



2022 Quality Improvement Program description overview

Introduction

CarePlus' quality improvement (QI) Program guides activities to improve care and treatment of its members. In doing so, the program aligns with our corporate purpose of *helping people achieve their best health* which supports continuous quality improvement companywide.

The QI program sets up a plan to monitor and measure the quality of care of CarePlus-covered patients. Data is tracked and analyzed for trends monthly, quarterly and annually. Opportunities for improvement are identified, and root-cause analysis is performed as needed.

Purpose

The QI program monitors, evaluates and facilitates improvement in the quality of health services provided to CarePlus-covered patients. The program is based on contractual, governmental, accreditation and organizational requirements and guidelines.

Scope

The QI program's scope includes CarePlus' Medicare HMO and Special needs (SNP) plans.

Goals and Objectives

The QI program has the following goals and objectives:

- Develop clinical strategies and provide clinical programs that look at the whole person, while integrating behavioral and physical health care
- Promote activities that result in better communication between departments, and improved service and satisfaction for members, physicians and other health care providers, and CarePlus associates
- Identify and resolve issues related to member access and availability to health care services
- Provide a mechanism where members, physicians and providers can express concerns to CarePlus regarding care and service
- Provide effective customer service for member and provider needs and requests
- Provide a process through which pertinent member information is collected and analyzed, and improvement actions are implemented by a health plan committee comprised of participating physicians and health plan staff
- Provide a comprehensive strategy for population health management that addresses member needs across the continuum of care
- Provide mechanisms where members with complex needs and multiple chronic conditions can achieve optimal health outcomes
- Guide members to achieve optimal health by providing tools that help them understand their health care options and take control of their health needs
- Monitor and promote the safety of clinical care and service
- Provide practitioners with comparative data regarding quality pricing information to support achievement of population health management goals
- Promote improved clinical experience for physicians and all clinicians to promote member safety, provider satisfaction and provider retention

Ongoing quality improvement services

Some of the programs CarePlus uses in its effort to improve the quality of care members receive are:

- **Population Health Management (PHM)**

CarePlus uses a variety of systems that deliver actionable data to physicians for use in improving patients' health and wellness.

- **Member Safety Program**

Safety initiatives are prioritized, reviewed and aligned with national safety issues. CarePlus focuses on three key areas:

- Reduction of 30-day readmissions
- Elimination of medication errors
- Avoidance of inpatient and surgical complications

The program uses claims information and case reviews to identify opportunities for improvement in each of the three areas.

- **Continuity and Coordination of Care**

CarePlus collects and analyzes data from various delivery sites and throughout each disease process. This data is used to determine where opportunities exist to improve the coordination of care and transitions of care from one provider to another.

- **Behavioral Health (BH)**

A review of the most prominent types of behavioral health diagnosis for which individuals receive treatment allows CarePlus to better serve our members, identify gaps in services, and implement services for more effective and efficient member behavioral health care.

- **Pharmacy Management**

CarePlus follows a proven process to ensure that it promotes clinically appropriate, safe and cost-effective drug therapies. This process requires evaluations for safety and efficacy when developing formularies,

procedures to ensure appropriate drug class review and inclusion, and a regular review of drug policies.

- **Special Needs Plan (SNP)**

CarePlus continues to focus on implementing the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) requirements. Our SNP model of care (MOC) includes quality performance metrics, with full results that are available upon request by calling Member Services.

- **Chronic Care Improvement Programs (CCIPs).**

CMS requires the implementation of CCIPs as part of the mandated Quality Improvement (QI) program under federal regulations. CarePlus attests each year that its CCIP study is in progress, and contains an analysis of the outcomes and intervention of the data collected, as well as barriers to meeting goals, plans to reduce barriers, best practices, and lessons learned.

- **Clinical and preventive health initiatives**

To gauge the effectiveness of clinical and preventive healthcare initiatives, CarePlus uses HEDIS measures, which are developed and maintained by the National Committee for Quality Assurance (NCQA).

- **Service and Availability**

CarePlus assesses member satisfaction through internal call and claims quality observations, member complaints and satisfaction survey reviews. CarePlus continuously monitors these service indicators and determines appropriate action to address concerns and needed improvements.

Conclusions and Priorities

CarePlus' QI program continues to develop and implement health solutions that provide patients with choice, independence, education and guidance in their health benefit and healthcare decisions. CarePlus is committed to creating solutions that engage customers in health and healthcare with better outcomes and lower cost with an overall goal to

help people achieve lifelong well-being.

Reporting QI activities focuses on evaluation of the effectiveness of interventions, learning from past responses and sharing best practices. This includes a move from operational metrics to outcome metrics, where possible.

CarePlus continues to maintain accreditation with the Accreditation Association for Ambulatory Health Care (AAAHC).

CarePlus' QI program will continue to:

- Evaluate progress to goals and barriers, effectiveness of interventions and implement changes as needed with a focus on outcomes
- Ensure that behavioral health QI remains a key component in reports from all of the various business areas
- Evaluate compliance to regulations through internal monitoring of processes
- Support member, provider and associate needs identified due to the COVID-19 pandemic

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CarePlus Health Plans, Inc. Attention: Member Services Department.
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