

F&C	X	PHC (HMO SNP) ⁴	X
MSC+ ¹	X	MnCare	X
PWSHC (HMO SNP) ²	X	Part D	X
SNBC ³	X	Other	

Gray text indicates quoted regulatory, statutory, or other language not subject to change

Policy Name	Quality Assurance Plan
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Cross-References	QM03(a): Organizational Chart QM03(a2): Committee/Workgroup Organizational Chart QM06: Health Records UM01: Utilization Management Structure/Plan CR01: Credentialing Plan SNP21: Model of Care Review and Evaluation CR23: Ongoing Monitoring PS17: Assessment of Organizational Providers ADM03: Delegation Oversight UM11: Technologies – New and Existing MS06: Interpreter Services CR24: Physician and Hospital Directories PM01: Medicare Part B Step Therapy Complex Case Management Program Description
Attachments	

¹PrimeWest Health's Minnesota Senior Care Plus (MSC+) program for members who have only Medicaid coverage through PrimeWest Health

²PrimeWest Health's Minnesota Senior Health Options (MSHO) program for members who have both Medicaid and Medicare coverage through PrimeWest Health

³PrimeWest Health's Special Needs BasicCare (SNBC) program for members who have only Medicaid coverage through PrimeWest Health

⁴PrimeWest Health's Special Needs BasicCare (SNBC) program for members who have both Medicaid and Medicare coverage through PrimeWest Health

Table of Contents

Definitions.....	2
I. Pharmacy & Therapeutic (P&T) Committee for Part B Drugs.....	3
A. Introduction.....	3
B. P&T Committee Member Requirements.....	3
C. P&T Responsibilities.....	3
II. Quality Assurance Plan.....	4
A. Introduction.....	4
B. Quality Program Description.....	4
C. Mission, Core Values, and Philosophy.....	5
D. Organizational Management Goals.....	7
E. Organizational Structure.....	8
F. Delegation and Contractual Arrangements.....	15
G. Delegation Oversight.....	15
H. System of Communication.....	15
I. Scope of Quality Assurance Program Activities.....	16
J. Quality Process.....	21
K. Quality Assurance Plan, Annual Quality Work Plan, and Annual Quality Evaluation.....	22
L. Scope and Monitoring of Annual Quality Work Plan Activities.....	23

Definitions

Provider – An individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is legally authorized to do so by the state in which it delivers the services. Use of “provider” in this policy, per Minnesota Department of Human Services (DHS) contract language, also applies to and has the same meaning as MN Stat. sec. 144.291, where “provider” means (1) any person who furnishes health care services and is regulated to furnish the services under MN Stat. Chaps. 147, 147A, 147B, 147C, 147D, 148, 148B, 148D, 148F, 150A, 151, 153, or 153A; (2) a home care provider licensed under MN Stat. sec. 144A.471; (3) a health care facility licensed under MN Stat. Chap. 144A; (4) an assisted living facility licensed under MN Stat. Chap. 144G; and (5) a physician assistant registered under MN Stat. Chap. 147A. Per the National Committee for Quality Assurance (NCQA), “provider” is an institution or organization that provides services for health plan members. Examples of providers include hospitals, residential treatment centers, rehabilitation facilities, and home health agencies. NCQA uses the term “practitioner” to refer to the professionals who provide health care services, usually licensed or certified as required by law, but recognizes that a “provider directory” generally includes both “providers” and “practitioners” and the inclusive definition is the more common use of the word. Per DHS contract language, “health care professional” means a physician, optometrist, chiropractor, psychologist, dentist, advanced dental therapist, dental therapist, physician assistant, physical or occupational therapist, therapist assistant, speech-language pathologist, audiologist, registered or practical nurse, advanced practice registered nurse, clinical nurse specialist (CNS), certified registered nurse anesthetist (CRNA), certified nurse midwife (CNM), licensed independent clinical social worker (LICSW), and registered respiratory therapy technician. All terminology relating to “provider” has the same meaning in this policy and procedure and is used in accordance with the cited regulatory requirement.

Procedure**I. Pharmacy & Therapeutic (P&T) Committee for Part B Drugs****A. Introduction**

1. This section presents the Pharmacy and Therapeutic (P&T) Committee for Part B Drugs. The P&T Committee for Part B Drugs is established in accordance with the following law or standard:
 - a. Title 42 Code of Federal Regulations (CFR) Part 422.136(b)
 - b. PrimeWest Health adopts and follows utilization management (UM) policies to comply with 42 CFR 422.137 and the Centers for Medicare & Medicaid Services (CMS) calendar year (CY) 2024 Final Rule CMS-4201-F that require PrimeWest Health to follow a process when setting coverage criteria when there is no national coverage determination (NCD) or local coverage determination (LCD) or other published criteria for coverage. See PrimeWest Health Policy and Procedure UM01: UM Structure/Plan for more information about the requirements to determine internal criteria and publish it for member information as well as the committee charter/structure. The P&T Committee is led by the Chief Senior Medical Director. The PrimeWest Health P&T Committee serves as the UM Committee that oversees the process and coverage criteria when there is no NCD/LCD or other published criteria for coverage in accordance with CMS Final Rule CMS-4201-F and the November 15, 2023 CMS Memo, "Additional Operational Instructions on the Utilization Management Committee Structure."
2. PrimeWest Health must use the P&T Committee to review and approve step therapy programs used in connection with Part B Drugs.

B. P&T Committee Member Requirements

1. The P&T Committee must include the following:
 - a. A majority of members who are practicing physicians or practicing pharmacists
 - b. At least one practicing physician who is independent and free of conflict relative to PrimeWest Health and pharmaceutical manufacturers
 - c. At least one practicing pharmacist who is independent and free of conflict relative to PrimeWest Health and pharmaceutical manufacturers
 - d. At least one practicing physician who is an expert regarding care of elderly or disabled individuals
 - e. At least one practicing pharmacist who is an expert regarding care of elderly or disabled individuals
 - f. At least one member with expertise in health equity
2. The committee members must disclose financial interests with PrimeWest Health and any pharmaceutical manufacturers.
3. Determination of conflicts of interest and recusals due to such conflicts for the P&T Committee membership must be made by an objective party.
4. The P&T Committee must clearly articulate and document processes to determine that the committee member requirements have been met.

C. P&T Responsibilities

1. The P&T Committee must do the following:
 - a. Base clinical decisions on the strength of scientific evidence and standards of practice, including assessing peer-reviewed medical literature, pharmacoeconomic studies, outcomes research data, and other such information as it determines appropriate
 - b. Consider whether the inclusion of a particular Part B drug in a step therapy program has any therapeutic advantages in terms of safety and efficacy
 - c. Review policies that guide exceptions and other step therapy processes
 - d. Evaluate and analyze treatment protocols and procedures related to the plan's step therapy policies at least annually consistent with written policy guidelines and other CMS instructions
 - e. Document in writing its decisions regarding the development and revision of step therapy activities and make this documentation available to CMS upon request
 - f. Review and approve all step therapy criteria applied to each covered Part B drug

- g. Review criteria developed by PrimeWest Health for clinical appropriateness, medical necessity, and compliance with Medicare standards
- h. Meet other requirements consistent with written policy guidelines and other CMS instructions

II. Quality Assurance Plan

A. Introduction

1. This section 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. Article 7 of the Minnesota Department of Human Services (DHS) Families and Children, Minnesota Senior Health Options/Minnesota Senior Care Plus (MSHO/MSCP), and Special Needs BasicCare (SNBC) contracts with PrimeWest Health
 - b. MN Rules parts 4685.1110 – 4685.1130
 - c. Title 42 Code of Federal Regulations (CFR) Part 438.240 (Balanced Budget Act of 1997 [BBA97])
 - d. 42 CFR 422, subp. D – Quality Improvement
 - e. **Medicare Managed Care Manual**, Chapter 5: Quality Improvement and Reporting
 - f. National Committee for Quality Assurance (NCQA) Standards and Guidelines for the Accreditation of Health Plans
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 24 Minnesota counties.
5. PrimeWest Health was formed to provide CBP for Medical Assistance services for eligible citizens living in the PrimeWest Health service area.
6. PrimeWest Health offers the following programs:
 - a. Families and Children
 - b. MSCP
 - c. MinnesotaCare
 - d. PrimeWest Senior Health Complete (HMO SNP) – PrimeWest Health’s MSHO program for members age 65 and over who have both Medical Assistance and Medicare coverage through PrimeWest Health.
 - e. Medicare Part D program for dual eligible beneficiaries
 - f. SNBC – PrimeWest Health’s SNBC program for members who have only Medical Assistance coverage through PrimeWest Health
 - g. Prime Health Complete (HMO SNP) – PrimeWest Health’s SNBC program for members who have both Medical Assistance and Medicare coverage through PrimeWest Health
7. PrimeWest Health is committed to delivering high quality, comprehensive, and integrated health and social services to our members.

B. Quality Program Description (MN Rules part 4685.1110; NCQA QI 1)

1. The Quality program supports and promotes the mission, vision, and values of PrimeWest Health through continuous improvement and monitoring of medical care, member safety, behavioral health services, and the equitable 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. It includes county partners, providers, and other entities delegated to provide services to our members on behalf of PrimeWest Health.
3. The Quality program includes goals and objectives related to Culturally and Linguistically Appropriate Services (CLAS) as PrimeWest Health strives to continually improve our services to

meet the needs of multicultural populations. PrimeWest Health involves members of the culturally diverse community in identifying and prioritizing opportunities for improvement. See Health Equity Council in Section E of this Quality Assurance Plan.

4. Member safety is an integral component of providing quality care to our members. The Quality program provides oversight and ensures alignment of member safety activities with organizational goals to provide high quality health care and services to our members.
5. The PrimeWest Health Quality program is assessed annually to determine its effectiveness and the 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 measurements and includes a review for the effectiveness of the **Utilization Management (UM) Plan, Credentialing Plan**, and the Models of Care for PrimeWest Senior Health Complete and Prime Health Complete. The assessment is consistent with State and Federal regulations and current NCQA Standards and Guidelines for the Accreditation of Health Plans.
 - a. PrimeWest Health submits the written assessment to the State by May 1 of each year.
6. PrimeWest Health requires practitioners and providers to participate in quality improvement projects initiated by CMS, the United States Department of Health and Human Services (HHS), Minnesota State agencies, and PrimeWest Health.
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 health equity, quality, and safety standards are met.

C. Mission, Core Values, and Philosophy

1. **Mission** (MN Rules part 4685.1110, subp. 1A)
 - a. PrimeWest Health's mission is as follows: Helping our members achieve healthier, fuller lives by improving their health care experience and population health and advancing health equity through our unique county-based ability to coordinate the delivery of cost-effective health care, human services, and community resources.
2. **Philosophy, Core Values, and Guiding Principles** (MN Rules part 4685.1110, subp. 1B)

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 and improving upon current service delivery models. PrimeWest Health's philosophy is embodied by our core values and guiding principles. These organizational values and principles, developed by the Joint Powers Board of Directors (JPB) and its committees, define how PrimeWest Health is to pursue our mission and goals in harmony with the values, beliefs, viewpoints, and desires of the counties and county Minnesota Health Care Programs (MHCP) participants represented by the JPB and its committees.

 - a. Core value: Members First
 - i. Guiding principles
 - Our members are our top priority
 - Respect the dignity, individuality, independence, and privacy of our members
 - Ensure member safety and access to quality health care and human services
 - Promote and facilitate whole-person-centered care for our members
 - Emphasize prevention and early identification and intervention
 - Embrace and adopt the SNBC Guiding Principles for our members with disabilities
 - Pursue innovation by applying evidence-based solutions to local health and social services challenges
 - Strive to practice the Platinum Rule—Treat others as they would like to be treated
 - Demonstrate respect and cultural sensitivity
 - Value each person's experiences
 - Provide compassionate care—"You are important"
 - Promote and help build resiliency skills
 - Optimize our integrated county-based payer, public health, and social services structure to integrate and coordinate health and human services delivery to improve our members' health and health care experience, advance health equity, and reduce health care costs
 - b. Core value: Health Equity
 - i. Guiding principles

- Eliminate health/health care disparities
- Ensure fair treatment and equality of opportunity and fairness in information and access to resources
- Optimize health care for all people through dialogue, communication, and innovation
- Advance trauma-informed care
- Focus on equity not equality
- Understand the historical trauma of populations that have been marginalized
- Develop partnerships to expand equity
- Assess and eliminate social drivers of health (SDOH) that negatively affect our members' health and social well-being
- Train providers on how micro-aggressions can affect health care delivery
- Actively engage others to instill a sense of belonging and acceptance
- Increase access to culturally specific providers
- Recognize and embrace cultural differences regarding pursuit of individual wellness
- Measure not only health care outcomes but also diversity, equity, and inclusion
- Build relationships to help us better understand our members
- c. Core value: Provider-Centered
 - i. Guiding principles
 - Understand providers as foundational to our members' health, our communities, and PrimeWest Health
 - Treat providers with the utmost respect and professionalism
 - Support providers to the maximum extent our resources allow
 - Honor provider-patient relationships
 - Treat our providers as partners in the care of our mutual clients
 - Facilitate provider pursuit of 4D (four dimensions of health and health care) for providing services and managing care for our members across the health, human services, and community social resource provider continuum
- d. Core value: Stronger Together – County Integration
 - i. Guiding principles
 - Embrace counties and PrimeWest Health as “us”
 - Own PrimeWest Health's resources, responsibilities, and member and population health outcomes
 - Ensure equitable access and delivery of services and resources for our clients to advance equity
 - Set the bar high in serving our clients and achieving health equity
 - Work in partnership with DHS
 - Trust that we can do better for our clients together than we can do alone
 - Support one another and be there for each other
 - Respect each other as different but equal
 - Build trust through frequent, constructive interaction and open communication
 - Keep our focus on our clients
 - Emphasize person and person-centeredness, not paperwork
 - Exert our strength in being local to optimally integrate and coordinate client care and support
 - Share ownership in the problems, the solutions, the accountability, and the success across counties and organizations
 - Stress prevention and being proactive, not reactive
 - Identify and replicate our best practices
 - Root for and celebrate one another's successes
 - Continue to build strong partnership with local providers
 - Build strong partnerships with community resource organizations
- e. Core value: Organizational Excellence
 - i. Guiding principles

- Operate at the highest ethical, legal, and business standards as a government entity and MHCP county-based managed care organization
 - Continually strive to be the leader in the public insurance programs industry
 - Value and practice transparency in governance, management, and operations
 - Hold ourselves publicly accountable
 - Act as a catalyst and rural model for health reform
 - Focus the entire organization on the pursuit of 4D
 - Exercise fiscal prudence
 - Reinvest our resources into communities to further advance our mission and achieve our 4D goals
 - Be forward-looking in our governance, operations, and leadership development and succession planning
 - Ensure integrity at all levels
 - Pursue collaboration and partnerships
 - Encourage and embrace innovation
 - Adopt a data-driven and evidence-based operational approach
 - Conduct ourselves with dignity and awareness of cultural differences
 - Ensure members and providers are and feel heard
 - Consider every idea as worthy of respect and consideration
 - Understand that the way it has always been done is not necessarily the way it should be done
 - Be transparent with our “why,” and have that as the base for every decision
 - Be respectful and mindful of others’ cultures
 - Set aside condescending judgements
- f. Core value: Staff – Our Most Valuable Resource
- i. Guiding principles
- Foster teamwork, cooperation, and collaboration among staff and departments
 - Stimulate creativity, innovation, and the pursuit of excellence
 - Encourage self-motivation and initiative
 - Instill individual accountability for performance, actions, and behavior
 - Foster honest, forthright, and respectful communications and interactions
 - Cultivate a pervasive can-do attitude toward all challenges
 - Ensure that our workplace and virtual presence reflect diversity, equity, and inclusion
- g. Core value: Stewardship
- i. Guiding principles
- Take ownership and pride in making health care equitable and inclusive for all
 - Demonstrate trust in members and providers
 - Focus on areas that are often not funded and where there are gaps
 - Cultivate a pipeline for a diverse future workforce

D. Organizational Management Goals (MN Rules part 4685.1110, subp. 1C)

The PrimeWest Health goals embedded in our mission statement are four-fold. Collectively, PrimeWest Health calls them the “4D” goals for the four dimensions of achieving optimal member health and well-being. Our 4D goals are as follows:

1. Goal 1: To continually improve our members’ MHCP experience, including health care quality and outcomes, and member satisfaction with the care and services they receive (Member Health Care Experience)
2. Goal 2: To continually improve the health of our member population (Population Health)
3. Goal 3: To focus and coordinate resources to provide each of our members the opportunity to pursue their full health potential (Health Equity)
4. Goal 4: To eliminate preventable and unnecessary health care costs that drain financial resources from further advancing individual health and population health improvement and health equity (Health Care Cost Reduction)

- E. **Organizational Structure** (MN Rules part 4685.1110, subp. 1D; NCQA QI 1 – See PrimeWest Health Policy and Procedure QM03[a]: Organizational Chart and QM03[a2]: Committee/Workgroup Organizational Chart)
1. **Legal Structure and Governance** (NCQA QI 1)
PrimeWest Health is organized and legally structured as a CBP initiative. The JPB, composed of one commissioner from each of the 24 owner counties, manages the business and affairs of the organization.
 2. **Joint Powers Board of Directors (JPB)** (MN Rules part 4685.1110, subp. 2; NCQA QI 1)
 - 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 the following:
 - i. Establishing the overall direction of PrimeWest Health’s Quality and Safety programs and ensuring that quality-focused activities and projects are undertaken to further the goals of individual counties
 - ii. Establishing system-wide strategic goals while meeting all applicable regulatory requirements
 - iii. Maintaining authority for final approval of the Quality Assurance Plan, the Annual Quality Program Assessment, and the Annual Quality 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 at least quarterly to the JPB and more often, if necessary
 3. **Quality and Care Coordination Committee (QCCC)** (MN Rules part 4685.1110, subps. 1G, 3, and 4; NCQA QI, CR, UM)
 - a. The JPB has assigned responsibility for developing, implementing, monitoring, and reviewing the Quality program with QCCC. QCCC is scheduled to meet bimonthly and provides activity reports and recommendations in an advisory capacity to the JPB at least quarterly.
 - b. The size and membership of QCCC are driven by a commitment to adequately and efficiently represent the interests of each participating county, its members, and its providers. Minimally, QCCC includes participating practitioners or administrative staff to sufficiently represent primary, specialty, and behavioral health care; community service organizations; county Public Health and Social/Human/Family Services departments; and consumers. The combined number of actively participating providers and active staff from county and community agencies on QCCC exceed the number of community laypersons.
 - c. PrimeWest Health QCCC staff includes the following:
 - i. Director of Quality & Utilization Management (Q&UM)
 - ii. Chief Senior Medical Director
 - iii. Assistant Chief Senior Medical Director
 - iv. Behavioral Health Medical Director
 - v. Manager of Quality Management
 - vi. Director of Care & Population Health Management
 - vii. Director of Pharmacy Management
 - viii. Credentialing & Network Coordinator
 - ix. Pharmacy Manager
 - x. Corporate Compliance Officer
 - xi. Utilization Management Manager
 - xii. Director of Member & Provider Services
 - d. Practitioners are selected for QCCC using the following criteria (MN Rules part 4685.1110, subp. 4):
 - i. Strong interest or previous experience in quality assurance or continuous quality improvement
 - ii. Good standing as a participating provider/practitioner with PrimeWest Health and previous experience serving the MHCP population
 - e. 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 assigned responsibility for development and implementation of the Quality Assurance Plan, Annual Quality Program Assessment, and Annual Quality Work Plan to QCCC. QCCC is responsible for all aspects of successful completion of the program, which include the following:
 - i. Credentialing and recredentialing network practitioners and assessing organizational providers
 - ii. Recommending policy decisions
 - iii. Ensuring access to clinically appropriate, safe, and cost-effective medications for PrimeWest Health members by analyzing and evaluating the minutes of the Pharmacy and Therapeutics (P&T) Committee of PrimeWest Health's Pharmacy Benefit Manager (PBM), MedImpact, for review and approval
 - iv. Analyzing and evaluating the results of quality improvement activities including the following:
 - Member satisfaction surveys (Consumer Assessment of Healthcare Providers and Systems [CAHPS®] and Health Outcomes Survey [HOS])
 - Provider surveys
 - v. Ensuring practitioner participation in the Quality program through planning and design
 - vi. Monitoring trends and established thresholds related to reported data
 - vii. Recommending appropriate action
 - viii. Establishing standards for the following:
 - Clinical care
 - Behavioral health care (access, availability, quality measures, continuity, and coordination)
 - Substance use disorder (SUD) services
 - Quality
 - Safety
 - ix. Ensuring follow up, as appropriate
 - x. Selecting, implementing, and evaluating clinical practice guidelines
 - xi. Providing oversight of the development and implementation of the following:
 - Quality program
 - Annual Quality Work Plan
 - Annual Quality Program Assessment
 - Ensuring objectives are met for serving a culturally and linguistically diverse membership (such as ensuring our network of practitioners meets our membership's cultural, ethnic, racial, and linguistic needs)
 - Ensuring objectives are met for serving members with complex health needs (see *Complex Case Management Program Description*)
 - g. QCCC meeting minutes reflect all committee decisions and actions and are signed and dated upon approval.
4. **Health Equity Council (HEC)**
- a. The HEC is a governing committee of PrimeWest Health's JPB. The HEC is how PrimeWest Health engages the community in governance and program development and oversight. The JPB established the HEC in early 2021 to formally engage subject matter experts from a representative group of the member population to provide guidance and counsel to PrimeWest Health regarding all aspects of advancing health equity, diversity, and inclusion to benefit our members. The HEC crafted PrimeWest Health's diversity, equity, and inclusion core values and guiding principles and established PrimeWest Health's health equity-related goal and objectives.
5. **Organizational Staffing and Resources** (MN Rules part 4685.1110, subp. 1E, subp. 5, subp. 12; NCQA QI 1)
- a. PrimeWest Health's Quality Assurance Plan provides a system-wide approach for quality assurance and improvement programs to address the mission, core values, and philosophy of PrimeWest Health.
 - b. PrimeWest Health has an information system in place that supports initial and ongoing operations, including communication to members and providers, quality assessments, and quality improvement programs (MN Rules part 4685.1110, subp. 7, 42 CFR 438.242, and 42 CFR 422.152[f][1]).

- c. Staff assigned to PrimeWest Health quality activities are the responsibility of the Chief Executive Officer (CEO) as a representative of the JPB. Staffing levels are determined based on PrimeWest Health membership, 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. Chief 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 Quality Program Assessment, Annual Quality Work Plan, and all committee activities that support the Quality program.
 - ii. Director of Q&UM – primarily responsible, in coordination with the Chief Senior Medical Director, for development, implementation, coordination, and evaluation of system-wide quality and safety initiatives and utilization management (UM) activities, including pharmacy UM, as a function of both individual and population-based activities. The Director of Q&UM is also responsible for integrating the PrimeWest Health Quality Assurance Plan throughout the participating counties. The Director of Q&UM and Chief Senior Medical Director maintain the UM function of the Utilization Review (UR) Committee. The Director of Q&UM or the Chief Senior Medical Director reports these activities to QCCC and the JPB.
 - iii. Director of Care & Population Health Management – primarily responsible, in coordination with the Chief Senior Medical Director, to develop, implement, coordinate, and evaluate the system-wide care management program, Models of Care, and safety initiatives and activities including care coordination, county case management, and behavioral health care coordination (mental health/SUD) as a function of both individual- and population health-based activities. The Director of Care & Population Health Management is responsible for coordinating an integrated system of care coordination for all members and promotes and ensures service accessibility, attention to individual needs, quality and continuity of care, comprehensive and coordinated service delivery, the provision of culturally appropriate care, cost effectiveness, and professional accountability. This includes mental health, SUD, Special Needs Plan (SNP) programs, home and community service provisions, and complex care.
 - iv. Behavioral Health Medical Director – primarily responsible, in coordination with the Chief Senior Medical Director, the Director of Care & Population Health Management, and the Director of Q&UM, to provide direction to the development and management of PrimeWest Health's mental health and SUD-related services for all PrimeWest Health members. This position is actively involved in development and implementation of the PrimeWest Health Quality Assurance Plan, Annual Quality 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 SUD services. The Behavioral Health Medical Director must be a board-certified physician who maintains a current license as a medical doctor in the State of Minnesota.
 - v. Assistant Chief Senior Medical Director – responsible for assisting the Chief Senior Medical Director with the system-wide Quality program through both active participation in quality activities and oversight of the Quality Assurance Plan, Annual Quality Program Assessment, Annual Quality Work Plan, and all committee activities that support the Quality program.
 - vi. Utilization Management Manager – responsible for day-to-day operation of UM review of over- and underutilization; conducting inter-rater reliability (IRR) testing and concurrent and retrospective review processes; denials, terminations, or reductions (DTRs) in service notifications; and overseeing the Service Authorization process for medical and behavioral health. This position reports directly to the Director of Q&UM.

- vii. Manager of Quality Management – 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 Chief Senior Medical Director reports these activities to QCCC and the JPB. This position reports directly to the Director of Q&UM.
- viii. Credentialing & Network Manager – responsible for ensuring compliance with NCQA regulatory standards for the credentialing and recredentialing of practitioners. Provides technical assistance and expert consultation to PrimeWest Health participating counties and network providers when requested. This position provides oversight of delegated credentialing through monitoring of delegates. In coordination with the Chief Senior Medical Director, this position maintains the credentialing function of the Peer Review Committee (PRC). The Chief Senior Medical Director reports these activities to the QCCC and the JPB. This position reports directly to the Director of Q&UM.
- ix. Manager of Reporting & Data Analytics – responsible for data analysis and reports that provide the information that drives PrimeWest Health quality improvement initiatives. This position 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 of Healthcare Effectiveness Data and Information Set (HEDIS®) data collection and reporting according to HEDIS specifications and assists with member survey design and/or vendor selection, data collection, and reporting to track and trend quality improvement and UM data monitors required by PrimeWest Health, including CAHPS and HOS. This position reports directly to the Chief Operating Officer.
- x. Data Coordinator and Data Analyst – these positions assist the Manager of Reporting & Data Analytics with data analysis and reports that provide the information that drives PrimeWest Health quality improvement initiatives. These positions report directly to the Manager of Reporting & Data Analytics.
- xi. Quality Specialist – responsible to support Quality Management staff. Assumes primary responsibility for the maintenance of all quality documentation to demonstrate compliance with regulatory and contractual requirements. This person completes quality checks on Appeal and Grievance files. The Quality Specialist reports to the Manager of Quality Management and the Director of Q&UM.
- xii. Complaints/Appeals & Grievance Coordinator – responsible for handling member Appeals, Grievances, and State Appeals (Fair Hearings with the State) in accordance with State and Federal regulations and time frames and PrimeWest Health policy. This position administers processes and ensures the Appeals and Grievances system is in compliance with regulatory and contractual requirements. This person analyzes and presents Appeals, Grievances, and State Appeal (Fair Hearing with the State) data to the QCCC quarterly and as required for State and Federal entities. This position reports to the Manager of Quality Management and the Director of Q&UM.
- xiii. Complaints/Appeals & Grievance Specialist – responsible for accurate and timely file production for member Appeals and Grievances, including letter distribution, follow up, and documentation requirements associated with all Appeal and Grievance processes. This person completes quality checks on quality of care files and organizes Appeal and Grievance summaries for QCCC. This position also assists with quarterly reporting to DHS and CMS. This position reports to the Manager of Quality Management and Director of Q&UM.
- xiv. Quality Coordinator – 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 person is responsible for monitoring quality activities identified in the Quality Work Plan as well as developing and monitoring PIPs and focus studies. This position reports to the Manager of Quality Management and the Director of Q&UM.
- xv. HEDIS Coordinator – responsible to assist the Quality Coordinator with HEDIS and PIP outreach activities. This position also assists complex care coordinators with outreach activities each month—making phone calls, ensuring letters are sent, following up with members, etc. This position also reviews and monitors the individual and community health

status of members based on their health risk assessment (HRA) and works with all provider types in achieving community health improvement goals based on the individual and community health status of members as directed by the Quality Coordinator and complex care coordinators. This position reports to the Manager of Quality Management and Director of Q&UM.

- xvi. Director of Pharmacy Management – responsible for monitoring regulatory, contractual, and other requirements related to all pharmacy operations and serving as primary contact for PrimeWest Health’s PBM. This position analyzes and makes recommendations related to ensuring timely access to safe, efficacious, and cost-effective pharmacy products and services. This person provides recommendations to PrimeWest Health staff on all policies and procedures related to Medicare Part B and Part D services.
- xvi. Pharmacy Manager – responsible for monitoring Medicare Part B and Part D pharmacy utilization and services. This person is responsible for analyzing and making recommendations for improvement as identified through report analysis and during annual delegation assessment and monitoring activities conducted on PrimeWest Health’s behalf, including formulary and pharmacy benefit changes. The Pharmacy Manager is also responsible for collaborating with other PrimeWest Health departments and providing professional advice and recommendations for Population Health Management (PHM), the Medication Therapy Management (MTM) program, step therapy, and tier programs. This position reports directly to the Director of Pharmacy Management.
- xvii. Network & Data Team Coordinator – responsible for the development of policies that ensure the organization is in compliance with standards set forth by accreditation bodies pertaining to organizational providers. This person is also responsible for ongoing monitoring of organizational providers to ensure they remain in good standing with the appropriate licensing agencies. This position reports directly to the Provider Services Manager and the Director of Member & Provider Services.
- xviii. Clinical HEDIS & Record Review Lead – responsible for all PrimeWest Health provider site audits. This position performs all pre-delegation site assessments and ongoing site assessments for compliance with DHS contract requirements, Minnesota Department of Health (MDH) standards, NCQA standards, and CMS requirements for providers. This person takes lead on clinical aspects of the HEDIS audit, performs chart abstraction annually, reviews charts for adherence to medical record standards as outlined in PrimeWest Health Policy and Procedure QM06: Health Records, and reports results to the appropriate individuals and committees. All duties and responsibilities are in collaboration with the Chief Senior Medical Director, Member & Provider Services department, and Director of Q&UM. This position reports to the Manager of Quality Management and the Director of Q&UM.
- xix. American Indian Relations Coordinator – responsible for serving as PrimeWest Health’s American Indian relations lead coordinator, including relations with relevant Tribal entities as well other entities involved in the health and welfare of Minnesota American Indian populations. This position coordinates and assists in the development and implementation of PrimeWest Health strategies, programs, services, and products to improve individual American Indian member’s health care experience, American Indian member population health, American Indian health equity, and cost-effectiveness of health care delivery to American Indians. This position reports directly to the CEO.

6. **Credentialing and Recredentialing** (MN Rules part 4685.1110, subp. 11; 42 CFR 438.214; 42 CFR 422.152; NCQA CR – See CR01: Credentialing Plan)

PrimeWest Health has an established Credentialing and Recredentialing program that monitors and reviews network practitioners for performance and the quality of care and service provided to our members. PrimeWest Health selects, reviews, and retains a network of practitioners 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; see PrimeWest Health Policy and Procedure CR01: Credentialing Plan. The **Credentialing Plan** is reviewed and recommended by QCCC, approved by the JPB, and is an integral component of the Quality Assurance Plan.

- a. The JPB retains overall authority and accountability for credentialing activities. PrimeWest Health's Assistant Chief Senior Medical Director and the PRC act in an advisory capacity to the JPB for credentialing and recredentialing action, including delegation decisions.
 - b. A credentialing and recredentialing report is provided to the JPB bimonthly. At its discretion, the JPB may request that the PRC reconsider a credentialing or recredentialing decision.
 - c. Practitioner-specific quality of care issues, member complaints, survey results, utilization reports, and focus study results are maintained in practitioner files for the purpose of review and consideration during the recredentialing process.
 - d. PrimeWest Health may choose to delegate any or all credentialing and recredentialing functions. If credentialing or recredentialing decisions are delegated, PrimeWest Health develops 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 recredentialing responsibilities, the Director of Q&UM and the Credentialing & Network Manager follow the delegation process described in Sections F and G of this Quality Assurance Plan.
 - e. Practitioners are required to participate in quality improvement activities with PrimeWest Health.
7. **Peer Review Activities** (MN Rules part 4685.1110, subp. 1H)
PrimeWest Health engages in several activities to ensure that practitioners in the same discipline are reviewing care given by their peers. Peer review activities may be utilized in connection with credentialing issue reviews, consumer complaint reviews, 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 MN Stat. sec 145.61, et seq., and professional review organizations pursuant to the Health Care Quality Improvement Act of 1986, Title 42 United States Code (USC) 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 onsite at PrimeWest Health.
8. **Complaint Process** (MN Rules part 4685.1110, subp. 9; 42 CFR 438.228; 42 CFR 417; NCQA QI, UM, ME)
- 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 member 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 MN Stat. Chap 62Q, MN Rules part 4685, 42 CFR 417, the **Medicare Managed Care Manual**, and DHS contractual requirements.
 - iii. In accordance with MN Rules part 4685.1110, subp. 9, PrimeWest Health conducts ongoing evaluation of all filed member and provider complaints. Ongoing evaluations are conducted according to the steps in MN Rules part 4685.1120.
 - b. Quality of care Grievances
 - i. Any complaint or Grievance received that indicates a potential quality of care/safety concern is reported to PrimeWest Health's Quality Management staff for investigation and resolution to determine if a quality of care deficiency exists. Quality Management presents the case to the Grievance Review Workgroup as needed.
 - ii. PrimeWest Health's CEO 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, county case managers, care coordinators, and other partners.
 - iii. The Director of Q&UM, the Manager of Quality Management, and the Chief Senior Medical Director, in collaboration with the Grievance Review Workgroup, as needed, 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 Chief Senior Medical Director reports their findings along with their recommendations to QCCC. QCCC, acting as a peer review committee, has responsibility for recommendations, including recommendations for identified corrective

action required to resolve the quality of care Grievance. QCCC then makes its recommendations to the JPB for final approval.

- c. Tracking, trending, and reporting
 - i. All complaint data are compiled in a database according to DHS- and CMS-required categories. The data are analyzed regularly to identify trends and areas for improvement. The Manager of Quality Management reports summary complaint data related to the delivery of health care to QCCC quarterly. QCCC evaluates the summary data and makes recommendations on opportunities for internal improvement and on the potential need for intervention with specific practitioners, providers, and/or provider organizations. 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 recredentialing process.

9. UR Committee

Utilization Review is the process of determining the appropriate utilization of services. This includes whether all aspects of a member's care, at every level, are medically necessary and appropriately delivered. The UR Committee helps PrimeWest Health provide the right service, at the right time, and at the appropriate care level in order to maximize member outcomes and ensure PrimeWest Health resources are responsibly allocated. UR is an organization-wide, interdisciplinary approach to balancing quality, risk, and cost concerns in the provision of member care. As such, the UR Committee needs to have representation from several PrimeWest Health departments to ensure that the delivery of services is accessible (Member & Provider Services, Q&UM), acceptable (Q&UM), appropriate (Q&UM, medical directors), effective (Q&UM, Member & Provider Services), and efficient (Q&UM, Financial & Data Management).

- a. Using information from all departments, the UR Committee collects and analyzes data to do the following:
 - i. Identify opportunities for process improvement
 - ii. Identify clinical and provider variations
 - iii. Refine protocols
 - iv. Measure and improve quality of care
 - v. Monitor and maintain compliance with regulatory requirements
- b. The UR Committee also reviews and discusses aspects of new technology such as a new procedure, drug device, or behavioral treatment presented to the group for additional discussion and input. PrimeWest Health follows Policy and Procedure UM11: Technologies – New and Existing.
- c. The UR Committee helps with the biannual review of clinical practice guidelines to see if current guidelines still apply and whether our contracted providers are in compliance with them. This committee also facilitates the review of PrimeWest Health's authorization requirements. Authorization requirements are added or discontinued based on reports of over- and underutilization.
- d. The UR Committee employs the following processes:
 - i. Utilizing objective screening criteria based on evidence-based medical practice to ensure members receive efficient services at the most appropriate level of care
 - ii. Ensuring appropriateness of health care services based on documented member findings
 - iii. Conducting ongoing discharge screening and planning to ensure members are safe, appropriately transitioning along the care continuum, and receiving coordination of discharge services to meet their needs
 - iv. Utilizing data collection methods and reporting that allow for improvement opportunities by identifying patterns and/or trends of utilization and resource consumption
- e. Minutes of the UR Committee can be brought forward to QCCC and the JPB, thus ensuring that PrimeWest Health has a documented process to support required policies, procedures, and regulatory requirements.

F. Delegation and Contractual Arrangements (MN Rules part 4685.1110, subp. 1E, subp. 6; NCQA QI 1, CR 9, UM 13, ME 8)

PrimeWest Health retains full responsibility for performance of all delegated activities. PrimeWest Health does not delegate any quality improvement activities.

1. PrimeWest Health utilizes Third Party Administrative (TPA) Services and Delegation Agreements with the following entities:
 - a. MedImpact – Pharmacy TPA
 - b. State of Minnesota – PrimeWest Senior Health Complete and Prime Health Complete enrollment
 - c. Credentialing delegation for eight entities
 - d. NurseLine
2. PrimeWest Health contracts with county public health and human service agencies for case management activities.
 - a. Delegation agreements exist for this purpose.
3. PrimeWest Health contracts with county Social/Human/Family Service agencies for common carrier transportation services.
4. All TPAs receive and acknowledge a copy of the audit results/report. County agencies are provided with their specific audit results and all results that were provided to QCCC and the JPB, respectively.
5. PrimeWest Health contracts with Cirdan Health in Saint Paul, Minnesota, for Chief Financial Officer (CFO) and actuary responsibilities.

G. Delegation Oversight (MN Rules part 4685.1110, subp. 6; NCQA UM 13, CR 98; ME 8; and 42 CFR 438.230)

1. PrimeWest Health oversees and has final responsibility for all delegated activities.
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 delegated entities' contracts, addenda, and 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 complaints, Appeals, Grievances, and HEDIS, when appropriate.
4. If it is determined that delegated activities are not being completed in full compliance, a corrective action plan (CAP) is developed by the delegated entity. The CAP contains measurable expectations and time frames and is approved by QCCC. The Director of Q&UM, Director of Care & Population Health Management, and Corporate Compliance Officer, in collaboration with other departments, have primary responsibility for oversight of delegated quality activities and monitoring of any delegation-related CAP.

H. System of Communication (MN Rules part 4685.1110, subp. 1F; NCQA QI 1)

1. Regular Reporting to the JPB

- a. QCCC reports quality improvement activities to the JPB.
- b. HEC provides guidance and counsel regarding health equity to the JPB.
- c. Reports include timely information about specific quality studies, activities, and safety initiatives.
- d. Reports include aggregate information gathered as a result of tracking and trending complaints, Appeals, and Grievances.
- e. PrimeWest Health's all-inclusive data repository includes claims data for medical, pharmacy, dental, and behavioral health claims.

2. Annual Evaluation (MN Rules part 4685.1110, subp. 8; NCQA QI 1)

- a. PrimeWest Health completes an annual written evaluation of the organization-wide Quality 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, including CLAS goals and objectives. 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 the JPB and all committees that support the quality process.
- d. The written Quality Assurance Plan is amended when there is no clear evidence that the program continues to be effective in improving the care or safety of services provided to PrimeWest Health members.
- e. Mechanisms to identify under- and overutilization of services are in place, tracked, monitored, and evaluated.
- f. Thresholds are established in the UM Plan based on historical data to identify under- and overutilization of services or changes in access, structure, or operations that may affect the health care and safety of PrimeWest Health members.

3. **Network Reporting**

PrimeWest Health makes information about the Quality Assurance Plan available to providers.

- 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 methods to communicate this information include, but are not limited to, 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 annually.

PrimeWest Health believes our 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. Reports of quality activities are provided in a variety of methods including, but not limited to, the following:

- 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 the **Member Handbook** and **Summary 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 JPB members, QCCC members, and PrimeWest Health staff are instructed on the policies pertaining to confidentiality, and all communications are conducted in accordance with the Healthcare Quality Improvement Act of 1986, MN Stat. secs. 145.61 – 145.67, State government data privacy statutes and rules, and Health Insurance Portability and Accountability Act (HIPAA) policies.

I. **Scope of Quality Assurance Program Activities** (MN Rules part 4685.1110, subp. 1G; NCQA QI 1)

1. **Process**

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.

- a. The program supports PrimeWest Health's contractual obligations to provide members with access to a high quality, safe, and integrated health care delivery system.
- b. The program is designed to monitor and evaluate the accessibility, quality, and appropriateness of all clinical health care services delivered to our members by participating providers regardless of either the setting in which the service is delivered or the type of service delivered.
- c. 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 the following:
 - i. Identifying
 - ii. Monitoring

- iii. Evaluating
- iv. Responding
- d. The Quality Assurance Plan is filed with MDH as required by State statute and DHS contract requirements. It is updated when changes are made within PrimeWest Health.
- e. An Annual Quality Work Plan that identifies specific activities, programs, and studies supports the Quality Assurance 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 and NCQA standards, the results of the annual quality evaluation, and input from PrimeWest Health committees, providers, and members.
- f. 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, Federal, and NCQA requirements.
- 2. **Information System** (MN Rules part 4685.1110, subp. 7; 42 CFR 438.242; 42 CFR 422.152[f][1])
 - a. Through the information system, PrimeWest Health collects, analyzes, integrates, and reports data to determine member and provider demographics, monitor services furnished to members, and ensure accuracy and timeliness of reported data.
 - b. The PrimeWest Health Manager of Reporting & Data Analytics 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, Member & Provider Services provides education and initiates corrective actions as appropriate.
 - d. All collected data are available to the State and CMS upon request, and all communications are conducted in accordance with the Healthcare Quality Improvement Act of 1986, MN Stat. secs. 145.61 – 145.67, State government data privacy statutes and rules, and HIPAA policies.
- 3. **Clinical Components Evaluated as Part of UM** (MN Rules part 4685.1110, subp. 10; MN Rules part 4685.1115; NCQA QI – See PrimeWest Health Policy and Procedure UM01: Utilization Management Structure/Plan)

PrimeWest Health UM data is reported to QCCC and the JPB at least once each quarter and more frequently if needed. Reports include data about members' use of the following services:

 - a. Acute hospital care services
 - b. Ambulatory care services, including preventive care
 - c. Emergency and urgent care services
 - d. Mental health and SUD services (i.e., access, availability, quality measures, continuity, and coordination)
 - e. Preventive health care services
 - f. Pharmacy services
 - g. Services rendered by allied health professionals, including chiropractic services, occupational therapy, and speech therapy
 - h. Ancillary services, including home health care, durable medical equipment (DME), skilled nursing care, radiology, and laboratory services
- 4. **Evaluation of Organizational Components**

Evaluated organizational components include the following:

 - a. Referrals
 - b. Case management
 - c. Discharge planning
 - d. Appointment scheduling and waiting times
 - e. Second opinions
 - f. Prior authorizations
 - g. DTRs or 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. **Evaluation of Consumer Components**

Evaluated consumer components 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. Objectives for serving a culturally and linguistically diverse membership
 - i. This is done to ensure our network practitioners meet the cultural, ethnic, racial, and linguistic needs of our membership.
 - ii. Based on 2024 enrollment data, 50.2 percent of PrimeWest Health members across all populations identified themselves as white, 9.16 percent identified themselves as American Indian or Alaska Native, 9.13 percent identified themselves as Black, 1.27 percent identified themselves as Asian, and 0.5 percent identified themselves as Pacific Islander or Native Hawaiian. Race was unable to be determined based on enrollment data for 26.86 percent of PrimeWest Health members, and 8.76 percent of members did not answer the question. According to the same data set, 77.64 percent of members surveyed indicated English was the language spoken in their homes (18.47 percent did not answer the question). 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. (See PrimeWest Health Policy and Procedure MS06: Interpreter Services.)
 - iii. PrimeWest Health translates vital documents and provides them to households speaking a prevalent non-English language whenever we determine that 5 percent or 1,000 people, whichever is less, of the population eligible to be served or likely to be affected or encountered in the PrimeWest Health service area speak a non-English language.
 - iv. Information is available in alternative formats that take into account members' special needs. Members with special needs include those who are visually impaired or have limited reading proficiency. Information is provided about how to access alternative formats.
 - v. To address the cultural needs specific to our American Indian membership, PrimeWest Health designates a care coordinator, the American Indian Relations Coordinator, to work with the American Indian population. As previously described, this position is responsible for serving as PrimeWest Health's American Indian relations lead coordinator, including relations with relevant tribal entities and other entities involved in the health and welfare of Minnesota American Indian populations, and coordinating and assisting in the development and implementation of PrimeWest Health strategies, programs, services, and products to improve individual American Indian member's health care experience, American Indian member population health, American Indian health equity, and cost-effectiveness of health care delivery to American Indians.
 - vi. PrimeWest Health also employs Community Health Workers in our more diverse communities. Community Health Workers are embedded within their communities and have unique insight into the populations that they serve. CHWs serve as culturally competent liaisons when members require assistance meeting their health care needs.
6. **Provider Selection, Credentialing, and Recredentialing** (MN Rules part 4685.1110, subp. 11; 42 CFR 438.214; NCQA CR)

The appropriate and regular credentialing of network practitioners and providers as defined by PrimeWest Health's **Credentialing Plan** (see PrimeWest Health Policy and Procedure CR01a: Credentialing Plan) and policies is a key function of the Quality Assurance Plan. Member & Provider Services staff members are responsible for assessing each organizational provider. This may include an on-site visit, if appropriate, and an assessment of accreditation status, state licensure status, Medicare/Medicaid sanction status, liability and malpractice coverage, and history.
7. **Delegation of Credentialing** (MN Rules part 4685.1110, subp. 11; NCQA CR 9)
 - 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 & Network Manager assesses the capability of the entity to fulfill the responsibilities and requirements outlined by PrimeWest Health's **Credentialing Plan**, CMS, and 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 an annual evaluation is waived.
 - e. Findings during the review process are reported by the Credentialing & Network Manager or Assistant Chief Senior Medical Director to the appropriate committees at the next regular meeting.
 - f. Details of delegation oversight are explained in Section G of this Quality Assurance Plan.
8. **Provider Accessibility and Availability of Services** (42 CFR 438.206-207; NCQA NET)
- 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 are monitored on an ongoing basis to ensure 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 ensures an adequate number of hospitals; service locations; service sites; and professional, allied, and paramedical personnel are available to members.
 - e. Primary care is available within 30 miles' distance and specialty care is available within 60 miles' distance 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 24 hours a day, 7 days per week.
 - g. Services appropriate for populations with special needs are available within the PrimeWest Health provider network to the extent that the service is a covered service.
 - h. PrimeWest Health creates and maintains a provider network that facilitates linking members with providers that meet members' cultural, ethnic, racial, and linguistic needs. In an effort to ensure our providers meet our members' needs, we make efforts to collect data on the race and ethnicity of our providers. For example, the **Provider and Pharmacy Directory** lists languages spoken by providers or clinic staff within the facility (this information is obtained during initial credentialing and recredentialing). See PrimeWest Health Policy and Procedure CR24: Physician and Hospital Directories.
 - i. 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.
 - j. Specific deficiencies are addressed with a CAP, and follow-up surveys are conducted to reassess compliance.
 - k. Data are presented to the PrimeWest Health Management Team and the JPB for evaluation and recommendations.
9. **Provider Monitoring** (NCQA QI)
- a. The Director of Care & Population Health Management, Director of Q&UM, Chief Senior Medical Director, and Member & Provider Services staff develop performance monitors and/or practice guidelines for clinical, organizational, and consumer components for recommending approval by QCCC with final approval by the JPB. These guidelines and performance monitoring activities are developed using nationally recognized guidelines.
 - b. Standards required by MDH and DHS and goals 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.
10. **Coordination and Continuity of Care** (42 CFR 438.208; NCQA QI 3)

PrimeWest Health has implemented procedures to ensure the delivery of primary care to, and coordination of health care services for, our members. This includes objectives for serving members with complex health needs. This is accomplished through care coordination, complex case management, and Population Health Management (PHM). Objectives of these programs include optimizing clinical outcomes, enhancing functional status/outcomes, increasing member and provider satisfaction, and decreasing inappropriate utilization of resources. For more details and specifics on the ways that PrimeWest Health cares for members with chronic conditions, please see *Complex Case Management Program Description*.

11. **Member Safety**

PrimeWest Health demonstrates commitment to improving safe clinical practice as evidenced within the following sections of this Quality Assurance Plan:

- a. **I.3 – Clinical Components Evaluated as Part of UM.** These components include acute hospital services, ambulatory health care services, emergency services, mental health services, preventive care services, pharmacy services, SUD services, and home health care. These components are evaluated to ensure there are no areas of over- or underutilization that may be a safety concern. These areas are analyzed during regularly scheduled UR meetings as well as during QCCC meetings, and data are included in the Annual Quality Assessment.
- b. **I.4 – Evaluation of Organizational Components.** These components include discharge planning, appointment scheduling and waiting periods, second opinions, and prior authorizations. These components are evaluated to ensure there are no concerns with member safety. These areas are analyzed during regularly scheduled UR meetings as well as during QCCC meetings, and data are included in the Annual Quality Assessment.
- c. **I.5 – Evaluation of Consumer Components.** These components include quality of care and access.
- d. **I.6 – Provider Selection, Credentialing, and Recredentialing.** PrimeWest Health follows NCQA requirements for credentialing. The safety components included in these requirements prevent those practitioners who have excessive malpractice judgments from joining the PrimeWest Health network, as defined by the PRC, or possibly terminating those who have an inordinate amount of complaints.
- e. **L.1 – Medical Record Reviews.** Record reviews are performed annually to ensure PrimeWest Health's network providers are following PrimeWest Health's standards of documentation. Member safety areas are intertwined throughout the standards. For example, one element scores the absence or presence of medication allergies and whether adverse reactions are prominently noted in the health record. Another element scores whether alcohol, drugs, and tobacco were assessed as well as other SDOH being assessed.
- f. **L.2 – PIPs.** These projects are designed to improve member health outcomes, improve satisfaction, and result in measurable outcomes. For example, the goal of a recent project was to improve medication compliance with statin therapy for members with diabetes, a component involving member safety.
- g. **L.3 – Focus Studies.** Similar to PIPs, focus studies identify the existence of actual or potential quality problems or identify opportunities for improving care. Focus study topics often relate to member safety. For example, a recent project was related to fentanyl testing strips and their impact on our members.
- h. **L.5 – Member Satisfaction Surveys.** Satisfaction surveys contain a "notes" section where the member can enter any concerns not addressed elsewhere in the survey.
- i. **L.7 – Population Health Management (PHM).** PHM is a model of care that addresses individuals' health needs at all points along the continuum of care, including in the community setting, through participation, engagement, and targeted interventions for a defined population. The goal of PHM is to maintain or improve the physical and psychosocial well-being of individuals and address health disparities through cost-effective and tailored health solutions.

In addition, PrimeWest Health has a Chronic Care Improvement Program (CCIP). The CCIP is designed to assist members with chronic conditions. Currently, this includes members who have diabetes. The project aims to help members receive statin therapy where appropriate and remain in compliance with treatment. This is accomplished through member and provider outreach.

J. **Quality Process** (MN Rules part 4685.1120, subps. 1 – 4 and 4685.1125, subps. 1 – 5)

1. **Quality Improvement Process Summary**

- a. The Director of Q&UM and the Chief Senior Medical Director have primary responsibility for meeting requirements of the quality process.
- b. Focus studies and PIPs follow the format described in BBA97 standards and meet the requirements of MDH, DHS, and CMS. All studies and projects follow the steps described in this section and are in compliance with MN Rules parts 4685.1120 and 4685.1125. (MN Rules part 4685.1110, subp. 9.A; 42 CFR 438.240, Quality Assessment & Performance Improvement; and CMS protocol “External Quality Review (EQR) Protocol 7: Implementation of Performance Improvement Projects”)
- c. PrimeWest Health’s evaluation methods permit tracking of specific complaints, the ability to assess trends, the ability to establish a CAP for implementation, and the ability to ensure the CAP is effective in improving the identified problem. (MN Rules part 4685.1110, subp. 9.B)
- d. 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 MN Rules part 4685.1120. Data on complaints related to quality of care are reported to and evaluated by QCCC and reported to the JPB. (MN Rules part 4685.1110, subp. 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 the following:

- a. Results of monitoring activities including, but not limited to, HEDIS, evident disparities, 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 complaints, Appeals, and Grievances, including quality of care concerns
- e. Analysis of member 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** (NCQA QI 1)

- a. The Director of Q&UM, Chief Senior Medical Director, Director of Pharmacy Management, Pharmacy Manager, Quality Coordinator, and Manager of Quality Management recommend topics for focus studies or improvement activities to QCCC for final approval. These recommendations are based on problems identified by the methods described above.
- b. In recommending the specific activities, consideration is given to the prevalence of the problem, its effect on member care and safety, professional practice, and the potential ability to effect 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** (NCQA QI 1)

- a. When an opportunity for improvement is identified, the Director of Q&UM, in collaboration with the Chief Senior Medical Director, develops a CAP for approval by QCCC. This CAP is directed either at a specific provider or group of providers, or it can be a system-wide activity.
- b. The CAP includes the following:
 - i. Measurable objectives for each action
 - ii. Time frames for corrective action
 - iii. People responsible for implementation

5. **Evaluation of Quality Improvement Intervention**

- a. The Director of Q&UM, the Manager of Quality Management, and the Corporate Compliance Officer have responsibility for monitoring results and determining the effectiveness of CAPs.
- b. If initial intervention does not result in expected improvements, the CAP 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 Q&UM has responsibility for reporting results to the appropriate PrimeWest Health committees. In most cases, results are reported to QCCC with summary results reported to the JPB. Results are shared with members and participating providers whenever possible without breaching confidentiality concerns. Results are available to the State and CMS upon request, and all communications are conducted in accordance with HIPAA, MN Stat. secs. 145.61 – 145.67, State government data privacy statutes and rules, and HIPAA policies.

K. Quality Assurance Plan, Annual Quality Work Plan, and Annual Quality Evaluation (NCQA QI 1)**1. Quality Assurance Plan**

This Quality Assurance Plan is considered the written Quality Assurance Plan for PrimeWest Health as required by MN Rules part 4685.1130, subp. 1. It is filed as required with the Commissioner of Health.

- a. Each year, the Director of Q&UM, in collaboration with the Chief Senior Medical Director, determines if revisions are needed to this plan. The Quality Assurance Plan is presented to the JPB for final 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. Annual Quality Work Plan

- a. The Annual Quality Work Plan provides a detailed description of the proposed quality evaluation and monitoring activities that will be conducted in the following year, including a timetable for completion. The Annual Quality Work Plan addresses all components to be conducted in compliance with Minnesota Statutes and Rules and as contractually required by DHS as well as NCQA standards.
- b. The Annual Quality Work Plan provides a detailed description and specifies thresholds for measurement results and/or status reports on all activities and objectives for improving quality of clinical care, safety of clinical care, quality of service, and member experience. The Annual Quality Work Plan includes the time frame for each activity's completion, the staff responsible for each activity, monitoring of previously identified issues, and an element of evaluation of the Quality program.
- c. The Annual Quality Work Plan provides a detailed description and specifies goals for measurement results for identified UM activities.

3. Quality Activities

- a. The specific quality activities are defined annually in the Annual Quality Work Plan as required in MN Rules part 4685.1130, subp. 2. The Director of Q&UM and Chief Senior Medical Director have responsibility for developing the Annual Quality Work Plan.
- b. The Annual Quality Work Plan is based on NCQA standards, recommendations of QCCC after review and evaluation of the current Quality Work Plan, focus study results, and outcomes of interventions and monitoring activities.
- c. The Annual Quality Work Plan is presented to QCCC, which makes final recommendation for approval to the JPB. The JPB has final approval of the Annual Quality Work Plan.
- d. Upon final approval by the JPB, the updated Annual Quality Work Plan is submitted to the Commissioner of Health as stipulated in the DHS contract.

4. Quality Components

- a. Each study or activity is conducted according to steps in MN Rules part 4685.1125.
- b. PIPs follow the protocol outlined in the BBA97 and 42 CFR 438.240.

5. Annual Evaluation (MN Rules part 4685.1110, subp. 8; NCQA QI 1)

- a. PrimeWest Health evaluates the effectiveness of the Quality program annually. The evaluation includes the following information:
 - i. A description of completed and ongoing quality improvement activities that address quality and safety of clinical care and quality of service
 - ii. Trending of measures to assess performance in quality and safety of clinical care and quality of service
 - iii. Analysis and evaluation of the overall effectiveness of the Quality program and of its progress toward influencing network-wide safe clinical practices

- b. This evaluation is done by reviewing the Quality Assurance Plan and the Annual Quality Work Plan. The summary of effectiveness addresses the following:
 - i. Adequacy of Quality program resources
 - ii. Quality Improvement committee structure
 - iii. Practitioner participation and leadership involvement in the Quality program
 - iv. Need to restructure or change the Quality program for the subsequent year
- c. 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.

L. Scope and Monitoring of Annual Quality Work Plan Activities

1. Medical Record Reviews (MN Rules part 4685.1110, subp. 13)

- a. The medical record contains critical information about the delivery of health services to a member. PrimeWest Health assesses the accuracy and completeness of medical records and monitors the frequency of specific elements of care. This process is described in detail in Policy and Procedure QM06: Health Records.
- b. PrimeWest Health maintains a medical record retrieval system that ensures that medical records, reports, and other documents are readily accessible.

2. PIPs

PIPs are reviewed and reported on at least annually for each project currently in place. PIPs follow the protocols as outlined in the BBA97, 42 CFR 438.240, and CMS protocol “EQR Protocol 7: Implementation of Performance Improvement Projects” (October 2019 Update). PrimeWest Health collaborates with other Minnesota health plans on PIP topics and interventions.

3. Focus Studies (MN Rules part 4685.1125 and NCQA QI)

- a. 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.
- b. Results of the focus study are analyzed and summarized by the PrimeWest Health Chief Senior Medical Director and the Director of Q&UM and reported to QCCC. Development of CAPs and additional reporting are described elsewhere in this document.

4. HEDIS Evaluation

- a. PrimeWest Health, in collaboration with contracted vendors, if applicable, collects claims and medical record data to report HEDIS results as required.
- b. HEDIS results are reported to QCCC annually.
- c. QCCC evaluates results and determines priority areas for improvement for inclusion in the Annual Quality 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 and the provider level. Results are reported annually to QCCC and the JPB or when results are available, as in the case of HOS results. Member satisfaction survey results provide CMS with required data on quality and outcomes measures that enable beneficiaries to compare their health coverage (options).

- a. The following member satisfaction surveys are conducted by external entities:
 - i. CAHPS
 - ii. HOS
- b. The following member satisfaction surveys are conducted by PrimeWest Health:
 - i. Care Coordination/Case Management Satisfaction Survey
 - ii. Behavioral Health Care Satisfaction Survey

6. Public Health Goals

The Quality program monitors and evaluates PrimeWest Health’s contribution toward achieving public health goals established for our 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 & Population Management provides annual reports to QCCC on the activities and progress toward achieving the public health

improvement goals. At least annually, the Director of Care & Population Health Management and/or the Chief Senior Medical Director provides the JPB with a summary of the activities and progress toward the achievement of the public health improvement goals.

7. Population Health Management (PHM)

- a. PHM is a model of care that addresses individuals' health needs at all points along the continuum of care, including in the community setting, through participation, engagement, and targeted interventions for a defined population. The goal of PHM is to maintain or improve the physical and psychosocial well-being of individuals and address health disparities through cost-effective and tailored health solutions. The following sources are used to identify members for PHM interventions.
 - i. Hospitalizations, observation stays, or emergency department visits related to a chronic condition
 - ii. One or more outpatient visits with diagnosis for chronic conditions
 - iii. Claim or procedure codes
 - iv. Pharmacy data
 - v. Laboratory data when supplied
 - vi. Data collected through the UM process, case management process, or care management process
 - vii. Data from health management, wellness, or health coaching programs
 - viii. Applicable information from electronic health records (EHRs)
 - ix. Provider/member/caregiver referrals
 - x. 24-hour nurse line referrals
 - xi. Self-referral
- b. PHM is fully integrated into the QI program and is related in terms of operation and oversight in the following ways:
 - i. Staff – PrimeWest Health Quality staff collaborate with Care & Population Health Management staff to analyze data, perform interventions, and ensure member satisfaction
 - ii. Committees – PrimeWest Health Quality and Care & Population Health Management staff serve together on multiple committees related to quality improvement, such as strategic planning workgroups, the UR Committee, the Quality Workgroup, and the Population Health Advisory Committee. Input from both teams is vital to quality improvement efforts.
 - iii. Appeals and Grievances – Care & Population Health Management staff coordinate with Quality staff if members need assistance filing an Appeal or Grievance related to safety or satisfaction
 - iv. HEDIS – HEDIS measures may be used to measure the effectiveness of the PHM program

Violation of this Policy or Procedure

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

Signatures

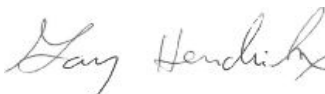
Medical Director Approval:



Date: 03/06/2025

Scott Hegstad, MD
Chief Senior Medical Director

Board Approval:



Date: 03/06/2025

Gary Hendrickx, Chair
PrimeWest Health Joint Powers Board of Directors