

**Product Lines Affected**

Medicaid	X	PHC (HMO SNP)*	X
GAMC	X	MnCare	X
MSC Plus	X	Part D	X
PWSHC (HMO SNP)*	X	Other	
PHC (SNBC)*	X		

<b>Policy Name</b>	Quality Assurance Plan		
<b>Policy Number</b>	QM 03		
<b>Effective Date</b>	April 7, 2011	Revised/Reviewed	April 7, 2011
<b>Responsible Position</b>	Quality Manager		
<b>Regulatory Requirement(s)</b>	<p>Minnesota Department of Human Services (DHS) Families and Children contract, Article 7</p> <p>DHS Minnesota Senior Health Options/Minnesota Senior Care Plus (MSHO/MSC+) contract, Article 7</p> <p>DHS 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> <p>Title 42 CFR Part 422.152 Subpart D (Quality Assurance)</p> <p>Title 42 CFR Part 422.101 (Requirements relating to basic benefits)</p> <p>Medicare Managed Care Manual Chapter 5 – Quality Improvement and Reporting</p>		

\*PrimeWest Health’s name for the Minnesota Senior Health Options (MSHO) program

‡PrimeWest Health’s name for the Special Needs BasicCare (SNBC) program for people *without* Medicare

‡PrimeWest Health’s name for the Special Needs BasicCare (SNBC) program for people *with* Medicare

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## A. INTRODUCTION

1. This document presents the written Quality Assurance Plan and describes the PrimeWest Health quality program. This plan has been developed in accordance with the following requirements, established by law or standard:
  - a. Minnesota Department of Human Services (DHS) contracts, Article 7 for the Families and Children Program, Minnesota Senior Health Options/Minnesota SeniorCare Plus Program (MSHO/MSC+), and Minnesota Special Needs Basic Care Program.
  - b. Minnesota Rule 4685.1110 to 4685.1130
  - c. 42 CFR 438.240 (BBA)
    - i. Subpart A – Contract Requirements
    - ii. Subpart D
      1. Access
      2. Structure and Operations
      3. Measurement and Improvement
  - d. 42 CFR 422, Subpart D - Quality Assurance
  - e. Medicare Managed Care Manual Chapter 5: Quality Improvement and Reporting
  - f. National Committee for Quality Assurance (NCQA) Quality Assessment and Performance Improvement Program (NCQA QI 1A, QI 1B, QI 6B, QI 11-14, CR 1-12)
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.
3. 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.
4. 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
	Traverse
5. Formed to provide county-based purchasing for Medical Assistance (MA) services for eligible citizens living in the PrimeWest Health service area.
6. PrimeWest Health provides:
  - a. Prepaid Medical Assistance Program (PMAP)
  - b. Minnesota Senior Care Plus (MSC+)
  - c. MinnesotaCare

- d. Minnesota Senior Health Options (MSHO) – a Medicare product for people 65 years and older dually eligible for Medicaid
  - e. Medicare Part D program for MSHO members
  - f. Special Needs BasicCare
7. PrimeWest Health is committed to delivering high quality, comprehensive, and integrated health and social services to Medicaid recipients.

## **B. QUALITY PROGRAM DESCRIPTION**

(Minnesota Rule 4685.1110 and NCQA QI 1: Program Structure Element A)

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.
2. 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.
3. 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.
4. The PrimeWest Health quality program is assessed annually to determine the effectiveness of the quality program 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.”
5. PrimeWest Health submits the written assessment to the State by May 1 of each year.
6. PrimeWest Health encourages practitioners and providers to participate in quality improvement projects initiated by Center for Medicare and Medicaid Services (CMS), Health and Human Services (HHS), Minnesota state agencies, and PrimeWest Health quality improvement projects.
7. PrimeWest Health’s Quality Program incorporates information obtained from member surveys, provider reported complaints, and member complaints and grievances into the Annual Quality Work Plan to ensure that quality and safety standards are met.

## **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.
- b. 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 members from participating counties 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. The reasons identified by PrimeWest Health participating counties to establish a county-based purchasing organization for the delivery of health care has 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.
- b. PrimeWest Health values members and is committed to:
  - i. Better understanding and addressing the social and health care needs that affect our member's wellbeing.
  - ii. Improving outcomes for members, families, and communities.
  - iii. The inherent right of members to make informed decisions regarding their own health care.
- c. 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.
- d. Develop alternative methods to provide essential services that, at present, do not meet local demand in a satisfactory way.
- e. 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.
- f. 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.
2. Improve health status of PrimeWest Health members and its member counties.

3. Operate PrimeWest Health as a model business while embracing and fulfilling the public service responsibilities of a government agency.

## **E. ORGANIZATIONAL STRUCTURE**

(Minnesota Rule 4685.1110, Subpart 1.D.; NCQA QI 1A. 4., 5., 7., 10.)

### **Attachment A: Organizational Chart**

### **Attachment A2: Committee Organization Chart**

#### **1. Legal Structure and Governance**

(NCQA QI 1: Program Structure Element A)

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.; NCQA QI 1A.4)

- a. The JPB is ultimately responsible for the work that PrimeWest Health does, as well as the quality and safety of that work. The JPB retains total authority and accountability for the Quality Assurance Plan. This includes:
  - i. 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.
  - ii. Establishing system-wide strategic goals. All of this must be done while meeting all applicable regulatory requirements.
  - iii. JPB maintains authority for final approval of the Quality Assurance Plan, the Annual Quality Program 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., Subpart 4., and NCQA QI 1 and Q1 2)

- a. The JPB has delegated responsibility for developing, implementing, monitoring and review of the quality program to the Quality & Care Coordination Committee (QCCC). The QCCC is scheduled on a quarterly 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, consumers, and PrimeWest Health Medical Directors, Behavioral Health Medical Director and the Assistant Medical Director.

- c. PrimeWest Health staff to the QCCC includes the following:
  - i. Director of Care & Quality Management
  - ii. Senior Medical Director
  - iii. Behavioral Health Medical Director
  - iv. Quality Manager
  - v. PMAP/Utilization Management Manager
  - vi. Pharmacy Manager
  - vii. Credentialing and Network Manager
  - viii. Compliance Officer
- 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. Credentialing and recredentialing of network providers and organizational assessments
  - ii. Recommends policy decisions
  - iii. Analyzes and evaluates the results of quality improvement activities
    - 1. Member satisfaction surveys (CAHPS(), Health Outcomes Survey (HOS))
    - 2. Provider surveys
  - iv. Ensures practitioner participation in the quality program through planning and design
  - v. Monitors trends and established thresholds related to reported data
  - vi. Recommend appropriate action
  - vii. Establish standards for:
    - 1. Clinical care
    - 2. Behavioral Health Care
    - 3. Quality
    - 4. Safety
  - viii. Ensures follow-up, as appropriate
  - ix. Selects, implements, and evaluates clinical practice guidelines
  - x. Provide oversight of the development and implementation of the:
    - 1. Quality Assurance Program
    - 2. Annual Quality Work Plan

3. Annual Quality Program Assessment

- g. QCCC meeting minutes reflect all committee decisions and actions, and are signed and dated upon approval.

**4. Organizational Staffing and Resources**

(Minnesota Rule 4685.1110, Subpart 1.E., Subpart 5., and Subpart 12., NCQA QI 1: Program Structure Element A)

- 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. Information System (Minnesota Rule 4685.1110, Subpart 7, Title 42 CFR 438.242, and 422.152(f)(1).)  
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.
- c. 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:
  - i. number of members
  - ii. number of participating counties
  - iii. member, provider, and organizational needs
- d. Staff qualifications are expected to meet or exceed the industry standard for education and experience in similar positions at other Minnesota health plans.
- e. PrimeWest Health expects staff from each department to work as an integrated team to best meet the goals and objectives of the organization.
- f. The PrimeWest Health quality program is administered and implemented by the following staff:
  - i. Senior 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 and quality plan throughout the participating counties.
  - iii. Medical Director for Mental Health/CD (Behavioral Health) 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. Assistant Medical Director - responsible to provide assistance to the Senior Medical Director for the system-wide quality program through both active participation in quality activities and oversight of the Quality Assurance Plan, Annual Assessment, and Annual Quality Project Work Plan and all committee activities that support the quality program
  - v. 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 participating counties and network providers when requested. This position reports to the Director of Care & Quality Management.
  - vi. 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 surveys. This position reports directly to the Director of Care & Quality Management.
  - vii. 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. The Quality Specialists report to the Quality Manager and the Director of Care & Quality Management.
  - viii. 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.
- ix. PMAP/Utilization Management 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 and behavioral health. This position reports directly to the Director of Care & Quality Management.
  - x. Pharmacy Manager – responsible for monitoring Medicare Part B and Part D pharmacy utilization. Primary contact for PrimeWest Health’s pharmacy benefit manager (PBM), analysis and recommendations for improvement identified through report analysis and during annual delegation assessment, monitor activities conducted on PrimeWest Health’s behalf including formulary and pharmacy benefit changes. Collaborate with other PrimeWest Health departments and provide professional advice and recommendations for disease management programs, medication therapy management program, step-therapy and tier programs. This position reports directly to the Director of Care & Quality Management.
  - xi. Credentialing Manager – responsible for the operation of the Credentialing Department assuring compliance with regulatory and accrediting body standards for the credentialing and re-credentialing of practitioners.. The Credentialing Manager provides oversight of delegated credentialing through monitoring of delegates. The Credentialing Manager and Medical Director maintain the credentialing function of the Peer Review Committee (PRC). The Medical Director reports these activities to the QCCC and JPB. The Credentialing Manager 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. This position reports directly to the Director of Care & Quality Management.
  - xii. Site Visit Coordinator(s) – has primary responsibility for all PrimeWest Health provider site audits. The Site Visit Coordinator performs all pre-delegation site assessments and ongoing site assessments 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.; 42 CFR 438.214, and 422.152)

##### **Attachment B: PrimeWest Health Credentialing Plan**

PrimeWest Health has an established Credentialing and Recredentialing program that monitors and reviews network providers for performance and quality of care and

service to our members. The PrimeWest Health Credentialing Plan is attached to the Quality Assurance Plan as Appendix B. PrimeWest Health selects, reviews, and retains a network of providers and follows the NCQA standards and Medicare regulations for approving, monitoring, and, if necessary, terminating practitioners. The credentialing process is fully described by a Credentialing Plan. The Credentialing Plan is reviewed and recommended by the QCCC, approved by the JPB and is an integral component of the Quality Assurance Plan.

- a. The JPB retains overall authority and accountability for the credentialing activities. PrimeWest Health's Senior Medical Director and the Peer Review Committee (PRC) act in an advisory capacity to the JPB for credentialing and re-credentialing action, including delegation decisions.
- b. A credentialing and re-credentialing report is provided to the JPB on a monthly basis. The JPB may request that the PRC reconsider a credentialing or re-credentialing decision at their discretion.
- 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 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 Care & Quality Management and Credentialing and Network Manager follow the delegation process described later in this document.
- e. Providers are strongly encouraged to participate in quality improvement activities with PrimeWest Health.

## **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. Section 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.

- ii. 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.
  - iii. 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.
  - ii. 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.
  - iii. 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. DELEGATION AND CONTRACTUAL ARRANGEMENTS**

(Minnesota Rule 4685.1110, Subpart 1.E. Subpart 6, NCQA QI 1A.1, QI 13, CR 12 AND UM 15)

PrimeWest Health retains full responsibility for performance of all delegated activities.

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 2009 delegation audits have been addressed with each TPA and county partner. Audits have been expanded to include MSHO, SNBC, and Medicare Part D oversight.
5. 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.
6. PrimeWest Health contracts with Cirdan Health in St. Paul, Minnesota for chief financial officer and actuary responsibilities.

## **G. SYSTEM OF COMMUNICATION**

(Minnesota Rule 4685.1110, Subpart 1.F.; NCQA QI 1. and 2.)

### **1. Regular Reporting to JPB**

- a. The QCCC reports to the PrimeWest Health JPB regarding quality improvement activities.
- b. Reports include timely information about specific quality studies, activities, and safety initiatives.
- c. Reports also include aggregate information gathered as a result of tracking and trending complaints, appeals, and grievances.
- d. 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 1. Element B.)

- a. PrimeWest Health completes an annual written evaluation of the organization-wide QI program.
- b. The annual evaluation provides a detailed, written report based on measurable data and objectives that address the elements identified in the Annual Quality Work Plan. Each reporting area includes a description of completed and ongoing activities; documentation and processes to identify trending of measures to assess quality and safety of clinical care and quality of service; analysis, including barrier analysis; and recommendations for improvement.
- 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 and safety of the services provided to PrimeWest Health members.
- 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**

(NCQA 2, Element B.)

PrimeWest Health makes information about the quality assurance program available to providers on an annual basis and more often if needed.

- a. To achieve true integration and initiate collaborative activities, information about the quality program is communicated openly throughout the PrimeWest Health provider network.
- 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 on an annual basis. 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 offered to its members.

Reports of quality activities are provided in a variety of methods including:

- i. Reports to member advisory committees
- ii. Periodic mailings such as member newsletters
- iii. Specific targeted mailings based on activity
- iv. 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 1.G., NCQA QI 1A.1)

### **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.
- b. It supports PrimeWest Health's contractual obligations to provide members with access to high quality, safe, and integrated health care delivery system
- c. 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.
- d. The program uses measurable criteria to identify, prioritize, track, trend, and recommend solutions for quality and service-related issues on an ongoing basis identified through a variety of sources, including feedback from members. This systematic process includes:
  - i. Identifying
  - ii. Monitoring
  - iii. Evaluating
  - iv. Responding
- e. 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.
- f. 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.
- g. 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; Title 42 CFR 438.242, and 422.152(f)(1).))

- a. The information 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.
- b. The PrimeWest Health Data Coordinator screens and reviews collected data for completeness, logic, and consistency to provide service information in a standardized format.
- c. If deficiencies are identified in provider reported data, Provider Services provides education and initiates corrective actions as appropriate.

- d. 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. and 4685.1115; NCQA QI 1, QI 2, QI 4, QI 5, QI 6, QI 7, QI 8, QI 10, QI 11):

**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 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. Denial/Termination/Reduction (DTR) or Inter-Rater Reliability (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
- g. PrimeWest Health identifies the prevalent non-English languages spoken within our service area and takes reasonable steps to ensure access to PrimeWest Health programs and services for members with Limited English Proficiency (LEP). Oral

interpretation services are available in any language and information is provided about how to access interpretation services.

- h. Information is available in alternative formats that take into account the member's special needs, including those who are visually impaired or have limited reading proficiency. Information is provided about how to access alternative formats.

**6. Provider Selection, Credentialing and Re-Credentialing**

(Minnesota 4685.1110, Subp. 11; 42 CFR 438.214; and NCQA CR 1-12)

The appropriate and regular credentialing of network practitioners and providers as defined by PrimeWest Health Credentialing Plan (Attachment B) and policies is a key function of the Quality Assurance Plan. Quality Department staff members are responsible to assess each organizational provider. This may include accreditation status, state licensure status, Medicare/Medicaid sanction status, liability and malpractice coverage, history, and an onsite visit if appropriate.

**7. Delegation of Credentialing**

(Minnesota 4685.1110, Subp. 11; NCQA CR 12)

- a. The delegation agreement between PrimeWest Health and the delegated entity 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 and Network Manager assesses the capability of the entity to fulfill the responsibilities and requirements of PrimeWest Health's Credentialing Plan, the Centers for Medicare & Medicaid Services (CMS), and the National Committee for Quality Assurance (NCQA).
- c. 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.
- d. If the delegate has been awarded accreditation or certification by NCQA for credentialing, the requirement for the annual evaluation is waived.
- e. Findings during the review process are reported by the Credentialing and Network Manager or Medical Director to the appropriate committees at the next regular meeting.
- f. Details of Delegation Oversight are explained in Section L of this Quality Assurance Plan.

**8. Provider Accessibility and Availability of Services**

(42 CFR 438.206-207)

- a. PrimeWest Health ensures that all services covered by each program contract are available and accessible to our members enrolled in a specific program.
- b. PrimeWest Health can provide assurances of adequate capacity and services within the provider network to serve the expected enrollment in accordance with State standards.
- c. 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.

- d. PrimeWest Health provides care to PrimeWest Health members by assuring an adequate number of hospitals, service locations, service sites, and professional, allied, and paramedical personnel.
- e. 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.
- f. Emergency medical services, post-stabilization care services, and urgent care are available on a twenty-four (24) hour, seven-day-per-week basis.
- g. Services appropriate for Special Needs Populations are available within the PrimeWest Health provider network to the extent that the service is a covered service.
- h. 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.
- i. Specific deficiencies are addressed with a corrective action plan, and a follow up surveys are conducted to reassess compliance.
- j. 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**

- a. 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.
- b. 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.

**11. Coordination and continuity of care**  
(42 CFR 438.208)

PrimeWest Health has implemented procedures to ensure the delivery of primary care to and coordination of health care services for our members.

## **I. QUALITY PROCESS**

(Minnesota Rules 4685.1120 Subp. 1 – 4 and 4685.1125 Subp. 1-5)

### **1. Quality Improvement Process Summary**

The Director of Care & Quality Management and the Senior 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 staff 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. Identification of Improvement Opportunities**

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. Selection of Improvement Opportunities**

- 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. Quality Improvement 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 Quality Improvement Intervention**

The Director of Care & Quality Management, the Quality Manager, and the Compliance Officer has responsibility for monitoring results and 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 ASSURANCE PLAN, ANNUAL QUALITY PROJECT WORK PLAN, AND ANNUAL QUALITY EVALUATION**

#### **1. Quality Assurance 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 throughout the PrimeWest Health organization.
- 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.
- b. Performance Improvement Projects (PIPs) follow the 10-step protocol outlined in the BBA 97. CFR 42 438.240.

## **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 12)

- a. The medical record contains critical information about the delivery of health services to a member. PrimeWest Health assesses the accuracy and completeness of the medical records as well as to monitor the frequency of specific elements of care. This process is described in detail in Policy and Procedure QM 06.
- 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. 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.

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.

### **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. Results are reported annually to QCCC and JPB or when results are available as in the case of HOS survey results. Member satisfaction surveys include:

- a. Conducted by external entities:
  - i. CAHPS
  - ii. HOS
- b. Conducted by PrimeWest Health internally:
  - i. Case Management system satisfaction survey
  - ii. Disease Management satisfaction Survey

### **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 and progress toward the achievement of the public health improvement goals.

8. Chronic care improvement programs are developed to include Medicare Advantage members with chronic care conditions: using diagnoses codes; number of coexisting diseases/conditions; diagnosis time frames; risk factors; medication criteria for members with asthma, chronic obstructive pulmonary disease (COPD), depression, diabetes, and heart disease. The following criteria are used to identify members for chronic care improvement programs.

- a. Hospitalizations, observation, or emergency department visits related to a chronic condition
- b. One or more outpatient visits with diagnosis for one of these chronic conditions
- c. Claim or procedure codes
- d. Provider referral
- e. Self-report via Health Risk Assessment (HRA)

**L. DELEGATION OVERSIGHT**

(Minnesota Rule 4685, Subpart 6.; NCQA QI 12, UM 15, and CR 13; 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. Delegated entities are 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: 4-7-2011**

Charles McKinzie, MD  
Medical Director/Designated Senior Physician



**Signature Approval:** \_\_\_\_\_ **Date: 4-7-2011**

Larry Kittelson  
PrimeWest Health Joint Powers Board of Directors