical Integration System (Arcadia Analytics). This will result in more accurate and complete information on our members because it includes electronic health record data and will enable the HEDIS team to target records more effectively. CHPW will activate a multi-department team that will compare annual specification and mapping changes to current state to evaluate differences and explore unexpected results. This multi-department team will manage data mapping, data integration and analysis, and perform quality assurance activities to ensure program integrity.

NEW INITIATIVE 5.X: Additional Initiatives. As in past years, we recognize that throughout the year we may encounter conditions that cause us to revise our planned initiatives. For example, the Health Care Authority issues contract amendments to MCOs approximately every six months. It is possible that the Health Care Authority may require a new, specific performance improvement plan. Another example is that each month our Population Management Oversight Committee (PMOC) reviews data for the purpose of identifying potential over and/or underutilization. Should the PMOC identify such, we could potentially design a new initiative to address that and insert that into our Quality Improvement Work Plan.

Annual Work Plan and Evaluation

CHPW documents and oversees the Program's work through the development, review and evaluation of the QIP Work Plan. The QIP Work Plan is used to track and measure progress and manage the Program's work over the course of the year. The QIP Work Plan details the objectives, initiatives, planned activities, anticipated time frames, persons responsible to deliver the work, and performance achieved by each initiative. It is a separate document and not embedded in this description.

The Annual Evaluation is used to assess the achievement and effectiveness of the prior year's Program objectives and initiatives detailed in the QIP Work Plan. The Evaluation includes: a quantitative analysis and trending of measures (where possible); identified potential and actual barriers to achieving goals; follow-up actions; recommendations for Program revisions based on the evaluation; and summary of the adequacy of resources, committee structure, physician participation, and leadership involvement. The annual evaluation is used to develop and prioritize activities for the next year's Program.

Organizational Structure

1. Program Staff

The Quality Management Department oversees the Program and is accountable to the governance bodies described in the Program Oversight section (below). The Quality Management Department resides within Medical Management Division of CHPW. Reporting to the Vice President of Population Health Management, the Quality Management Department coordinates across the Division, Plan and CHNW to achieve the annual objectives of the Program. The quality structure allows for input from key business areas and CHNW resources. Described below are the roles within the Quality Management Department.

See **Appendix A** for an organizational chart for the Quality Management Department.

A. Director of Quality Improvement

The Director of Quality Improvement is responsible for leading the enterprise-wide Quality Improvement Program in partnership with the Board of Directors, Executive Leadership Team (ELT), internal business partners, and other stakeholders. This includes directly managing the Quality Management Department and ensuring the Program meets the needs of CHPW and CHNW stakeholders, as well as accreditors and regulators.

B. Network Quality Leads

Network Quality Leads of the 19 CHNW CHCs are a valuable resource to the Program in that they ensure persons responsible for improving care in the delivery system are informing Program

decisions as well as informed of Program priorities. Network Quality Lead participation and decision making for the Program occurs through the quarterly Network Quality Committee.

C. Manager of Quality Analysis and Measurement

This position has oversight of all quality reporting and measurement of outcomes for improvement initiatives. The primary responsibility is to spearhead the coordination of the acquisition, integration, and optimization of data sources for data reporting purposes (ex. HEDIS, HOS, CAHPS). Analysis of reported measures is conducted regularly for the Program, regulatory bodies, committees of the Program, and in response to ad hoc requests.

D. Supervisors of Record Review and Retrieval

The Supervisor of Record Review supervises the medical record review (MRR) abstraction processes for key quality reporting functions, such as HEDIS and risk adjustment. This includes oversight of the integration of MRR data into key administrative systems. This position hires, trains, and supervises medical record reviewers and other staff for such processes. This position is also responsible for all activities required to support this work, including: provider or location identification; validation; and submissions to auditing and regulatory bodies as requested.

The Supervisor of Record Retrieval oversees the medical record collection and retrieval process for key quality reporting functions, such as HEDIS and risk adjustment. This includes oversight of records being integrated into key administrative systems for review. This role, hires, trains, and supervises specialists and other staff needed for such processes.

E. Record Retrievers and Reviewers

Record retrievers identify and collect medical records for review for HEDIS and risk adjustment from the CHPW provider network. The team of record retrievers follows standard procedures for retrieval and storage of required medical records.

Record reviewers conduct medical record review and abstraction processes for HEDIS and risk adjustment. The team of reviewers follows standard review, documentation, and validation procedures to ensure comprehensive review is achieved.

F. Program Manager of Quality Analysis and Reporting

The Program Manager of Quality Analysis and Reporting is responsible for implementing efforts for optimal data acquisition, integration and reporting for key quality metrics. This includes supervision of analytic resources to provide ad hoc, interim and project-specific reporting on quality measures. Primary focus is on project management for successful HEDIS procedures.

G. Quality Analyst

The Quality Analyst is responsible for the aggregation, analysis and reporting of quality-related measurement data. Analysis of reported measures is conducted regularly for regulatory bodies, the committees of the Program, and ad hoc requests. This position supports the Program by producing analysis and reporting to inform effective improvement strategies.

H. Program Manager of Risk Adjustment and Reporting

The Program Manager of Risk Adjustment Reporting is responsible for coordinating processes to report on and improve the accuracy of documentation of chronic conditions. This includes offering reporting solutions to network providers, as well as partnering across teams to improve processes,

reporting, and ultimately CHPW member severity score ratings that more accurately reflect the health status of our members.

I. Manager of Health Improvement

The Manager of Health Improvement is responsible for leading the team that develops and implements member-focused initiatives to achieve optimal member engagement and activation in managing their own health. Areas of focus include, but are not limited to, community-based outreach, member incentives, wellness programs, and culturally appropriate services. The position also manages the quality performance staff that are dedicated to regulatory oversight.

J. Health Improvement Program Managers and Senior Specialists:

The Program Manager of Healthy Living is responsible for implementing and reporting on initiatives to improve member health through enhancing member activation and engagement. This position develops and implements project plans for multi-media interventions to members using state-of-the-art interventions and technology.

The Senior Specialist of Health Disparities is responsible for implementing and reporting on initiatives to reduce health disparities in vulnerable populations. This position leads projects that support Cultural and Linguistic Appropriate Services (CLAS). This includes implementing interventions that address: 1) cultural and linguistic barriers; and 2) health literacy needs for populations at-risk for or experiencing health disparities.

The Senior Health Improvement Specialist is responsible for leading member engagement programs for those members needing services in the community. This position oversees community-based interventions that aim to improve the health and wellness status of members, such as: community health worker (CHW), in-home health assessments, and smoking cessation services.

K. Quality Performance Specialist

The Quality Performance Specialist supports the implementation of CHPW's NCQA accreditation, performance dashboard, and QIP Work Plan. This position also supports the Program's oversight committees, including developing reports and materials, taking meeting minutes, and distributing these items. This role partners with internal business owners and engages other stakeholders as directed to ensure all accreditation standards and regulatory requirements are met.

L. Manager of Care Improvement

The Manager for Care Improvement leads the team responsible for identifying and promoting improvement initiatives at CHC sites. The network-facing team engages directly with CHC Quality Leads to support improvement in quality of care programs. Improvements are achieved using a practice coaching model, data reporting and technical assistance, promoting PCMH, and management of the P4P program. This role also leads the team in resolving Quality Concerns (including potential quality incidents, healthcare acquired conditions, critical incidents, and peer review).

M. Program Manager of Care Improvement

Program Manager for Care Improvement is responsible for deploying improvement initiatives at assigned practice sites and for using network data to identify opportunities for network-wide initiatives through collaboration with other CHPW staff. This position is responsible for improvements using a practice coaching model, data reporting and technical assistance, promoting

PCMH, and management of the P4P program. This position also investigates and resolves Quality Concerns.

N. Coordinator of Quality Concerns

The Coordinator of Quality Concerns is responsible for providing administrative support for Quality Concerns, the P4P program, and other improvement projects. This work includes support for Quality Concern record collection, review preparations, and timely closure and documentation as well as administrative documentation and management of the P4P program.

2. Physician Resources

Physician resources are integrated into the Program and provide clinical oversight for Program activities. Physician resources participate in all oversight committees as described below and in the Program Oversight section.

A. Chief Medical Officer

The Chief Medical Officer (CMO) leads the Program and is the co-chair of the Network Quality Committee and the chair of the Plan Quality Council. The CMO oversees the Medical Management Division and Medical Management Leadership Team (MMLT). The CMO sits on CHPW's Executive Leadership Team (ELT) and is the executive leader of the Program.

B. Medical Director

The Medical Director, reporting to the CMO, ensures consistency in medical decision-making while ensuring medical policies and practices are adopted and implemented appropriately. The Medical Director provides clinical guidance for CHPW's utilization, pharmacy and case management activities, claims reviews, and medical necessity decisions and provides critical input into key decisions that inform policies and procedures. The Medical Director is heavily integrated into the Program and is the co-chair of the Clinical Quality Improvement Subcommittee (CQIS), Pharmacy and Therapeutics (P&T), Peer Review and Credentialing Committees, and attends other decision-making groups and committees as needed.

C. Medical Director for Behavioral Health Services

The Medical Director for Behavioral Health Services (BHS) is the Plan's clinical content expert on the provision of high quality cost effective care for Mental Health and Substance Use Disorders. The Medical Director for BHS provides clinical guidance for CHPW's utilization, pharmacy and case management activities, claims reviews, and medical necessity decisions regarding BHS services. When BHS issues are on the agenda, this person attends as a content expert and voting member of the Pharmacy and Therapeutics Committee, Clinical Quality Subcommittee of the Quality Council (Clinical Practice Guideline review), and other decision-making groups as needed.

D. Associate Medical Director

The Associate Medical Director provides clinical guidance for CHPW's utilization, pharmacy and case management activities, claims reviews, and potential quality concern reviews.

E. Network Community Health Center Medical Directors

The Medical Directors of the 19 CHNW CHCs are a valuable resource to the Program in that they ensure clinicians actively working within the community are involved. Medical Directors participation and decision making for the Program occurs through the quarterly Medical Directors

Roundtables and participation by a sub-set of these Medical Directors on the Network Quality Committee and CQIS.

3. CHPW Department Resources

While almost every business area has an impact on quality and service improvement, those described below contribute greatly to the success of the Program. Involvement of CHPW department resources ensures optimal participation and collaboration as the Program progresses throughout the year.

- A. Population Health Management focuses on the preventive and chronic care needs of every member, including those who seek care and those who do not. Population Health is an integral part of the Program in that it is dedicated to improving quality and responsibly managing costs. Population health supports the success of the Program by focusing on several key areas, including: (1) risk stratification; (2) MOC pilots; (3) program development; and (4) population health analytics. The department is involved in the Program, including participation on the Plan Quality Council, chairing of the Population Management Oversight Committee, and representation on the majority of the other oversight committees and subcommittees.
- B. The Pharmacy Department includes Pharmacy Clinical Programs as well as Pharmacy Operations. Pharmacy Clinical Programs is part of Medical Management's integrated clinical programs team and is responsible for formulary design, prior authorization strategy, and medication management initiatives to provide value with highest quality medication outcomes at the lowest cost. Pharmacy Clinical Programs also reviews pharmaceutical trends in the marketplace and evaluates opportunities to improve quality or reduce cost through strategic pharmacy programs and partnerships including adherence, medication therapy management, specialty pharmacy strategies, and chronic disease management and medication reconciliation in transitional care. Pharmacy Operations is responsible for oversight of prescription drug claims processing and monitors our Pharmacy Benefits Manager for compliance with regulations and policies regarding formulary administration, coverage determinations, continuity of care and transition fills. Pharmacy Operations also performs all the administrative aspects of our Patient Review and Coordination program. To ensure optimal participation, the department is involved in the Program, including participation on the Plan Quality Council and the majority of the other oversight committees and subcommittees.
- C. The Delegated Health Services Department oversees the work of vendor partners, including Health Integrated, that manage team of clinicians who are responsible for the clinical integrity and quality of health care services our members experience through clinical decisions in complex case management, disease management, utilization management, and transitional care. To achieve its objectives, the department works closely with internal partners and external stakeholders such as hospital systems, community health centers, extended provider networks and health homes providers. To ensure optimal participation, the department is involved in the Program, including participation on the Plan Quality Council and Service Quality Improvement Subcommittee.
- D. The New Programs Integration Department collaborates internally and externally on the research, design, and implementation of transformative programs that improve the lives of vulnerable populations across Washington State. NPI provides consultation and technical assistance to internal CHPW departments, the delivery system, and community partners; tracks, assesses, and analyzes local, state and national health innovations; and elevates best practices. NPI provides integral

resources to the Program with regard to leading edge technologies, services and programs for implementation across the Network.

- E. The Information Services and Technology (IS & T) Department includes the following general functions: Applications Development, Business Intelligence, Analytics & Reporting, and Data Warehouse Support, Computing Infrastructure Support, Quality Assurance & Testing Services and Systems & Data Security Services. IS & T plays a key role in the Program by managing the majority of the raw data that is aggregated, analyzed and reported. Further, they contribute to the management of the HEDIS process by securing external data and integrating it with internally housed data sources. To ensure optimal participation IS & T is heavily involved in the Program, including participating in HEDIS, Data Governance and participation on the Plan Quality Council. IS & T also manages the Clinical Integration System (Arcadia Analytics) that is used by 17 of 19 CHCs in the Network. Arcadia Analytics is a population health analytics platform that is used by the CHCs to: (1) manage and target care for populations of patients; (2) track performance on key quality measures of CHPW's P4P program; and (3) target efforts to close chronic condition risk gaps. While IS & T resources have participated as subject matter experts in Program committees, we intend to formalize their participation in 2017.
- F. The Business Process Outsourcing (BPO) Operations Department manages CHPW's claims processing vendor and ensures that accurate and complete claims data for HEDIS and other data analytics that are critical to the success of the Program. To ensure optimal participation, this department is involved in the Program, including participation on the Service Quality Improvement Subcommittee.
- G. The Customer Experience Department includes the customer service call center, eligibility, appeals and grievances. This department plays a key role in the Program by managing the majority of interactions with members and therefore setting the tone for such metrics. This department also manages eligibility loads so that members may access services. Finally, grievance and appeals are managed by this department, which is a primary touch point for member experience. To ensure optimal participation, this department is involved in the Program, including participation on the Service Quality Improvement Subcommittee.
- H. The Sales and Marketing Department includes the sales team, marketing and communications, and community outreach. This department plays a key role in the Program by managing the majority of the written materials for members. This department also works with the CHCs to improve outreach efforts to engage members in their care. To ensure optimal participation, this department is involved in the Program including participation on the Plan Quality Council, Clinical Quality Improvement Subcommittee, and serves as point of contact for Network Marketing Liaisons.
- I. Network Marketing Liaisons play a key role in regular communication with CHPW's members, such as accessing their primary care provider, how benefits work, and what care is needed. CHPW's Sales and Marketing Department collaborates closely with this network resource, and thereby ensures a consistent message is maintained by CHPW and the delivery system. This powerful resource is helpful for the Program because it also allows for deployment of useful tools for the network.
- J. The Provider Services Department includes network credentialing, provider relations and contracting. This department plays a key role in the Program by maintaining and reporting data on providers and communicating new requirements and projects to the network. To ensure optimal participation, this department is involved in the Program including participation on the Plan Quality

Council and provision of oversight to the staff that supports the Peer Review and Credentialing Committees.

4. Program Oversight

The QIP Description, QIP Work Plan and QIP Evaluation are approved by the Plan Quality Council, CHNW Network Quality Committee, and CHNW Board of Directors. These three documents articulate the Program’s design, work to be done and accomplishments on an annual basis. While different CHPW business areas are essential to providing ongoing functions and implementing interventions that support the Program, the Director of Quality Improvement oversees and manages the Program. The Director of Quality Improvement ensures appropriate information and support are provided to enable the oversight structure to function effectively. This includes a process for regular monitoring of quality performance data for analysis and review by the oversight committees. The Quality Management Department is responsible for analysis and compilation of data from all data sources, including: business owner reports for new initiatives; HEDIS Interim Reporting (through GDIT) and Arcadia Analytics for clinical outcomes; and The Crossroads Group quarterly data for patient satisfaction measures.

See **Appendix B** for the Oversight Structure Organization Chart.

A. CHNW Oversight Structures

The CHNW Board of Directors consists of a subset of Executive Directors of CHNW’s 19 CHCs, three community representatives and one CHC Medical Director. The Board meets regularly and delegates oversight of improvement to the Network Quality Committee. Annually, the Board is responsible for review of the Program’s documents, including the prior year’s efforts (Evaluation) and approval of proposed initiatives (QIP Description and QIP Work Plan). To ensure optimal communication, the Network Quality Committee is chaired by a member of the Board. The Board approves the Program documents annually.

The Network Quality Committee is a chartered committee of the CHNW Board of Directors, chaired by a Board Member, with leadership representation from the CHCs. Prior to submission of the full Board of Directors, the committee is responsible for review of the Program’s documents, including the prior year’s efforts (Evaluation) and approval of proposed initiatives (QIP Description and QIP Work Plan). This committee also makes recommendations for the adoption of policies and improvement efforts for the network. Input from current consumers and medical practitioners who participate in CHPW’s Roundtables is shared with the committee to ensure policy is responsive to stakeholder needs.

B. CHPW Oversight Structures

Described below are CHPW’s leadership, quality committees, and subcommittees that are responsible for CHPW’s quality performance. The Plan Quality Council is the official *quality committee* at CHPW.

Executive Leadership Team

Role and Function	The Executive Leadership Team (ELT) consists of the CHNW and CHPW Chief Executive Officer (CEO) and the CEO’s direct reports who oversee multi-departmental divisions, ensuring that the organization operates in an
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	effective and efficient manner.
Meeting Frequency	Weekly
Chairperson	CEO
Co-chairperson	Not applicable.
Membership	Chief Executive Officer Chief Operating Officer Chief Administrative Officer Chief Financial Officer Chief Medical Officer Senior VP of Provider Services

Medical Management Leadership Team (MMLT)

Role and Function	The Medical Management Leadership Team (MMLT) is led by the Chief Medical Officer (CMO) and consists of direct reports who oversee functional departments within the division. This division is responsible for implementation of the Program as well as medical decisions, policy and quality.
Meeting Frequency	Every Other week
Chairperson	CMO
Co-chairperson	Not applicable
Membership	Chief Medical Officer Medical Director Medical Director for Behavioral Health Services Vice President of Population Health Management Director of Pharmacy Director of Quality Improvement Human Resources Manager

Plan Quality Council

Role and Function	The Plan Quality Council is the decision-making body that has responsibility for CHPW’s Quality Improvement activities. The Quality Council ensures the Program is responsive to regulatory and accrediting body requirements and to the unique needs of the members and providers in the areas of clinical care, service, patient safety, administrative processes, compliance, and network credentialing and re-credentialing. The Quality Council is CHPW’s quality committee and is responsible for monitoring of quality performance through review of new initiative process, clinical outcomes, and patient satisfaction measures on a bi-monthly basis. Data sources include: business owner reports for new initiatives; HEDIS Interim Reporting (through GDIT) and Arcadia Analytics for clinical outcomes; and The Crossroads Group quarterly data for patient satisfaction measures. The Quality Council participates in the development of and must approve the QIP Evaluation, QIP Description and QIP Work Plan). The Quality Council receives quarterly reports from subcommittees, reviews recommendations from committees and Plan bodies, and provides guidance to other committees of the oversight structure.
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Meeting Frequency	Bi-monthly
Chairperson	Chief Medical Officer
Co-chairperson	Director of Quality Improvement
Membership	Chief Medical Officer (Chair) Director of Quality Improvement (Co-Chair) Vice President of Population Management Chief Executive Officer (CEO) Chief Operating Officer (COO) VP of Marketing & Sales Senior VP of Provider Services Chief Administrative Officer Medical Director Medical Director for Behavioral Health Services Director of Pharmacy Network Medical Director

Provider Network Adequacy Review Committee

Role and Function	The Provider Network Adequacy Review Committee (PNARC) ensures an adequate network and easy access to needed services, primary and specialty care, behavioral health care and community-based services. The committee reviews distance, geo-access, cultural and linguistic needs as well as timeliness standards for all lines of business. Through the ongoing monitoring, maintenance and addition of new providers, the committee ensures a provider network that meets member and provider expectations, as well as accreditation and regulatory requirements. The Senior Vice President of Provider Services/Network Development sits on the Plan Quality Council, thereby ensuring coordinated efforts.
Meeting Frequency	Quarterly
Chairperson	Director of Provider Services
Co-chairperson	Senior Contract Administrator
Membership	Voting attendees may include representatives from the following: Vice President of Provider Services/ Network Development Director of Provider Relations, Contracting, and Credentialing Contract Administrators Provider Relations Credentialing New Programs Integration Provider Quality Assurance Network Compliance

Clinical Quality Improvement Subcommittee

Role and Function	The Clinical Quality Improvement Subcommittee (CQIS) provides guidance on clinical services or health improvement programs that can impact the Program’s work plan. The subcommittee has CHNW Medical Directors, a psychiatrist for behavioral health issues, and MMLT members to ensure any interventions or programs being reviewed and ultimately selected are responsive to CHPW and CHNW needs. The subcommittee uses quality
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	program data (process, clinical outcomes, and patient satisfaction) to inform discussions and recommendations. The review and approval of interventions from this subcommittee are shared with the Network Quality Committee, Plan Quality Council, and the roundtables for optimal buy-in.
Meeting Frequency	5 meetings per year (approximately quarterly)
Chairperson	Director of Quality Improvement
Co-chairperson	Medical Director
Membership	Vice President of Population Health Management Medical Director for Behavioral Health Services Director of Pharmacy Network Medical Directors (2 minimum) Manager of Care Improvement Manager of Health Improvement Manager of Quality Analysis and Measurement

Service Quality Improvement Subcommittee

Role and Function	This Service Quality Improvement Subcommittee (SQIS) collaborates to resolve systemic issues and identify service excellence initiatives for implementation. This subcommittee monitors and analyzes appeals, complaints and grievances in a systematic way in order to identify root causes and implement effective and systemic improvements. The subcommittee is attended by all departments that have direct contact with members or work with providers who engage directly with patients to resolve complaints. The review and approval of interventions from this subcommittee are shared with the Network Quality Committee, Plan Quality Council, as well as roundtables for optimal buy-in.
Meeting Frequency	5 meetings per year (approximately quarterly)
Chairperson	Director of Quality Improvement
Co-chairperson	Representative from Customer Service
Membership	A representative from key Plan business areas, including: Enrollment and Appeals Customer Service BPO Operations Provider Contracts Provider Relations Credentialing Sales and Marketing Finance Payor Programs Pharmacy Claims Investigation, Recovery and Coding Business Process Management

Peer Review and Credentialing Committee

Role and Function	The Credentialing Committee provides all credentialing decisions and functions. A major component of reviewing credentials is this committee's
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	review of quality cases against providers. Any case with an adverse outcome identified is referred to this committee for review and possible disciplinary action, up to and including termination of privileges as a contracted provider. The Credentialing Committee reports quarterly to the Plan Quality Council. <i>(The names of the Credentialing Committee members are kept confidential unless there is a compelling reason for this information to be disclosed.)</i>
Meeting Frequency	Monthly
Chairperson	CMO
Co-chairperson	Not applicable
Membership	<p>Contracted Primary Care Providers: 2 family practitioners 1 pediatrician 1 internist</p> <p>Contracted Specialty Care Providers: 1 naturopathic primary care provider 1 obstetrician/gynecologist 1 psychiatrist</p>

Pharmacy and Therapeutics (P&T) Committee

Role and Function	The Pharmacy and Therapeutics (P&T) Committee is the formulary decision making body for CHPW. This committee establishes an evidence-based prescription drug formulary for Apple Health and FIMC (behavioral health) members, while assessing the efficacy and safety of new medications or therapeutic classes to ensure adequate access to effective treatments. Committee recommendations are informed by regulatory requirements of the Health Care Authority contract. The P&T committee includes external providers to make clinical decisions on formulary status, drug use criteria, and clinical guidelines interventions based on scientific evidence. These standards of prescribing practices are based upon peer-reviewed medical literature, published practice guidelines, as well as comparative studies on efficacy, side effects and potential drug interactions among alternative drug products. When behavioral health medications are reviewed, the Medical Director of Behavioral Health Services Director of Behavioral Health is engaged as part of the medication recommendation review. The P&T Committee reports quarterly to the Plan Quality Council. To ensure optimal coordination both the chair and co-chair serve as Plan Quality Council members.
Meeting Frequency	3 times per year
Chairperson	Chief Medical Officer
Co-chairperson	Director of Pharmacy
Membership	Providers from CHCs and Pharmacists from CHCs.

Population Management Oversight Committee

Role and Function	The Population Management Oversight Committee (PMOC) oversees delivery of CHPW's population management strategies. PMOC supports the Program by monitoring the clinical appropriateness and cost effectiveness of
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	<p>CHPW’s population health management program activities using plan-based cost and utilization and clinical outcomes data. Using a data-driven decision-making approach, PMOC plays the role of a traditional Utilization Management (UM) Committee, to ensure UM activities further our objective to provide high quality, high value care. PMOC reviews reports on the process and outcome metrics related to population health management activities; (2) identifies gaps; (3) provides the appropriate department(s) with input on the design and implementation of programs and initiatives developed to close those gaps and/or achieve high value care; (4) reviews relevant reports on an ongoing basis to ensure gap closure; (5) reports to the Clinical Quality Improvement Subcommittee on actions taken to address concerns. The committee reports to the Plan Quality Council with the chair sitting on the Council.</p>
Meeting Frequency	Monthly
Chairperson	Vice President of Population Health Management
Co-chairperson	Chief Medical Officer
Membership	<p>Medical Director and/or Chief Medical Officer Medical Director for Behavioral Health Services Director of Fully Integrated Managed Care Regional Manager of Fully Integrated Managed Care Director of Quality Director of Pharmacy Director of Payor Programs Manager of Model of Care Manager of Pharmacy Clinical Programs Healthcare Actuary</p>

Model of Care Steering Committee

Role and Function	<p>The Model of Care Steering Committee is responsible for enhancing the overall coordination and organization of care programs. This includes identification of member risk stratification, placement into appropriate programs, and identification of potential new programs based on model of care and population-level needs. The model of care identifies and activates the best clinical practice care and support services within a healthcare system, a health plan and the community for a person or population.</p>
Meeting Frequency	Quarterly
Chairperson	Manager, Model of Care
Co-chairperson	Program Manager, Population Oversight
Membership	<p>Chief Medical Officer Medical Director Medical Director for Behavioral Health Services Vice President of Population Health Management Vice President, IS&T Vice President, Sales and Marketing Director of Pharmacy Manager, Care Management Oversight Director of Application Services, IS&T</p>

	Director and Program Manager, New Programs Integration Manager, Health Improvement
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Fully Integrated Managed Care Management Team

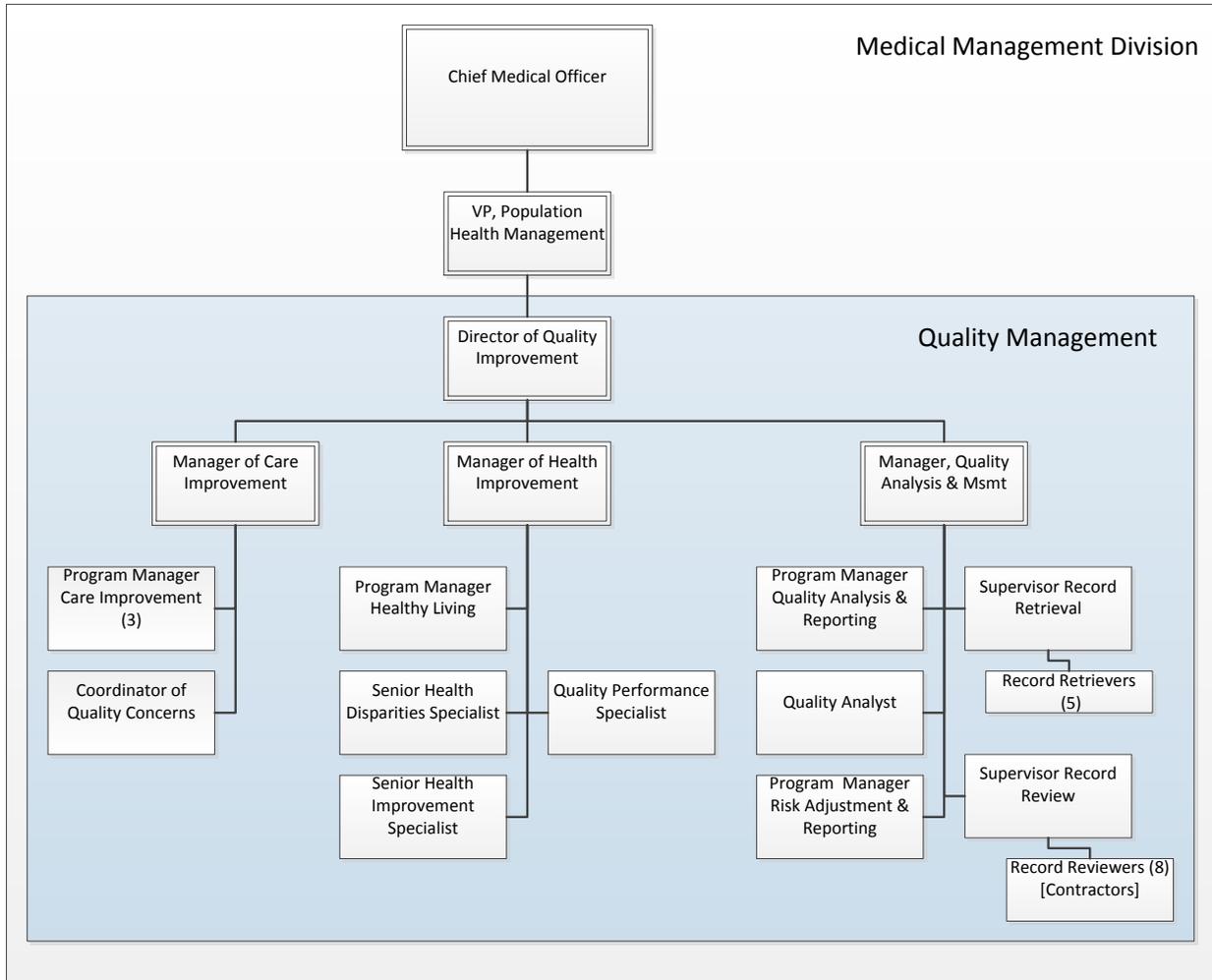
Role and Function	The FIMC Management Team coordinates internal resources to deliver and expand Fully Integrated Managed Care in SW WA and prepare CHPW for the Statewide implementation of FIMC. The Team also studies implementation, and utilization to support and sustain behavioral health integration. This includes oversight of medical, mental, and substance use integration.
Meeting Frequency	Bi-weekly
Chairperson	Not applicable
Co-chairperson	Director of New Programs Integration Director of Fully Integrated Managed Care
Membership	Medical Director Vice President of Population Health Management Director of Payor Programs Director of Provider Relations, Contracting, and Credentialing Director of BPO Operations Director of Enrollment and Appeals Director of Finance

Medical Management Optimization Steering Committee

Role and Function	The Medical Management Optimization Oversight Committee is the internal leadership team responsible for the planning and implementation of the Optimization initiative.
Meeting Frequency	Weekly
Chairperson	CMO
Co-chairperson	n/a
Membership	CEO COO Vice President of Human Resources Senior Vice President Provider Services/Network Development Vice President of Population Health Management Vice President, IS&T Director of Pharmacy Director of Enterprise Services

Appendix A

Quality Program Organization Chart



Appendix B

Oversight Structure Organization Chart

