

Product Lines Affected

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|----------|-------------------------------------|--------|-------------------------------------|
| Medicaid | <input checked="" type="checkbox"/> | SNBC | <input checked="" type="checkbox"/> |
| GAMC | <input checked="" type="checkbox"/> | MnCare | <input checked="" type="checkbox"/> |
| MSC Plus | <input checked="" type="checkbox"/> | Part D | <input checked="" type="checkbox"/> |
| MSHO | <input checked="" type="checkbox"/> | Other | |

| | |
|----------------------------------|--|
| Policy Name | Quality Assurance Plan |
| Policy Number | QM 03 |
| Effective Date | May 1, 2009 |
| Responsible Position | Quality Manager |
| Regulatory Requirement(s) | <p>Minnesota Department of Human Services (DHS) 2009 Families and Children contract, Article 7</p> <p>DHS 2009 Minnesota Senior Health Options (MSHO) contract, Article 7</p> <p>DHS 2009 Special Needs BasicCare (SNBC) contract, Article 7</p> <p>National Committee for Quality Assurance (NCQA) Standard QI 1A</p> <p>MN Rule part 4685.1110, subpart 1 – 13</p> <p>Title 42 Code of Federal Regulations (CFR) Part 438 (BBA) Subpart D (access, structure and operations, measurement, and improvement)</p> |

Table of Contents

| | | |
|----|---|---------|
| A. | Introduction..... | Page 2 |
| B. | Quality Program Description..... | Page 2 |
| C. | Mission, Core Values, and Philosophy..... | Page 3 |
| D. | Organizational Guiding Principles and Management Goals..... | Page 4 |
| E. | Organizational Structure..... | Page 4 |
| F. | Contractual Arrangements..... | Page 10 |
| G. | System of Communication..... | Page 10 |
| H. | Scope of Quality Assurance Program Activities..... | Page 12 |
| I. | Quality Process..... | Page 16 |
| J. | Quality Plan, Annual Quality Project Work Plan, and Annual Evaluation.. | Page 17 |
| K. | Scope of Activities and Monitoring in Annual Project Work Plan..... | Page 18 |
| L. | Delegation Oversight..... | Page 20 |
| | Attachment A PrimeWest Health Organizational Chart (Separate Document) | |
| | Attachment A2 PrimeWest Health Committee Organization Chart (Separate Document) | |
| | Attachment B PrimeWest Health Credentialing Plan (Separate Document) | |
| | Attachment C PrimeWest Health Utilization Management Plan (Separate Document) | |

A. INTRODUCTION

1. In accordance with Minnesota Rule 4685.1110 subpart 1 through 13; 42 CFR 438 (BBA), Subpart D (access, structure and operations, measurement, and improvement); Minnesota Department of Human Services (DHS) contracts, Article 7 for the Prepaid Medical Assistance Program (PMAP), Minnesota Senior Health Options (MSHO) and Special Needs BasicCare (SNBC) programs; and the National Committee for Quality Assurance (NCQA) Quality Assessment and Performance Improvement Program (NCQA QI 1A), PrimeWest Health has a documented written Quality Assurance Plan as stated.
2. PrimeWest Health is a unique purchasing and delivery system that brings county and local community resources together as an integrated medical and social services delivery system providing safe, high-quality medical care, behavioral health care, and social services to low-income people. PrimeWest Health is designed around our members. Member needs and expectations drive PrimeWest Health decisions, programs, and services and the manner in which those programs and services are delivered.
3. PrimeWest Health is a County Based Purchasing (CBP) health plan jointly owned by the 13 counties it serves: Beltrami, Big Stone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse. It was formed to provide county-based purchasing for Medical Assistance (MA) services to eligible citizens. PrimeWest Health provides the Prepaid Medical Assistance Program (PMAP); Prepaid General Assistance Medical Care (PGAMC); Minnesota Senior Care Plus (MSC+); MinnesotaCare; and Minnesota Senior Health Options (MSHO) – a Medicare product to people 65 years and older; and a Medicare Part D program to MSHO members; and Special Needs BasicCare. PrimeWest Health is committed to delivering high quality, comprehensive, and integrated health and social services to Medicaid recipients.

B. QUALITY PROGRAM DESCRIPTION

1. The Quality Program supports and promotes the mission, vision, and values of PrimeWest Health through continuous improvement and monitoring of medical care, patient safety, behavioral health services, and the delivery of services to our members. The Quality Program is a system-wide program implemented through the integration and coordination of services provided throughout the organization, including county partners, providers, and other entities delegated to provide services to our members on behalf of PrimeWest Health.
2. Patient safety is an integral component of providing quality care to our members. The Quality Program provides oversight and ensures alignment of patient safety activities with organizational goals to provide high quality health care and services to our members.
3. At least annually, PrimeWest Health assesses program standards to determine the quality and appropriateness of care and services furnished to PrimeWest Health members. The assessment includes monitoring and evaluation of compliance with State and CMS standards and performance measurement. The assessment is consistent with State and Federal regulation, and current NCQA “Standards for Accreditation of Managed Care Organizations.” The evaluation reviews the impact and effectiveness of the PrimeWest Health quality assessment and performance improvement program including performance on standardized measures and PrimeWest Health’s performance improvement projects. PrimeWest Health submits the written evaluation to the State by May 1 of each year.

C. MISSION, CORE VALUES, AND PHILOSOPHY

1. Mission (Minnesota Rule 4685.1110, Subpart 1.A.)

- a. PrimeWest Health’s mission embraces the expertise of local county-based health and human service resources to create an effective, integrated service delivery system, including providers and other community assets. PrimeWest Health believes these rural counties are in a unique position to maximize existing resources available to the community and Medicaid recipients. PrimeWest Health is able to provide services in a cohesive manner without the fragmentation that may occur in other delivery models.
- b. Based on community input, PrimeWest Health’s mission is: *To improve the health of our local communities by integrating publicly funded health and social services and private health care services to create a quality system that emphasizes prevention and early identification of risks while allowing clients maximum choice by assuring access to local providers.*

2. Philosophy and Core Values (Minnesota Rule 4685.1110, Subpart 1.B.)

The development of PrimeWest Health was driven by the desire to enable participating county members to receive all the available services, whether medical or social, to best meet their needs in an integrated manner building upon and improving current service delivery models. During the development process, PrimeWest Health member counties identified a number of reasons to pursue county-based purchasing. These identified reasons have become the core values of the organization:

- a. Assure that eligible members have geographic and economic access to quality local health care providers and services in addition to appropriate specialty services to meet all their healthcare needs.
 - i. PrimeWest Health values members and is committed to better understanding and addressing the social and health care needs that affect member wellbeing. PrimeWest Health is committed to improving outcomes for members, families, and communities.
 - ii. PrimeWest Health is committed to the inherent right of members to make informed decisions regarding their own health care.
- b. Improve integration of county, state, and federally-funded services to reduce fragmentation of service delivery.
 - i. PrimeWest Health values teamwork, cooperation, and collaboration among all stakeholders in the health care process.
 - ii. PrimeWest Health strives to facilitate open communication and active participation among all stakeholders.
- c. Develop alternative methods to provide essential services that, at present, do not meet local demand in a satisfactory way.
 - i. PrimeWest Health is committed to providing a complete range of services and quality health care and to the development of performance and quality evaluation systems to assure that access, quality, and service meet or exceed current expectations.
- d. Effectively manage tax dollars and public resources including the elimination of private sector cost-shifting to government-funded programs and preventing leakage of public health dollars intended for local use to non-local interests.
 - i. PrimeWest Health values individual and organizational commitment to achieving network goals.
 - ii. PrimeWest Health values fiscal responsibility and the efficient use of health care and community resources.

D. ORGANIZATIONAL GUIDING PRINCIPLES AND MANAGEMENT GOALS (Minnesota Rule 4685.1110, Subpart 1.C.)

1. Ensure access to safe, quality health care services for the Medicaid and low-income population.
 - a. Preserve member choice of local health care providers.
 - b. Enable members to continue existing relationships with local service providers.
 - c. Use integration and improved service coordination to encourage greater continuity and timeliness of care and eliminate costly redundancies in services.
 - d. Facilitate the development of a local delivery system built around local health care needs by stimulating referral and wise-use resource relationships between local public health, social services, and private sector providers.
 - e. Ensure appropriate utilization of local health care resources by members and their health care providers.
 - f. Apply new resources created by the efficiencies of a more integrated system to the development and preservation of essential local health care services.
2. Improve health status of PrimeWest Health members and its member counties.
 - a. Integrate and coordinate social services, public health, and medical services around the health improvement and treatment needs of the Medicaid member.
 - b. Instill a sense of provider ownership in, and commitment to, the PrimeWest Health delivery system, its vision, and the community health interests of the Medicaid population by facilitating local provider participation in Care Coordination program development and member care coordination planning (Individual Service Plan), when appropriate.
 - c. Offer private sector providers, public health staff, and social services staff a structure in which to interact freely and meaningfully, thus encouraging them to access the most appropriate local resources for meeting member needs. This includes participation in setting goals, evaluating progress, and planning interventions.
 - d. Target resources at prevention and early intervention by improving access to, and encouraging appropriate and timely utilization of, essential and often less expensive health services including primary care, mental health, public health, and dental.
 - e. Address the social, economic, environmental, and behavioral risk factors affecting member health at the individual and community health levels.
3. Operate PrimeWest Health as a model business while embracing and fulfilling the public service responsibilities of a government agency.
 - a. Pursue the highest standards and practices of business management and ethics.
 - b. Understand, serve, and safeguard the interests of the community.
 - c. Exercise loyalty, due care, and diligence to ensure effective and intended use of tax dollars and public resources.
 - d. Maximize opportunities afforded by local control of public resources and the counties' local sensitivity to local populations' input and needs to better serve and satisfy those needs.
 - e. Ensure access to services by helping to ensure the viability of fragile rural health care systems.
 - f. Reinvest surplus resources, in compliance with State and Federal laws, into the community for the purposes of increasing geographic and economic access and fostering greater integration of services to improve the health status and quality of life of the Medicaid recipient.

E. ORGANIZATIONAL STRUCTURE (Minnesota Rule 4685.1110, Subpart 1. D.)

Attachment A: Organizational Chart

Attachment A2: Committee Organization Chart

1. Legal Structure and Governance

PrimeWest Health is organized and legally structured as a CBP initiative. The Joint Powers Board of Directors (JPB), comprised of one commissioner from each of the thirteen (13) participating counties, manages the business and affairs of the organization.

2. Joint Powers Board of Directors (Minnesota Rule 4685.1110, Subpart 2.)

- a. The JPB is ultimately responsible for the work that PrimeWest Health does, as well as the quality and safety of that work. This includes responsibility for establishing the overall direction of PrimeWest Health's quality and safety program and for ensuring that quality-focused activities and projects are undertaken to further the goals of individual counties in addition to system-wide strategic goals. All of this must be done while meeting all applicable regulatory requirements. To accomplish that responsibility, the JPB maintains authority for final approval of the Quality Assurance Plan, the Annual Assessment, and the Annual Quality Project Work Plan.
- b. Quality assurance authority, function, and responsibility are delineated in specific documents such as bylaws, board resolutions, and providers' contracts.
- c. PrimeWest Health Quality Assurance activities are reported to the JPB on a quarterly basis and more often, if necessary.

3. Quality & Care Coordination Committee (Minnesota Rule 4685.1110, Subpart 1. G. and Subpart 3.)

- a. The JPB retains total authority and accountability for PrimeWest Health's Quality Assurance Plan. The JPB has delegated responsibility for monitoring and review of the quality program to the Quality & Care Coordination Committee (QCCC). The QCCC is scheduled on a monthly basis and provides activity reports and recommendations in an advisory capacity to the JPB at least quarterly.
- b. The size and membership of the QCCC are driven by a commitment to adequately and efficiently represent the interests of each participating county, its members, and its providers. Minimally, the QCCC includes participating practitioners or administrative staff to sufficiently represent primary and specialty care, behavioral health, clinical representatives from community service organizations, county public health and human services departments, and consumers. Membership in the QCCC meets the requirements for peer review committees as defined in the Healthcare Quality Improvement Act and Minnesota Statutes.
- c. PrimeWest Health staff to the QCCC includes the following:
 - i. Medical Director (Minnesota Rule 4685.1110, Subpart 4.)
 - ii. Behavioral Health Medical Director (Minnesota Rule 4685.1110, Subpart 4.)
 - ii. Director of Care & Quality Management
 - iv. Quality Manager
 - v. Care Coordination Manager
 - vi. Utilization Management & Pharmacy Manager
 - vii. Credentialing Contracting Coordinator
- d. Practitioners are selected for the committee using the following criteria (Minnesota Rule 4685.1110, Subpart 4.):
 - i. Strong interest or previous experience in quality assurance or continuous quality improvement
 - ii. Good standing as a participating provider with PrimeWest Health previous experience serving the medical assistance (MA) recipient.
- e. The QCCC is accountable to PrimeWest Health's JPB for the following:
 - i. Accelerating improvement
 - ii. Catalyzing innovation
 - iii. Designing an infrastructure for learning, continuous improvement, and safety

- f. The JPB has delegated responsibility for development and implementation of the Quality Assurance Plan, Annual Assessment, and Annual Quality Project Work Plan to the QCCC. The QCCC is responsible for all aspects of successful completion of the program which include the following:
 - i. Assure that quality activities, care coordination, and utilization review programs, including behavioral health and pharmacy, take into account and meet the needs of PrimeWest Health members
 - ii. Establish annual quality and safety objectives that support and promote the strategic goals of PrimeWest Health and its member counties
 - iii. Monitor PrimeWest Health's Quality Plan for continued appropriateness and implement changes when needs are identified
 - iv. Conduct an Annual Assessment which includes evaluation and analysis of progress toward quality goals and objectives and provides input into the selection of quality improvement study topics
 - v. Establish the Annual Quality Project Work Plan that provides a detailed description of the proposed quality improvement activities including focus studies, performance improvement projects, utilization management activities and identified thresholds, credentialing activities, safety initiatives, integration of behavioral health, member rights activities, and the timeline for completion of each activity
 - vi. Submit the Annual Assessment and Annual Quality Project Work Plan to the JPB for final approval
 - vii. Evaluate and report to the JPB at least quarterly on the progress of quality improvement initiatives
 - viii. Establish standards for clinical care and quality of service; identify safety indicators, including approval of clinical guidelines; and determine appropriate thresholds
 - ix. Develop standards for behavioral health care quality and safety measures to assure timely and appropriate treatment
 - x. Review trends of system-wide clinical and non-clinical quality monitoring survey results, i.e., HEDIS, CAHPS, HOS-M, and OASIS
 - xi. Establish and recommend improvement action plans based on quality improvement studies, HEDIS results, CAHPS, HOS-M, and other quality monitoring activities
 - xii. Act as peer review committee to study, review, and recommend action on potential quality issues including referral for additional review and development and/or approval of improvement action plans, when appropriate
 - xiii. Monitor confirmed quality and safety problems until determined that problems have been resolved
 - xiv. Provide expert consultation and technical assistance within PrimeWest Health's county membership
 - xv. Develop and implement credentialing and re-credentialing standards
 - xvi. Review and recommend providers and organizations for credentialing, re-credentialing, and improvement actions
 - xvii. Monitor trends related to information gathered as a result of complaint, appeals, and grievance resolution
 - xviii. Provide oversight for any delegated activities to assure compliance with PrimeWest Health and applicable regulatory requirements
- 4. Organizational Staffing** (Minnesota Rule 4685.1110, Subpart 1.E., Subpart 5., and Subpart 12.)

- a. PrimeWest Health's quality plan provides a system-wide approach for quality assurance and improvement programs to address the mission, core values, and philosophy of PrimeWest Health.
- b. Staff delegated for PrimeWest Health quality activities are the responsibility of the chief executive officer as a representative of the JPB. Staffing levels are determined based on membership in PrimeWest Health, considering the following factors: number of members; number of member counties; and member, provider, and organizational needs.
- c. Staff qualifications are expected to meet or exceed the industry standard for education and experience in similar positions at other Minnesota health plans.
- d. PrimeWest Health expects staff from each department to work as an integrated team to best meet the goals and objectives of the organization.
- e. The PrimeWest Health quality program is administered and implemented by the following staff:
 - i. Medical Director – responsible to provide clinical leadership for the system-wide quality program through both active participation in development and oversight of the implementation of the Quality Assurance Plan, Annual Assessment, and Annual Quality Project Work Plan and all committee activities that support the quality program
 - ii. Director of Care & Quality Management – primary responsibility, in cooperation with the Medical Director, for development, implementation, coordination, and evaluation of the system-wide quality and safety initiatives and utilization management activities including care coordination and case management, behavioral health, and pharmacy utilization management as a function of both individual and population-based activities. The Director of Care & Quality Management is responsible for integrating the PrimeWest Health care coordination plan throughout its member counties.
 - iii. Medical Director for Mental Health/CD Services – primary responsibility, in cooperation with PrimeWest Health Senior Medical Director and the Director of Care & Quality Management, to provide direction to the development and management of PrimeWest Health's mental health/chemical dependency related services for all members of PrimeWest Health. This position is actively involved in development and implementation of the PrimeWest Quality Plan, Annual Work Plan, and UM Plan including development, analysis, and interventions of quality studies, standards, outcomes, and systems as they may relate to mental health and CD services.
 - iv. Quality Manager – responsible for ensuring that the overall quality program meets or exceeds regulatory and contractual requirements including day-to-day functional activities to support quality, safety, and utilization activities including focus studies and improvement activities. The Quality Manager provides technical assistance and expert consultation to PrimeWest Health member counties and participating providers when requested. This position reports to the Director of Care & Quality Management.
 - v. Data Coordinator – responsible for data analysis and reports that provide the information that drives PrimeWest Health quality improvement initiatives. PrimeWest Health contracts for basic data reporting services and works closely with third party administrators and carve-out providers to assist in data reporting and analysis. The Data Coordinator is responsible for appropriate design, sampling methodology, data collection, analysis, and reporting to maintain compliance with all regulatory requirements. This person also assists in the coordination HEDIS data collection and reporting according to HEDIS

specifications and with member survey design and/or vendor selection, data collection, and reporting to track and trend quality improvement and utilization management data monitors required by PrimeWest Health including CAHPS and HOS-M surveys. This position reports directly to the Director of Care & Quality Management.

- vi. Quality Specialists – responsible to support the Quality Management staff. Support staff assumes primary responsibility for the maintenance of all quality documentation to demonstrate compliance with regulatory and contractual requirements.
 - vii. Performance Improvement Project Coordinator – is responsible for the implementation and day-to-day management of PrimeWest Health’s Quality Work Plan and the development, implementation, and assessment of performance improvement projects (PIPs). This individual has responsibility for monitoring quality activities identified in the quality work plan as well as developing and monitoring performance improvement projects, focus studies and assists in the coordination HEDIS data collection and reporting according to HEDIS specifications. This position reports directly to the Quality Manager and the Director of Care & Quality Management.
 - viii. Utilization Management & Pharmacy Manager – responsible for day-to-day operation of utilization management review of over- and under-utilization; concurrent and retrospective review processes; denials, terminations, and reductions in service notifications; and the service authorization process for medical, pharmacy, and behavioral health. This position reports to the Director of Care & Quality Management.
 - ix. Credentialing Contracting Coordinator – responsible for the operation of the Credentialing Department assuring compliance with regulatory and accrediting body standards for the credentialing and re-credentialing of practitioners, providers, and organizations. The Credentialing Contracting Coordinator provides oversight of delegated credentialing through monitoring of delegates. The Credentialing Contracting Coordinator and Medical Director maintain the credentialing function of the Quality and Care Coordination Committee (QCCC). The Medical Director reports these activities to the JPB. The Credentialing Contracting Coordinator is responsible for the development of policies that ensure the organization is in compliance with standards set forth by regulatory and accreditation bodies pertaining to practitioner, provider, and organizational credentialing. This position reports to the Medical Director and the Credentialing Contracting Manager.
 - x. Site Visit Coordinator(s) – has primary responsibility for all PrimeWest Health provider site audits. The Site Visit Coordinator performs all pre-delegation site audits and ongoing site audits for compliance with DHS contract requirements, MN Department of Health standards, NCQA Standards, and CMS requirements for providers. The Site Visit Coordinator annually performs chart abstraction and review for adherence to medical record standards as outlined in PrimeWest Health Policy QM 06: Medical Records and reports results to the appropriate individuals and committees. All duties and responsibilities are in collaboration with the Medical Director, Provider Services department, and Director of Care & Quality Management.
- 5. Credentialing and Re-Credentialing** (Minnesota Rule 4685.1110, Subpart 11. and 42 CFR 438.214)

Attachment B: PrimeWest Health Credentialing Plan

The PrimeWest Health Credentialing Plan is attached to the Quality Assurance Plan as Appendix B. Developing and maintaining high standards of professionalism and quality within the PrimeWest Health provider network is essential to the delivery of quality health services. Members expect and depend on PrimeWest Health to assure access to qualified and credentialed providers. PrimeWest Health utilizes a credentialing process designed to meet the NCQA standards for approving, monitoring, and, if necessary, terminating practitioners. The credentialing process is fully described by a Credentialing Plan that is reviewed and recommended by the QCCC and approved by the JPB.

- a. The JPB retains overall authority and accountability for the credentialing activities. QCCC acts as an advisory committee to the JPB for credentialing and re-credentialing action, including delegation decisions. At its own discretion, the QCCC may form a credentialing subcommittee or may act as a credentialing committee.
- b. A credentialing and re-credentialing report is provided to the JPB on a monthly basis. The JPB may request that the QCCC reconsider a credentialing or re-credentialing decision.
- c. Provider-specific quality of care issues, member complaints, survey results, utilization reports, and focus study results are maintained in provider files for the purpose of review and consideration during the re-credentialing process.
- d. PrimeWest Health may choose to delegate any or all credentialing and re-credentialing functions. If re-credentialing decisions are delegated, PrimeWest Health will develop a process to share practitioner-specific performance information with the delegate in accordance with NCQA standards. If a determination is made to delegate any or all of the credentialing or re-credentialing responsibilities, the Director of Provider Services follows the delegation process described later in this document.

6. Peer Review Activities (Minnesota Rule 4685.1110, Subpart 1.H.)

PrimeWest Health engages in several activities to assure that practitioners in the same discipline are reviewing care given by their peers. Peer review activities may be utilized in connection with credentialing issues, reviewing consumer complaints, focus study reviews, medical record audits and site surveys, and/or medical management decisions. Whenever peer review is conducted, recommendations are protected to the full extent allowed by law in accordance with Minnesota Statutes 145.61 et seq. and professional review organizations pursuant to the Health Care Quality Improvement Act of 1986, 42 U.S.C. § 11101 et seq. All documents related to peer-review are marked "CONFIDENTIAL-PEER REVIEW." The names of practitioners providing peer review recommendations are not disclosed. Regulatory agencies requesting peer review documents are asked to review such documents on-site at PrimeWest Health.

7. Complaint Process (Minnesota Rule 4685.1110, Subpart 9. and 42 CFR Part 438.228 and Part 417)

a. Grievance System

- i. Member complaints, appeals, and grievances are a key indicator of members' perception of the quality and accessibility of health care services and are an excellent way to identify opportunities for improvement. Therefore, PrimeWest Health documents and tracks all members' complaints, appeals, and grievances and strives for satisfactory resolution. PrimeWest Health's grievance system is fully defined in specific policies and procedures developed in compliance with Minnesota Statute 62Q; Minnesota Rules, Part 4685; CFR Title 42, Part 417; the Medicare Managed Care Manual; and DHS contractual requirements.
- ii. In accordance with Minnesota Rule 4685.0100, subpart 4, PrimeWest Health conducts ongoing evaluation of all filed member and provider complaints.

Ongoing evaluations are conducted according to the steps in Minnesota Rule 4685.1120.

- b. Quality of Care Grievances
 - i. Any complaint or grievance received that indicates a potential quality of care concern is reported to PrimeWest Health's Quality Management for investigation and resolution to determine if a quality of care deficiency exists. The PrimeWest Health Chief Executive Officer is informed of Quality of Care deficiencies when identified by Quality Management investigations. Quality of care concerns may also be identified by other sources including reports from practitioners, case managers, care coordinators, and other partners. The Director of Care & Quality Management, the Quality Manager, and the Medical Director have responsibility for the investigation of quality of care cases. External review by professionals in like disciplines is used to review quality of care cases if warranted by the investigation or nature of the grievance. The QCCC, acting as a peer review committee, has responsibility for recommendations or corrective action required to resolve the quality of care grievance.
- c. Tracking, Trending, and Reporting
 - i. All complaint data are compiled in a database according to DHS-required categories. The data are analyzed on a regular basis to identify trends and areas for improvement. The Quality Manager reports summary complaint data related to the delivery of health care to the QCCC on a quarterly basis. The QCCC evaluates the summary data and make recommendations on opportunities for internal improvement and on the potential need for intervention with specific practitioners, providers, and provider organizations. The QCCC is responsible for recommending corrective action, when necessary.
 - ii. At least annually, the JPB is provided with a summary of member complaints, appeals and grievances, along with other consumer satisfaction information. Any practitioner or provider specific-information is considered as part of the re-credentialing process.

F. CONTRACTUAL ARRANGEMENTS (Minnesota Rule 4685.1110, Subpart 1.E. Subpart 6.)

- 1. PrimeWest Health utilizes Third Party Administrative Services (TPA) and Delegation Agreements with the following entities:
 - a. Prime Therapeutics (Prime) – Pharmacy TPA (both PMAP and Medicare)
 - b. Midwest Dental Benefits – Dental Claims
 - c. State of Minnesota – MSHO Enrollment
- 2. PrimeWest Health delegates Home and Community-Based service provisions to the 13 county public health and human service agencies. This includes county case management activities.
- 3. PrimeWest Health delegates common carrier transportation to county partners.
- 4. Issues identified during the 2007 delegation audits have been addressed with each TPA and county partner. Audits were expanded in 2007 to include MSHO and Medicare Part D oversight. All TPAs received and acknowledged a copy of the audit results/report. County partners were provided with their specific audit results. All results were provided to QCCC and JPB respectively.
- 5. PrimeWest Health contracts with Cirdan Health in St. Paul for CFO and actuary responsibilities.

G. SYSTEM OF COMMUNICATION (Minnesota Rule 4685.1110, Subpart 7.)

1. Regular Reporting to JPB

- a. The QCCC provides quarterly reports (and more frequently when needed) to the PrimeWest Health JPB regarding quality improvement activities. These reports include timely information about specific quality studies, activities, and safety initiatives. These quarterly reports also include aggregate information gathered as a result of tracking and trending complaints, appeals, and grievances.
 - b. The PrimeWest Health all inclusive data repository includes claims data for medical, pharmacy, dental, and behavioral health claims.
- 2. Annual Evaluation** (Minnesota Rule 4685.1110, Subpart 8, NCQA QI Element C.)
- a. PrimeWest Health's annual written evaluation of the QI program includes:
 - i. A description of completed and ongoing QI activities that address quality and safety of clinical care and quality of service
 - ii. Trending of measures to assess performance in the quality and safety of clinical care and quality of service
 - iii. Analysis of the results of QI activities including barrier analysis
 - iv. Evaluation of the overall effectiveness of the QI program, including progress toward influencing network-wide safe clinical practices.
 - b. On an annual basis, a detailed, written report is prepared that addresses the elements identified in the Annual Quality Work Plan:
 - i. The results of monitoring activities, performance improvement projects, and focus studies on the provider and network levels and member areas
 - ii. Success in meeting annual goals and objectives
 - iii. Results of provider and member satisfaction surveys
 - iv. Annual report of complaint appeals and grievance data
 - v. Identification of opportunities for improvement
 - vi. Improvement action taken and/or recommended to address identified problems
 - c. The results of the annual quality evaluation are reported to all committees that support the quality process and the Joint Powers Board.
 - d. The written quality assurance plan shall be amended when there is no clear evidence that the program continues to be effective in improving care.
 - e. Mechanisms to identify under and over utilization of services are in place, tracked, monitored, and evaluated.
 - f. Thresholds are established in the Utilization Management Plan based on historical data to identify under- and over-utilization of services, or changes in access, structure, or operations that may affect the health care and safety of PrimeWest Health members.
- 3. Network Reporting**
- a. In order to achieve true integration and collaborative activities, information about the quality program is communicated openly throughout the PrimeWest Health provider network. This reporting occurs both as regularly scheduled reporting no less than annually and on an "as needed" basis.
 - b. Primary method to communicate this information includes the following:
 - i. Reports to committee meetings
 - ii. Formal newsletters
 - iii. Intermittent targeted mailings
 - iv. Electronic communications utilizing PrimeWest Health's website and email where available
- 4. Member Reporting**
- Results of quality program activities are reported to PrimeWest Health members. PrimeWest Health believes its members are key participants in achieving the goals of the quality program and therefore must be kept informed of the activities and

encouraged to participate in the programs. Reports of quality activities are made in a variety of methods including:

- a. Reports to member advisory committees
- b. Periodic mailings such as member newsletters
- c. Specific targeted mailings based on activity
- d. Member guides such as certificates of coverage and explanations of benefits

5. Confidentiality

Information acquired during the investigation and review process by QCCC in the exercise of its duties and functions, or by an individual or entity acting at the direction of the QCCC, is held in confidence and is not disclosed to anyone except to the extent necessary to carry out the purpose of the review. All JBP members, QCCC members, and staff are instructed on the policies pertaining to confidentiality and all communications are conducted in accordance with the Healthcare Quality Improvement Act of 1997, Minnesota State Statutes 145.61 – 67, and state government data privacy statutes and rules and PrimeWest Health's Health Insurance Portability and Accessibility Act (HIPAA) policies.

H. SCOPE OF QUALITY ASSURANCE PROGRAM ACTIVITIES (Minnesota Rule 4685.1110, Subpart G.)

1. Process

- a. The quality program provides a structured process for monitoring, evaluating, and identifying opportunities for improving the quality and appropriateness of services provided to PrimeWest Health's members. It supports PrimeWest Health's contractual obligations to provide members with access to high quality, safe, and integrated health care delivery system. The program uses measurable criteria to identify, prioritize, track, trend, and recommend solutions for quality and service-related issues on an ongoing basis. This includes a systematic process for identifying, monitoring, evaluating, and responding to possible quality of care and service issues identified through a variety of sources, including feedback from members. It is designed to monitor and evaluate the accessibility, quality, and appropriateness of all clinical health care services delivered to its members by participating providers regardless of the setting in which the service is delivered or the type of service delivered.
- b. The Quality Plan is filed with the Minnesota Department of Health as required by State statute and DHS contract requirements. It is updated when changes are made within PrimeWest Health.
- c. An Annual Quality Project Work Plan that identifies specific activities, programs, and studies support the Quality Plan. Many of these are the same from year to year. However, each year new activities, programs, and studies are added to support the ongoing health needs of the PrimeWest Health population. This annual Quality Work Plan is developed based on current regulatory requirements, the results of the annual quality evaluation, and input from PrimeWest Health committees, providers, and members.
- d. The quality program monitors other elements as identified that can affect access to care or delivery of care. Components of the quality program are designed to meet all applicable state and federal requirements.

- 2. Information System** (Minnesota Rule 4685.1110, Subpart 7. and 42 CFR 438.242)
PrimeWest Health has an information system in place that supports initial and ongoing operations, including communication to members and providers, quality assessments, and performance improvement programs. Through this system, we collect, analyze, integrate, and report data to determine member and provider demographics, monitor

services furnished to members, and assure accuracy and timeliness of reported data. PrimeWest Health data is screened and reviewed for completeness, logic, and consistency to provide service information in a standardized format. All collected data is available to the State and CMS upon request and all communications are conducted in accordance with the Healthcare Quality Improvement Act of 1997, Minnesota State Statutes 145.61 – .67, State government data privacy statutes and rules, and PrimeWest Health’s HIPAA policies.

3. Clinical Components Evaluated as Part of Utilization Management Include

(Minnesota Rule 4685.1110, Subpart 10.):

Attachment C: Utilization Management Plan

PrimeWest Health utilization management data is reported to the QCCC and JPB on a regular basis at a minimum of quarterly, and more frequently, if needed, including the following:

- a. Acute hospital care services
- b. Ambulatory care services, including preventive care
- c. Emergency and urgent care services
- d. Mental health and chemical dependency services
- e. Preventive health care services
- f. Pharmacy services
- g. Services rendered by allied health professionals, including chiropractic, occupational therapy, and speech therapy
- h. Ancillary services, including pharmacy, home health care, durable medical equipment, skilled nursing care, radiology, and laboratory services

4. Organizational Components Evaluated Include the Following:

- a. Referrals
- b. Case management
- c. Discharge planning
- d. Appointment scheduling and waiting times
- e. Second opinions
- f. Prior authorizations
- g. DTR/IRR
- h. Provider reimbursement arrangements
- i. Any other systems, procedures, or administrative requirements that could affect the delivery of, or access to, care
- j. UM plan, policies, and procedures
- k. All stated criteria, standards, and acceptable guidelines

5. Consumer Components Evaluated Include the Following:

- a. Confidentiality and accuracy of member records
- b. Member satisfaction surveys
- c. Member grievances including quality of care grievances
- d. Member written or verbal comments or questions
- e. Provider appeals on behalf of a member
- f. Enrollment and disenrollment factors

6. Credentialing and Re-Credentialing

- a. The appropriate and regular credentialing of network practitioners and providers as defined by PrimeWest Health credentialing policies is a key function of the Quality Management Plan. All practitioners participating with PrimeWest Health undergo a review of their qualifications, including education and training, licensure status, board certification, hospital privileges, and malpractice history. All practitioners undergoing initial credentialing and re-credentialing are reviewed and recommended by the QCCC. The recommendations of QCCC require review and approval by the JPB.

Credentialing and re-credentialing activities, minutes, and documents are considered privileged and confidential under State and Federal laws.

- b. Re-credentialing is performed on a triennial basis, as required by NCQA and community standards. To ensure quality and safety of care between re-credentialing cycles, PrimeWest Health performs ongoing monitoring for practitioner adverse events, sanctions, and complaints. PrimeWest Health reviews Medicare, Medicaid, and State information regarding practitioners who have received sanctions or limitations on licensure within 30 calendar days of its release. Investigation of practitioner-specific complaints includes evaluation of both the specific complaint and the practitioner's history of issues, if applicable. If a practitioner is identified on a sanction report, or there is evidence of poor quality care or conduct, the practitioner's ability to provide services are reviewed and assessed by the QCCC and action is taken based on QCCC recommendations.
- c. QCCC also reviews and recommends hospitals, home health agencies, skilled nursing facilities, free standing surgical facilities, free standing birthing centers, and inpatient or ambulatory behavioral health facilities for participation in the PrimeWest Health Provider Network through the Credentialing and Re-credentialing process. Quality Department staff conducts a quality assessment for each facility, which includes accreditation status, state licensure status, Medicare/Medicaid sanction status, malpractice coverage, and history.

7. Delegation of Credentialing

- a. In some cases the credentialing process may be delegated to entities outside of PrimeWest Health. The Credentialing Contracting Coordinator maintains oversight over credentialing activities delegated to these entities. The delegation agreement between the entities specifies the responsibilities of both parties; the activities that are to be delegated; the frequency of reporting; the process by which the performance is evaluated; and the remedies available to PrimeWest Health if obligations are not fulfilled, up to and including revocation of delegated activities.
- b. Prior to delegation, the Credentialing Contracting Coordinator assesses the capability of entities to fulfill the responsibilities and requirements of PrimeWest Health's Credentialing Plan, the Centers for Medicare & Medicaid Services (CMS), the National Committee for Quality Assurance (NCQA), and any other pertinent accreditation or regulation organizations for credentialing.
- c. The Credentialing Contracting Coordinator, under the supervision of the Credentialing Contracting Manager, performs credentialing delegation oversight. Delegates are monitored according to a reporting schedule whereby regular reports are received and reviewed. Documents are reviewed as required on an annual basis and comprehensive audits of performance are conducted in accordance with NCQA standards.
- d. The Credentialing Contracting Coordinator seeks recommendations from the Medical Director, QCCC, and JPB regarding the delegation of credentialing activities. QCCC and JPB review and approve practitioners credentialed and re-credentialed by delegates as part of its regular activities. PrimeWest Health retains the right, based on quality issues, to approve new practitioners, providers, and sites and to terminate or suspend individual practitioners or providers.
- e. For each delegated entity, the Credentialing Contracting Coordinator reviews the credentialing committee minutes, the credentialing plan, or other relevant documents prior to delegation. The Credentialing Contracting Coordinator conducts a site visit of the delegated entity to assess and evaluate performance on an annual basis. If the delegate has been awarded accreditation or certification by NCQA for credentialing, the requirement for the annual evaluation is waived. The delegate must provide

- PrimeWest Health with evidence of the accreditation or certification and a copy of any NCQA recommendations or corrective action plan.
- f. If, during the course of oversight activities, opportunities for improvement are identified, the Credentialing Contracting Coordinator works with the delegate to develop a corrective action plan. The Credentialing Contracting Coordinator is responsible for monitoring to the delegate's implementation and compliance with any corrective action plan items. Corrective action plans are individualized to unique delegate or problem areas. Delegates may be required to submit a report outlining the implementation and compliance with the corrective action plan.
 - g. Report activities and the findings of the review process are reported by the Credentialing Contracting Coordinator or Medical Director to QCCC and JPB every month. A list of delegated entities and the activities delegated to each is maintained by PrimeWest Health's Quality Management staff. QCCC and JPB meeting proceedings are documented in written signed minutes filed with the Quality Management staff.
8. **Provider Accessibility and Availability** (42 CFR 438.206-208)
- a. Provider accessibility and availability is monitored on an ongoing basis to assure that established standards for reasonable geographical location, number of practitioners, hours of operation, appointment availability, and provision for emergency care and after-hours services are available to PrimeWest Health members. PrimeWest Health provides care to PrimeWest Health's members by assuring an adequate number of hospitals, service locations, service sites, and professional, allied, and paramedical personnel. Primary care is available no more than thirty (30) miles or thirty (30) minutes distance and specialty care is available no more than sixty (60) miles or sixty (60) minutes for all members or in accordance with the State's generally accepted community standards. Emergency medical services, post-stabilization care services, and urgent care are available on a twenty-four (24) hour, seven-day-per-week basis. Services appropriate for Special Needs Populations are available within the PrimeWest Health provider network to the extent that the service is a covered service.
 - b. Monitoring activities may include provider surveys; on-site visits; evaluation of member satisfaction surveys; evaluation of concern, complaint, and grievance reports; geo-access surveys; and evaluation of provider to member ratios. Specific deficiencies are addressed with a corrective action plan, and a follow up activity is conducted to reassess compliance. Data are presented to the PrimeWest Health Management Team and JPB for evaluation and recommendations.
9. **Provider Satisfaction**
- Provider satisfaction surveys are conducted annually and designed to assess what services are important to health plan providers and determine provider satisfaction with the health plan. Results of the provider surveys are summarized and reviewed by the PrimeWest Health Management Team to identify and prioritize areas for improvement and to develop action plans. Provider components to be evaluated include:
- a. Provider satisfaction surveys
 - b. Provider complaints
 - c. Provider appeals
 - d. Credentialing, credentialing plan, policies, and procedures
10. **Provider Monitoring**
- The Director of Care & Quality Management, Medical Director, and the Director of Provider Services develop performance monitors and/or practice guidelines for clinical, organizational, and consumer components for approval by the QCCC. These guidelines

and performance monitoring activities are developed using nationally recognized guidelines whenever possible with consideration for local practitioners and physician advisory committee recommendations. Standards required by the MDH and DHS and benchmarks based on available local, regional, or national data are used for comparison and evaluation of PrimeWest Health monitoring results. Monitoring activities are performed through evaluation of data collected from claims, medical record audits, or other appropriate sources.

I. QUALITY PROCESS

1. The Director of Care & Quality Management and the Medical Director have primary responsibility for meeting requirements of the quality process.

Focus studies and performance improvement projects follow the format described in the BBA97 standards and meet the requirements of MDH and DHS. All studies follow the steps described in this section and are in compliance with Minnesota Rules, part 4685.1120 and 1125. (Minnesota Rule 4685.1110, Subpart 9.A. and CFR 42 438.240 Quality Assessment & Performance Improvement, and CMS protocol entitled: "Conducting Performance Improvement Projects".)

PrimeWest Health's evaluation methods permit tracking of specific complaints, ability to assess trends, and establish a corrective action plan to be implemented and assure that the plan is effective in improving the identified problem. (Minnesota Rule 4685, Subpart 9.B.)

PrimeWest Health's Quality program conducts ongoing evaluations of member complaints that are related to quality of care. The evaluations are conducted according to the steps in part 4685.1120. Data on complaints related to quality of care are reported to and evaluated by the QCCC and reported to the JPB. (Minnesota Rule 4685, Subpart 9.C.)

2. Problem Identification

The existence of actual or potential quality problems or opportunities for improving medical care, behavioral health care, or pharmacy benefits may be identified through a variety of sources. These include:

- a. Results of monitoring activities, including but not limited to, HEDIS and other utilization results
- b. Utilization reports showing areas of high volume or high risk for the PrimeWest Health population
- c. Data reports identifying areas where problems are expected or have occurred in the past, areas that can be corrected, or where prevention may have an impact
- d. Trend analysis of complaint, appeals, and grievances, including quality of care concerns
- e. Analysis of member and provider satisfaction surveys
- f. Results of medical record audits
- g. Contractual specifications, including PIP requirements
- h. Other concerns identified by PrimeWest Health members, providers, or partners

3. Problem Selection

- a. The Director of Care & Quality Management, Medical Director, Utilization Management & Pharmacy Manager, and Quality Manager recommend topics for focus study or improvement activities for final approval by the QCCC. These recommendations are based on problems identified as described above.

- b. In recommending the specific activities, consideration is given to the prevalence of the problem, its impact on patient care and safety, and professional practice and the potential ability to affect change. Whenever possible, PrimeWest Health attempts to participate in collaborative activities that have the best ability to effect change in partnership with other health plans and/or PrimeWest Health partners.

4. Corrective Action

- a. When an opportunity for improvement is identified, the Director of Care & Quality Management, in collaboration with the Medical Director, develops a corrective action plan for approval by the QCCC. This plan is directed either at a specific provider or group of providers or it is sometimes a system-wide activity.
- b. The plan includes:
 - i. Measurable objectives for each action
 - ii. Timeframes for corrective action
 - iii. People responsible for implementation

5. Evaluation of Intervention

The Director of Care & Quality Management, the Quality Manager, and the Compliance Officer have responsibility for monitoring results to determine the effectiveness of the corrective action plans. If initial intervention does not result in expected improvements, the corrective action plan is revised and continued until desired results are achieved or until PrimeWest Health and/or the provider are able to otherwise demonstrate the concern has been resolved.

6. Documentation and Reporting of Results

The Director of Care & Quality Management has responsibility for reporting results to the appropriate PrimeWest Health committees. In most cases, results are reported to the QCCC with summary results reported to the JPB. Results are shared with members and participating providers whenever possible without breaching confidentiality concerns.

J. QUALITY PLAN, ANNUAL QUALITY PROJECT WORK PLAN, AND ANNUAL EVALUATION

1. Quality Plan

This Quality Plan is considered the written quality assurance plan for PrimeWest Health as required by Minnesota Rules, part 4685.1130, subpart 1. It is filed as required with the Commissioner of Health.

- a. On an annual basis, the Director of Care & Quality Management in collaboration with the Medical Director determines if revisions are needed to this plan. The Quality Assurance Plan is presented to the JPB for approval as described in this document.
- b. Upon final approval by the JPB, the revised Quality Assurance Plan is submitted to the Commissioner of Health 30 days before the effective date of any changes.

2. Quality Activities

The specific quality activities are defined annually in the Annual Quality Project Work Plan as required in Minnesota Rules, part 4685.1130, subpart 2. The Director of Care & Quality Management and Medical Director have responsibility for developing the Annual Quality Project Work Plan. The work plan is based on the recommendations of QCCC after review and evaluation of the current work plan, focus study results, and outcomes of interventions and monitoring activities. The work plan is presented to the QCCC which makes final recommendation for approval to the JPB. The JPB has final approval of the Annual Quality Project Work Plan. Upon final approval by the JPB, the updated Annual Quality Project Work Plan is submitted to the Commissioner of Health as stipulated in the DHS contract.

3. Quality Project Work Plan

- a. The Project Work Plan provides a detailed description of the proposed quality evaluation and monitoring activities that are conducted in the following year, including a timetable for completion. The Project Work Plan addresses all components to be conducted in compliance with Minnesota Statutes and Rules and as contractually required by DHS.
- b. The Project Work Plan provides a detailed description and specifies thresholds for measurement results and/or status reports on all focus studies, performance improvement projects, chart abstraction findings, provider and member satisfaction surveys, and all other improvement activities being conducted. A minimum of three (3) studies are initiated each year. These studies and activities follow the Balanced Budget Act (BBA97) Performance Improvement Project guidelines and CMS Performance Improvement Project protocols.
- c. The Project Work Plan provides a detailed description, specifies thresholds for measurement results and/or status report on all Utilization Management activities.

4. Quality Components

- a. Each study or activity is conducted according to steps in Minnesota Rules, part 4685.1125 and includes the following:
 - i. The topic to be studied
 - ii. Rationale for choosing this topic
 - iii. Benefits expected to be gained by conducting the study
 - iv. Study methodology, including sample size and sampling methodology
 - v. Written measurable objectives
 - vi. Goals, benchmarks, and timeframes
 - vii. Interventions
 - viii. Criteria to be used for evaluation
 - ix. Approval by QCCC
- b. Performance Improvement Projects (PIPs) follow the 10-step protocol outlined in the BBA 97. CFR 42 438.240. The steps are as follows:
 - i. Select the study topic(s)
 - ii. Define the study question(s)
 - iii. Select the study indicator(s)
 - iv. Use a representative study population
 - v. Use sound sampling techniques (if sampling is used)
 - vi. Reliably collect data
 - vii. Implement intervention and improvement strategies
 - viii. Analyze data and interpret study results
 - ix. Plan for “real” improvement
 - x. Achieve sustained improvement

5. Annual Evaluation (Minnesota Rule 4685, Subpart 8.)

On an annual basis, PrimeWest Health evaluates the effectiveness of the quality program by reviewing the Quality Assurance Plan and the annual Quality Project Work Plan. Using the Quality Assurance Plan’s goals and objectives as criteria, the quality improvement activities for the year are evaluated for appropriateness and effectiveness in assessing and improving the quality of care provided to PrimeWest Health members. Evaluations and recommendations from regulatory agencies and other external quality review organizations are also considered in assessing the strength of the PrimeWest Health quality program. The written Quality Assurance Plan is amended when there is no clear evidence that the program continues to be effective in improving care.

K. SCOPE OF ACTIVITIES AND MONITORING IN ANNUAL PROJECT WORK PLAN

1. Medical Record Reviews (Minnesota Rule 4685, Subpart 13 and NCQA QI 14 A and B)

- a. The medical record contains critical information about the delivery of health services to a member. It is therefore essential for the medical record to be complete, accurate, and readily accessible in order to ensure that ongoing medical care is appropriate and effective. It is the responsibility of PrimeWest Health to conduct medical record audits in accordance with confidentiality standards to request and/or access the minimal records necessary as required by the Health Insurance Portability and Accountability Act (HIPAA) and to manage Protected Health Information (PHI) in a confidential manner as required. It is the responsibility of PrimeWest Health to assess the accuracy and completeness of the medical records as well as to monitor the frequency of specific elements of care. Medical records are selected using a simple random sampling of members from the medical claims information. Medical records are assessed on a regular basis using a standard audit tool to assure compliance with Federal, State, and PrimeWest Health Provider Services policies and performance standards which include a requirement for timely, legible, and accurate documentation of patient history, health status, diagnosis, treatment, and referrals. Improvement actions, when indicated, are developed and monitored as previously described. Results of medical record audits are evaluated and reported as previously described.
- b. PrimeWest Health maintains a medical record retrieval system that ensures that medical records, reports, and other documents are readily accessible.

2. Performance Improvement Projects

Performance Improvement Projects (PIPs) are reviewed and reported at a minimum of annually for each project currently in place. The PIPs follow the protocols as outlined in the BBA97: CFR 42 438.240 Conducting Performance Improvement Projects.

3. Focus Studies (Minnesota Rules 4685.1125 and NCQA QI 6B, QI 12, QI 13)

Focus studies are intended to gather information in situations where problems or potential problems have been identified or are likely, where there is a potential to improve care, and/or where additional information is needed to determine if improvement is needed. PrimeWest Health selects focus study areas based on the prevalence of the topic and its impact on patient care, patient safety, patient outcomes, and professional practice and based on regulatory and contractual requirements. Whenever possible, PrimeWest Health works in collaboration with DHS external quality reviews or other health plans, or studies being conducted by its providers and partners. Study methodology follows community standards in compliance with BBA97 and other regulatory standards. Whenever possible, sampling includes the entire available population or a statistically significant sample. Results of the focus study are analyzed and summarized by the PrimeWest Health Medical Director and the Director Care & Quality Management and reported to the QCCC. Development of corrective action plans and additional reporting are described elsewhere in this document.

4. HEDIS Evaluation

PrimeWest Health, in collaboration with contracted vendors, collects claims and medical record data to report HEDIS results as required. In order to report the most accurate rates, the use of hybrid methodology is used for those measures that are typically under-reported by administrative data. HEDIS results, including national and local comparisons, are reported to the QCCC on an annual basis. The QCCC evaluates results and determines priority areas for improvement for inclusion in the Annual Quality Project Work Plan. These results are used to evaluate current initiatives as well as to identify other opportunities for improvement. Performance goals are established by the QCCC to improve indicators with low rates. All results and recommendations are reported to the JPB on an annual basis. PrimeWest Health conducts its HEDIS audits in

compliance with NCQA standards or as otherwise instructed by DHS or MDH. If required, PrimeWest Health complies with requirements for a certified HEDIS audit.

5. Member Satisfaction Surveys

Member satisfaction surveys provide direct information about member perceptions of actual experiences and guide PrimeWest Health's efforts to make improvements in service delivery at both the system as well as the provider level. Member satisfaction surveys are conducted annually in compliance with DHS specifications. Data from the satisfaction surveys are integrated with other indices of consumer satisfaction/dissatisfaction such as complaints and appeal patterns for analysis and identification of emerging themes. Member satisfaction surveys include CAHPS surveys and HOS-M surveys. The Director of Care & Quality Management annually reports the survey information to the QCCC. The QCCC is responsible for making recommendations for system changes and for issuing improvement actions when necessary. The JPB annually receives a report of the consumer satisfaction survey results.

6. Provider Surveys

Provider surveys provide direct information from providers and guide PrimeWest Health's efforts to make improvements in systems that affect providers. Data from provider surveys are integrated with the quality assessment each year. The Director of Provider Services annually reports the results of provider surveys to the QCCC and JPB, when appropriate.

7. Public Health Goals

The Quality Program monitors and evaluates PrimeWest Health's contribution toward achieving public health goals established for its service area. Whenever possible, public health goals are considered in developing improvement plans. Public health goals, in most cases, are the benchmark that we strive to achieve. The Director of Care & Quality Management provides semi-annual reports to the QCCC on the activities and progress toward achieving the public health improvement goals. At least annually, the Director of Care & Quality Management and/or the Medical Director provides the PrimeWest Health JPB with a summary of the activities taken and progress toward the achievement of the public health improvement goals.

L. DELEGATION OVERSIGHT (Minnesota Rule 4685, Subpart 6. and 42 CFR 438.230)

1. PrimeWest Health oversees and has final responsibility for all delegated quality improvement activities. Quality Management services that can be delegated include, but are not limited to, quality improvement; utilization management including care management; credentialing and re-credentialing; medical record review; and complaints, appeals, and grievances (CAG).
2. Pre-delegation assessments are conducted to determine whether an entity has systems in place that are in compliance with all applicable regulatory requirements and PrimeWest Health standards and policies to assume delegated activities.
3. Delegated activities and requirements for reporting are clearly defined in the delegated entities' contracts, addenda, or amendments. This reporting is reviewed by PrimeWest Health to ensure the delegated entity is completing all required activities. In addition, the delegated entity is evaluated annually to ensure that activities are being conducted in compliance with PrimeWest Health's expectations. Delegated entities are required to comply with all requirements to meet regulatory and contractual requirements of PrimeWest Health including reporting of CAG and HEDIS, when appropriate.
4. If it is determined that delegated activities are not in full compliance, a corrective action plan (CAP) is developed by the delegated entity. The plan contains measurable expectations and timeframes and is approved by the QCCC. The Director of Care & Quality Management and Compliance Officer in collaboration with other departments,

has primary responsibility for oversight of delegated quality activities and monitoring of any delegation related CAP.

Violation of this Policy

No or only partial adherence to this policy may result in noncompliance with current regulatory requirements and subsequent penalties to PrimeWest Health. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Signatures



Signature Approval: _____ **Date:** 5-7-09

Charles McKinzie, MD
Medical Director/Designated Senior Physician



Signature Approval: _____ **Date:** 5-7-09

Marvin Tinklenberg
PrimeWest Health Joint Powers Board of Directors