

Envolve PeopleCare Quality & Process Improvement Program Description 2017

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Introduction

Although our name has changed, our innovation continues. Envolve PeopleCare (EPC) combines the experience, track record and expertise of Nurtur, LiveHealthier, NurseWise and Cenpatico into a single integrated solution. We joined forces in order to focus on individual health management through education and empowerment, and to continue creating innovative solutions that drive quality health care for vulnerable populations in a stronger and more unified manner. Additionally, the behavioral health business unit of Envolve PeopleCare (Cenpatico) acquired Managed Health Network (MHN) in 2016. Managed Health Network (MHN) operates nationally with corporate headquarters in San Rafael, CA.

Envolve PeopleCare Business Units:

- Envolve PeopleCare Behavioral Health (EPC BH)
- Envolve PeopleCare Disease Management/Lifestyle Management (EPC DM/LM)
- Envolve PeopleCare Nurse Advice Line and Crisis Line (EPC NAL)
- Envolve PeopleCare Digital Health (EPC DH)

Our collective expertise allows us to improve the lives of our members by offering health and wellness solutions for the whole person. Our clients benefit from less risk, lower healthcare costs, a higher quality and more comprehensive service array, as well as the peace of mind that comes from partnering with a proven leader in population health management. With behavioral health solutions, the trusted advice of nurses, as well as health, wellness and disease management programs, we make a difference in the lives of individuals when it matters most.

The Envolve PeopleCare scope of expertise and services to our clients (and populations) includes:

- Health Coaching (Disease Management/Lifestyle Management)
- Nurse Triage and Advice (NAL)
- Behavioral Health (BH)
- Outbound Call Campaigns
- Health Risk Assessments
- Medication Adherence Programs
- Health Information Line
- Digital Health Services
- Employee Assistance Program (EAP)
- Work-Life Solutions (WLS)

EPC strives to improve lives by providing a comprehensive and coordinated offering of life and health services to a diverse population of members and program participants throughout the country. EPC's mission is to educate, enable and motivate people to transform their health and productivity by improving lifestyle behaviors. EPC is a leader in developing and delivering innovative clinical, motivational and life environment management service to help individuals achieve personally-optimal health and human performance. In so doing, EPC aspires to change lives and inspire a convergence of life and health services. To support the EPC mission and vision, the Quality

Improvement Department (QI) promotes, coordinates and adheres to the tenets of Continuous Quality Improvement (CQI). EPC QI provides subject matter expertise and technical assistance to all functional areas in support of the EPC vision and mission to ensure exceptional services for the populations we serve.

Member populations include:

- Self-ensured employers;
- Benefit plan sponsors;
- Health Plans – Medicaid, Medicare, Duals, and Commercial;
- Providers;
- Provider groups;
- Hospital systems;
- Government-sponsored clients;
- Colleges and Universities; and,
- Specialty groups.

The QI Department operates according to the principles of continuous performance improvement (CPI), which is promoted throughout the organization. EPC believes quality is an organizational value synonymous with performance and incorporates monitoring, evaluation and analysis of:

- Access to clinical services for members and providers;
- HEDIS rates;
- Network adequacy and management;
- Credentialing and Contracting;
- Care Gap analysis;
- Utilization management;
- Disease Management;
- Triage;
- Crisis Intervention;
- Member/Consumer Safety;
- Health Education and Information;
- Complaint and Quality of Care trends;
- Grievance & Appeals trends;
- Operations measures, call center metrics;
- Clinical Program Outcomes; and
- Member and provider satisfaction rates and trends.

These data feeds assist the EPC QI program in the identification of focused and systemic performance improvement opportunities.

Quality Improvement Program Authority

Ultimate accountability for the management and improvement of clinical and quality services provided to EPC members and program participants rests with the Centene Corporate Board of Directors, Envolve Holdings, Inc., and the EPC Senior Executive Management Team. The EPC Senior Executive Management Team is responsible for assisting the Board in fulfilling its oversight functions relating to the Quality Management/Improvement Program for EPC members and program participants.

The Board delegates direct oversight of all QI functions to the EPC Quality Improvement Committee (QIC), which serves as the EPC QI oversight body and has responsibility for the day-to-day management of the QI Program. The Sr. VP, Quality and Process Improvement is the senior management level with the responsibility for management and oversight of the QI program. The EPC QIC is accountable to the EPC Board of Directors. The EPC QIC coordinates QI program activities and provides annual reports on QI activities to the Board. Envolve PeopleCare is fully accredited by the National Committee for Quality Assurance (NCQA) and Utilization Review Accreditation Committee (URAC).

Current accreditations include the following:

Accreditation/Certification	Description
NCQA	Patient & Practitioner Oriented Disease Management
	Wellness & Health Promotion Accreditation w/ Performance Reporting
	Medicaid MBHO
	Marketplace MBHO
	Self-Management Tools (certification)
URAC	Disease Management v. 4.0
	Healthcare Call Center v. 5.0
	Health Utilization Management, v.7.3
	Health Network, v.7.1

Quality Improvement Program Scope

The EPC QI Program is comprehensive in nature and focuses on the identified needs of our members and program participants. The scope of the QI functions covers all operational and clinical processes, as well as their respective outcomes measures, including, but not limited to:

- Clinical Program Outcomes;
- Member/Consumer experience;
- Provider satisfaction;
- Member/consumer safety; and,

- Efficiency and effectiveness of resource use.

The EPC Disease Management/Lifestyle Management programs include:

- assessment of medical conditions, health risks, lifestyle behaviors, readiness to change and life barriers affecting health;
- coaching to advance readiness to change (consumer activation) and personal motivation;
- member education;
- personalized education care plans;
- goal setting and management;
- active monitoring and education to reduce the member’s need for more expensive health care utilization (hospitalization and emergency room visits);
- obtain physician feedback to include in the participant’s personalized education care plan; and
- provide feedback to physicians on the participant’s progress in the Disease Management Program .

The EPC Nurse Advice Line programs include:

- clinical services (triage, crisis intervention, medication adherence);
- non-clinical administrative services (e.g., health plan eligibility lookup);
- outreach projects to perform Health Risk Assessments promoting proactive case management; and,
- targeted education and wellness promotion campaigns.

The EPC BH program addresses the major diagnostic, interventions and treatment modalities currently utilized by behavioral health practitioners, including:

- comprehensive biopsychosocial assessment;
- psychiatric evaluation;
- pharmacotherapy,
- group and individual psychotherapy;
- psychological testing; and,
- other evidence-based therapies utilized by behavioral health providers.

EPC activities address multiple health topics including disease management, wellness, nurse triage and crisis call centers as well as acute and chronic psychiatric and substance abuse disorders as referenced in the most recent Diagnostic and Statistical Manual of Mental Disorders (DSM-V-TR) of the American Psychiatric Association.

The description of clinical programs, including objectives for serving members with special healthcare needs, is found in the EPC Clinical Program Description(s).

EPC’s BH and Specialty Therapy and Rehabilitative Services (STRS) networks include the following behavioral health/substance abuse treatment professionals and STRS providers:

- Psychiatrists;

- Licensed Psychologists;
- Licensed Marriage and Family Therapists;
- Licensed Professional Counselors;
- Nurse Practitioners;
- State Certified Drug and Alcohol Counselors;
- Licensed Clinical Social Workers;
- Speech Language Pathologists;
- Physical Therapists; and,
- Occupational Therapists and their assistants.

EPC is equipped to deliver BH and STRS care in a variety of settings including:

- outpatient offices;
- hospitals (including general hospitals and private psychiatric hospitals);
- partial hospital programs;
- residential treatment facilities;
- outpatient substance abuse programs;
- other community-based behavioral health programs;
- intensive outpatient therapy programs;
- outpatient rehabilitative facilities;
- the member’s home; and,
- other community-based rehabilitation programs.

EPC Specialty Therapy and Rehabilitative Services (STRS)

The STRS program includes Physical Therapy, Occupational Therapy and Speech Language Pathology services. The scope of the STRS program, including covered services and provider types, is found in the EPC STRS Program Description. The STRS Utilization Management Committee provides regular reports and data feeds into the EPC Quality Improvement Committee (QIC).

EPC Annual Program Evaluation and Work Plan

Annually, EPC formally analyzes the effectiveness, viability and efficacy of targeted QI metrics through the QI Annual Program Evaluation and Work Plan. The formal analysis in the evaluation is driven by ongoing interim surveillance and monitoring of the activities listed in the QI Work Plan. All key performance data are presented graphically to provide performance trends and outcomes data. Areas prioritized for the coming QI plan year are carried over into the next year’s Work Plan. The Work Plan defines specific quality-related activities to be accomplished in the upcoming year, including goals, timeframes for goals completion and the responsible business owners.

At a minimum, the Annual Program Evaluation addresses:

- Quality of Service;
- Member/Consumer Safety;

- Member/Consumer Experience;
- Clinical Guidelines and Standards of Care
- Quality of Care Concerns;
- Trending of performance measures to assess performance in the safety and quality of services provided;
- Analysis of the results of QI initiatives, including barrier analysis and identification of opportunities for improvement; and,
- Evaluation of the overall effectiveness of the QI program.

The scope of QI activities also includes the interface between EPC and its health plan partners, client organizations, members and network practitioners. Practitioner-specific quality data are integrated into the Credentialing Program for use in their re-credentialing processes. Direct input and feedback from EPC members and providers is obtained through member and provider complaints, Quality of Care (QOC) concerns and satisfaction surveys as well as participation in the EPC QI Committee.

The QI Program Description and the activities described below are supported by EPC’s policies and procedures (P&Ps). Applicable EPC QI P&Ps are referenced in each section of this Program Description.

QI Program Purpose, Goals and Objectives

The purpose of the EPC QI program is to systematically monitor and evaluate the provision of health care services and the impact of these services on improved member outcomes. Following the Plan, Do, Study, Act (PDSA) and LEAN models for CPI, EPC uses data analysis to develop measurable interventions designed to improve member care and services. All QI interventions are implemented with the target outcomes of increased member safety, improved functional outcomes, and increased satisfaction with services. The EPC QI Program Description outlines EPC’s QI structure, processes, goals and objectives, and identifies the cross-functional responsibilities for supporting the QI Work Plan.

EPC is dedicated to improving the lives of its members. The goals and objectives for EPC’s QI program are:

- Define clinical quality and build organizational capabilities to support the achievement thereof;
- Develop clinical quality improvement initiatives consistent with the scope of services relevant to the populations served;
- Produce actionable, valid and reliable data to drive decision making resulting in improved quality of services and member care;
- Promote recovery from mental illness through excellent member care management;
- Promote member recovery and resiliency to support improved healthcare outcomes; and
- Improve member and provider satisfaction with EPC services.

QI Program Structure and Accountability

The EPC QI committee structure supports the implementation of the QI program. Improved and measurable outcomes are the driving force of the EPC QI program goals and objectives. The QI program structure:

- Promotes education and information sharing throughout the organization to create and maintain a culture of service and performance excellence;
- Develops and monitors key indicators of clinical and service quality, which reflect the needs of members, practitioners, providers, payers, accreditation agencies and regulatory bodies;
- Identifies performance thresholds, goals and benchmarks for identified process and performance measures; and,
- Develops targeted improvement plans for any area not meeting performance expectations.

The QI process is coordinated through the QI Department. Throughout EPC, each business unit is responsible for monitoring department-specific quality indicators that act as data feeds into the QIC. Each EPC business unit provides scheduled reports to the QIC and act as subject matter experts to the committee. The QIC is charged with monitoring and evaluation of clinical quality indicators, member and practitioner input, and review of identified member safety issues. The interdisciplinary committees described below support the QI program. The EPC QI Committee structure is designed to promote collaboration, coordination, and communication across disciplines and departments within the organization, with emphasis on the use of administrative, operational and clinical operations data in the QI program.



QI Committees and Data Feeds

EPC Board

The EPC Board of Directors, as the chief governing body, is responsible for the review and approval of the EPC QI program. The Board of Directors delegates authority for the development and implementation of the QI program to the QIC and the EPC Chief Executive Officer (CEO). The Chief Health Officer (CHO) or designee are considered senior clinical staff and are delegated authority for oversight of clinical activities of the QI program and provides clinical oversight into disease management, wellness, operations as well as the nurse advice line, triage, and health education and information line operations.

National Advisory Committee

The National Advisory Committee (NAC) provides EPC with the perspective of persons with lived experience of mental illness and/or substance use disorders, as well as the perspectives of their family members and community advocates. The NAC is co-chaired by the Director of Product Development and the Director of Quality Improvement. The NAC meets with, and advises, the Senior Management Team directly.

The primary responsibilities of the NAC are to inform EPC leadership regarding potential barriers to recovery and healthcare service access, and to provide feedback on EPC quality and clinical strategy as they impact member experience and practices. The NAC subcommittee provides reports of committee activities and recommendations into the EPC QIC quarterly. Recommendations made by the NAC are considered for inclusion in development of targeted quality improvement initiatives.

Members of the EPC NAC include:

- EPC CEO;
- EPC COO;
- EPC CMO;
- EPC CFO;
- EPC SVP, Quality and Process Improvement;
- EPC SVP, Compliance;
- Members living with mental illness;
- Members living with addictions;
- Caregivers/family members;
- Community organizations intended to support recovery in the community with special emphasis on culturally specific services;
- Other advocates/advocacy organizations; and,
- Individuals served by EPC.

Quality Improvement Committee

The QIC is a high-level committee that drives quality improvement throughout EPC. It is a multidisciplinary and cross-functional committee. The mission of the QIC is to develop, implement and oversee the activities of all components of the QI program. The QIC provides an objective,

systematic and continuous process for assessing, monitoring and improving the quality of health services provided to members.

The QIC reports activities to the EPC Board of Directors at least annually. The QIC also provides feedback to all sub-committees and any ad hoc work groups and task forces acting upon direction of the QIC. All sub-committees of the QIC officially report to the QIC after the Minutes of the most recent meeting have been accepted by the sub-committee. Reports include a summary of activities performed and recommendations for action. The QIC refers appropriate clinical issues to the Utilization Management Committee or the EPC Peer Review process for input and review. The Sr. VP, Quality and Process Improvement is the chair/facilitator with the responsibility for management and oversight of the QIC. The QIC meets at least quarterly. Additional meetings may be scheduled at the request of the committee Chair. Confidential Minutes are maintained for all QIC and sub-committee meetings.

The QIC receives regular input from the following sources:

- Operations: Clinical and non-clinical call center statistics; Network Management and adequacy reports; and, claims processing statistics;
- Clinical: Utilization Management (UM) reports; service utilization trends; denial, grievances and appeals; health education outcomes; inter-rater reliability reports; and, clinical program and pilot project outcomes;
- QI: Member and Provider complaints; quality of care (QOC) concerns and critical incident (CI) trends; network credentialing activities; network accessibility; intensive case management (ICM) services; and, provider/member satisfaction survey data; provider profiling; accreditation and audit reviews; HEDIS performance; consumer safety data; member accessibility to services; and, EPC Quality Improvement Activity/Project (QIA/P) reports;
- Regular medical system partner and state operations meeting summary reports;
- Quarterly and Annual EPC QIC sub-committee reports; and,
- External audit and accreditation reports.

The QIC performs the following functions:

- Review and approval of the annual QI Program Description, QI Annual Evaluation and QI Work Plan;
- Review and approval of EPC Medical Necessity Criteria (MNC), Program Critical Pathways/Evidence Based Clinical Practice Guidelines;
- QI policy development and implementation;
- Providing guidance to staff on quality management priorities and projects and approves the quality improvement projects to undertake
- Oversight for the collection, tracking and analysis of all QI Program data feeds;
- Tracking QI activities and making recommendations to staff and management as needed;
- Documenting all QIC conclusions, recommendations and actions taken;
- Ensuring ongoing reporting of QI activities to EPC staff, practitioners, health plans and member organizations; and,

- Regular review of the QI Work Plan including progress on core QI activities and QI initiative outcomes.

Voting members of the QIC include:

- Sr. Vice President, Quality and Process Improvement, facilitator;
- Chief Executive Officer;
- Chief Operating Officer;
- Chief Medical Officer;
- Chief Health Officer;
- Chief of Affiliated SBU;
- Associate Medical Director(s);
- Sr. Vice President, Service Operations;
- Sr. Vice President, Compliance;
- Vice President, Clinical Operations;
- Vice President, Network Management;
- Sr. Manager, Accreditation, Quality Improvement; and
- External participating Practitioners/Providers with expertise in behavioral health, disease management, wellness as well as triage.

QIC Sub-Committees

Credentialing Committee

For the business units that include a contracted provider network, EPC credentialing and re-credentialing functions are performed by the Credentialing Committee (CC). The CC reviews practitioner and provider credentials, assesses practitioner and provider quality indicators (Complaints, Critical Incidents (CIs) and Quality of Care (QOC) concerns) and makes determinations regarding practitioners' and providers' participation in the EPC network.

The CC is responsible for ensuring that the credentialing program meets appropriate timeliness guidelines for review and processing of credentialing and re-credentialing applications and appropriate communication with prospective and current practitioners about any change in network status. The CC provides activity reports to the QIC quarterly. The EPC peer review function is completed as a separate, executive session of the CC, as needed, related to credentialing, re-credentialing and quality of care review trends.

The CC performs the following functions:

- Apply established, nationally recognized criteria for both initial credentialing and re-credentialing;
- Analyze Network Management reports to determine network development needs and adequacy in making credentialing recommendations;
- Ensure the ongoing use of quality review information in making credentialing and re-credentialing recommendations;

- Receive and integrate practitioner and provider concerns and feedback on the EPC credentialing program into ongoing credentialing activities; and,
- Recommend changes in the credentialing and re-credentialing criteria to ensure compliance with changes in federal, state, professional, accreditation, and payer guidelines.

The EPC CC is guided by the Credentialing Program Description and applicable policies and procedures: CPDM.001 – Credentialing Program Description; CPDM.002 – Initial Credentialing Process; and, CPDM.007 – Recredentialing Process.

Voting members of the credentialing committee are:

- Chief Medical Officer, Chair;
- Chief Medical Director;
- Associate Medical Director(s)
- Network Providers (who have no other role in organization management).

Utilization Management Committee (UMC)

The UMC monitors trends in utilization as well as consistency and efficiency in conducting utilization-related activities and case management. The UMC meets a minimum of four times each year, and more often if necessary at the discretion of the Chair. The EPC UMC is supported by the EPC Clinical Program Description, the EPC Case Management Program Description, the EPC Complex Case Management Program Description and the applicable Clinical policies and procedures.

The UMC performs the following functions:

- Review and recommend clinically sound MNC at least annually;
- Evaluate medical necessity for behavioral health services based on established guidelines;
- Analyze clinical data indicators;
- Conduct and analyze inter-rater reliability exercises;
- Review and analyze trends in denials and appeals;
- Recommend clinical improvement activities identified by staff and UMC members and implement interventions, where appropriate;
- Oversee screening programs;
- Regular monitoring of potential over and underutilization in each EPC market; and,
- Monitor clinical quality improvement initiatives and interventions.

The UMC is composed of:

- Vice President, Clinical Operations, Chair;
- Medical Director(s);
- Clinical Supervisors;
- Sr. Vice President, Quality and Process Improvement; and,
- Vice President, Network Management

Policy and Procedure Committee (P&P Committee)

The QIC delegates ongoing review and approval of policies to this committee. Annually, the EPC CEO signs a roster of updated policies affirming the review has taken place. The P&P Committee reports quarterly to the QIC.

The P&P Committee performs the following functions:

- Ongoing review of all EPC policies;
- Review and update policies in response to changes in regulation or standards;
- Accept updates to Centene policies regarding compliance, human resources and information technology;
- Work with the EPC functional area subject matter experts to update policies to ensure consistency with applicable regulations and standards;
- Review and approval for archival of policies; and,
- Maintain an accurate roster of current policies.

This committee is chaired by the EPC Compliance Director. The P&P Committee includes EPC subject matter experts from each functional area as voting members. The P&P Committee meets monthly. Ad hoc meetings may occur at the discretion of the committee chair.

SWAT Team

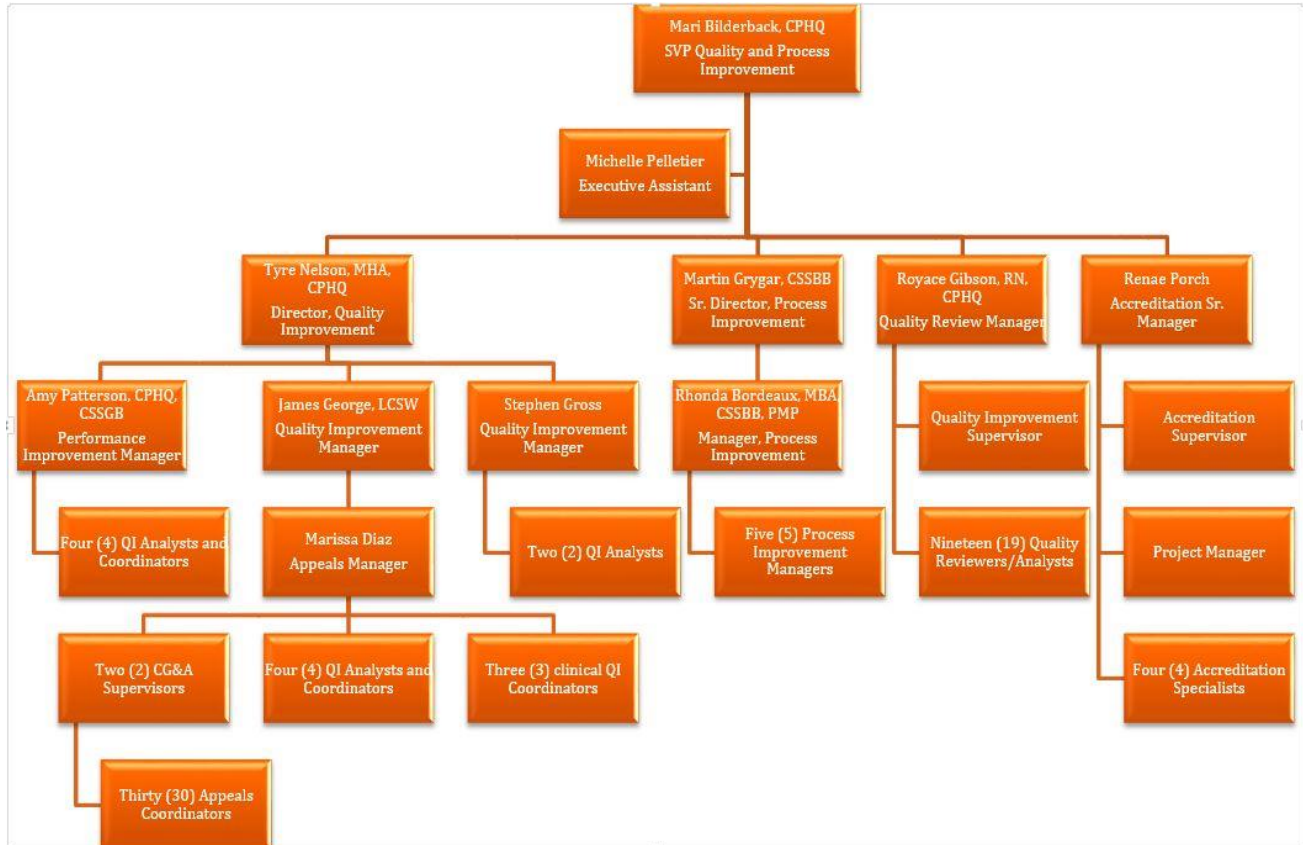
The SWAT is a cross-functional committee responsible for conducting root cause/barrier analyses, review of performance data and implementation of process and performance improvement action plans. The SWAT team acts in direct response to the EPC QIC and reports at least quarterly on ongoing and newly-implemented improvement initiatives. The SWAT team meets according to project needs. The SWAT team is led by the Sr. Vice President, Quality and Process Improvement and Sr. Director, Process Excellence and other EPC functional area representatives are included as needed.

SWAT performs the following functions:

- Monitor clinical and non-clinical quality indicators for opportunities for improvement;
- Conduct root cause/barrier analyses for process and performance improvement activities;
- Establish and implement work plans targeting specific process and/or performance improvement initiatives; and,
- Report initial findings and recommendations to the EPC QIC at least quarterly.

EPC QI Staffing Description and Key Personnel

The EPC QI Department is supported by an organizational structure that includes management and staff with the appropriate clinical and managed care skills required to effectively drive QI activities. The following organizational chart depicts the QI Department staffing and key personnel support:



Chief Medical Officer (CMO) and Medical Director(s)

The CMO and Medical Directors are considered to be the senior clinical staff responsible for ensuring all clinical services are administered in a manner consistent with accepted standards of care and provides direction and oversight for all clinical quality improvement activities. Medical directors interface with physicians and other providers to facilitate the implementation of evidence based clinical standards to improve outcomes. The CMO and medical directors are standing members of the QIC.

Sr. Vice President, Quality and Process Improvement

The Sr. Vice President, Quality and Process Improvement, must be a certified quality professional and is the senior level management responsible for the structure, direction and implementation of the EPC QI program and acts as the quality subject matter expert on the EPC Senior Management Team. The Sr. Vice President ensures that measurement, evaluation, and process and performance improvement activities are implemented in a manner that is statistically, methodologically, and clinically sound. The Sr. Vice President facilitates the QIC meetings.

Sr. Director, Process Improvement

Certified lean six sigma black belt responsible for the oversight and management of enterprise-wide process improvement activities. Ensures that process improvement activities are designed and implemented to support business infrastructure and systemic performance improvement.

Director, Quality Improvement

Certified quality professional responsible for the oversight and management of enterprise-wide quality operations and improvement activities. The Director of Quality ensures that quality improvement initiatives are designed and implemented in alignment with continuous quality improvement (CPI) principles.

Quality Improvement Manager(s)

Certified quality professionals responsible for: oversight and production of quality reporting; core quality business functions; market-specific performance improvement projects and health plan support. Oversee the collection, review and resolution of complaints and quality of care concerns (QOCs) and critical incidents (CIs). Responsible for the management of regional quality metrics.

Sr. Manager, Accreditation

Quality professional directly responsible for the ongoing preparation and submission of accreditation materials. Provides direction, training, and consultation to all EPC Departments for all current EPC Accreditations and the interpretation of the Standards and Guidelines for accreditation activities. Provides support and consultation to accredited NCQA MCO clients to ensure that EPC is providing the appropriate support and assistance to ensure their success with activities related to behavioral health, disease management, and wellness.

Supervisor, Accreditation

Quality professional responsible for providing consultation to EPC Departments under the direction of the Sr. Accreditation Manager on the Standards and Guidelines for EPC Accreditations. The Accreditation Supervisor develops training materials for all EPC Departments on their respective Accreditation standards. Also assists in the collection and preparation of accreditation materials for all EPC submissions.

Accreditation Specialist(s)

QI Department staff responsible for the collection and preparation of accreditation materials for all EPC Accreditation submissions.

Manager, Quality Review

Certified clinical quality professional responsible for the development and management of ongoing internal clinical and operational process audits and clinical reviews. The scope of the quality review manager includes processes for managing: medical record reviews, CPG adherence, fidelity monitoring and transition of care requirements.

Manager, Appeals

The manager of appeals is responsible for the day to day operations of the appeals team. The manager of appeals will oversee processes related to performance management of appeals metrics including; definition of appeals processing timeframes, letter management and updates, clinical peer review requirements, staffing metrics and new market implementations.

Supervisor(s), Appeals

Appeals supervisors provide direct oversight to the appeals front line staff, appeals coordinators. Supervisors manage staff workload allocation and performance. Identification and completion of required report deliverables and staff training all fall within the scope of the appeals supervisor.

Quality Improvement Analysts

QI Department staff responsible for the collection, calculation and quantitative analysis of EPC data. The QI Analysts utilize improvement science approaches in the presentation of data for use in state and health plan deliverables and QIC committee reports. The QI Analysts ensure that program data are tracked and reported accurately. QI Department staff also responsible for the collection, calculation and quantitative analysis of HEDIS performance data. QI Analysts prepare gap analyses and HEDIS projection reports to drive targeted improvements.

Process Improvement Managers

Lean/Six Sigma green or black belts dedicated to the day-to-day management of process improvement activities. Work with functional area management and subject matter experts in the mapping and redesign of processes to ensure maintenance of process improvements.

Quality Reviewers

QI Department staff dedicated to internal and external audit functions. Responsible for the design of audit tools and training of QI staff conducting internal and external audits. Responsible for, in conjunction with the Manager, Quality Review, for conducting inter-rater reliability (IRR) testing of all audit tools prior to audit commencement. Supports accreditation activities.

Clinical QI Coordinators

Support the operational aspects of the QI program, including: coordinating surveys, conducting chart reviews and QOC/CI investigations; and, analyzing complaint, QOC and CI data. The Clinical QI Coordinator must be a licensed clinician.

QI Coordinators

Support the operational aspects of the QI program, including: coordinating surveys and entering survey responses, development and completion of required reports and coordination with other functional areas in service to the QI functions.

Appeals Coordinators

Support the operational aspects of the appeals program, including: receiving appeals requests, documenting in clinical management system, sending acknowledgement letters, coordinating with appropriate clinical leadership to facilitate clinical review of appeal request, management of required timeframes and sending of the appeal resolution letter to the member.

EPC QI Information Systems Support

The Management Information Systems (MIS) supporting the QI program allow key personnel the necessary access and ability to manage the data required to support the measurement aspects of the QI activities.

EPC utilizes an Oracle-based Enterprise Data Warehouse (EDW) that allows for the collection, integration and reporting of clinical claim/encounter data, financial information, medical management information (referrals, authorizations, case management, disease management), member services information (current and historical eligibility, demographics, primary care provider assignment, member outreach) and provider information (participation status, specialty, demographics) as required by EPC's QI Program and other contractual requirements. EPC captures and utilizes data from both internal and subcontractor sources for administration, management and other reporting requirements and can also submit and receive data as well as interface with other systems as necessary.

The Business Objects reporting application is used to access the information stored in the EDW. By housing all of the information in the EDW, analysts are able to generate standard and ad hoc reports using standard query tools as well as Business Objects. AMISYS data are refreshed nightly in the EDW to allow for analysis of the most current data available. Reports can also be generated directly from the data being produced and housed in EPC's care management systems. Internal data sources for EPC's MIS include:

AMISYS

Claims payment system maintains datasets indefinitely, whether online or stored at an off-site facility. Data set structures are built to maintain history for claims, members, providers, authorizations and many other transactions. Retroactive adjustments to each of the datasets are kept online for historical review. AMISYS uses a date-spanning process to capture historical records such as provider contracting arrangements. AMISYS has a separate data set built exclusively for auditing purposes. This dataset is built for redundancy and transactional tracking purposes.

LVM

The LVM system is utilized to support nurse advice line and crisis line operations as the clinical management system for the triage function as well as health information and education. Clinicians can make notes to a member record in real time while on the phone with a caller. The system supports critical pathways and triage protocols assisting the call center clinicians to triage calls according to established, approved protocols.

External Data (EPC DM/LM Management Program)

This system acts as the repository for data received from customers/health plans, primarily claims and member demographics. Contractual data analysis is done here, to determine how utilization and costs are distributed among the membership, in order to understand how the EPC DM/LM Management programs might benefit the health plan. The EPC DM/LM Management Program also stratifies members based on risk elements determined in the contract in External, and those

identified for intervention are cross-loaded into the core operational system (TransForum). Stratification does not currently take place for the non-respiratory programs within TransForum. External Data is a Microsoft SQLServer repository running on Windows 2000 Server.

TransForum (TF)

TransForum is the custom-developed system used to track the members in the ‘managed population’ – these are members of our customer’s health plans that meet specified levels of severity or utilization to qualify for intervention in the program. As members move into TransForum from External, they enter the clinical process flow.

TransForum tracks referrals into the program and any interactions with the participant or physician. This includes assessment of the participant’s condition, obtaining a physician’s approval to see a given participant, scheduling of visits, and management of the ActionPath process. The database behind this system contains demographic information on these participants and their providers, as well as, visit schedules, questionnaire responses, and data on other types of interactions. An In-Home Visit Questionnaire form system is maintained for the reporting of home visit data into TransForum for those Field Health Coaches who do not have a laptop.

Reporting Repository (EPC DM/LM Management Program)

Based on periodic extracts from External Data and TransForum, the Reporting Repository is the main platform for customer reporting. It is an MS SQLServer database, with reports built using a combination of Excel and MS Access

TruCare

Enrollee-centric health management platform for collaborative care coordination, as well as case, behavioral health, disease, and utilization management. Integrated with Centelligence™ for access to supporting clinical data, TruCare allows medical management staff to: capture utilization, care and population-based disease management data; proactively identify, stratify, and monitor high-risk enrollees; consistently determine appropriate levels of care through integration with InterQual criteria; and, capture the impact of our programs and interventions. TruCare also houses an integrated Appeals Management module, supporting the appeals process from initial review to resolution, and reporting on all events along the process. All EPC QOC concern and CI data are tracked and monitored through TruCare.

Quality Spectrum Insight (QSI)

An Inovalon software system used to monitor, profile and report on the treatment of specific episodes, care quality and care delivery patterns. QSI is NCQA-certified software; its primary use is for building and tabulating HEDIS performance measures. QSI enables the Plan to integrate claims, member, provider and supplemental data into a single repository, by applying a series of clinical rules and algorithms that automatically convert raw data into statistically meaningful information. Additionally, the Inovalon product provides the Plan with an integrated clinical and financial view of care delivery, which enables the Plan to identify cost drivers, help guide best practices, and to manage variances in its efforts to improve performance.

QSI is updated on a monthly basis by using an interface that extracts claims, member, provider and financial data. The data are mapped into QSI and summarized. The EPC QI staff are given access to view standard data summaries and drill down into the data or create ad-hoc queries. EPC obtains data and analytical support through the Corporate Information and Management Systems Department, Corporate Quality Improvement and Health Economics and other support resources as deemed necessary, which may include corporate and health plan resources.

Cultural Sensitivity

The EPC delivery model is tailored to the needs of all clients in the Medicaid, Children’s Health Insurance Program (CHIP) and other member and participant population groups that EPC may serve. EPC is dedicated to improving the lives of the members it serves through the delivery of culturally sensitive care. Members receiving services through state Medicaid and other publicly funded programs face multiple challenges in the navigation of the health care system. EPC’s approach to cultural competency includes not only the provision of language assistance and disability related access improvements. Many of the members served in the EPC system of care face challenges such as homelessness, hearing impairments and developmental disabilities.

EPC adopts a definition of cultural competence which defines cultures in a broad sense as many things, in addition to race, language and ethnicity, contribute to a member’s sense of self in relation to others and their community. EPC includes gender and/or sexual orientation; shared life experiences such as trauma, homelessness, physical disabilities, education and occupation in relation to cultural competency in order to accurately represent the diverse needs and challenges of members. Understanding how these factors affect how a person seeks and uses services is critical to providing culturally sensitive and competent care.

The EPC vision for culturally competent care is:

- Care is given with the understanding of, and respect for, the member’s health related beliefs and cultural values;
- EPC staff respect health related beliefs, interpersonal communication styles and attitude of the members, families and communities they serve;
- Each functional unit within the organization applies a trained, tailored approach to culturally sensitive care in all member communications and interactions; and,
- All EPC providers and practitioners support and implement culturally sensitive care models to EPC members.

EPC understands the cultural competency, linguistic and disability-related access requirements of members it serves and is committed to ensuring that staff are educated about, remain aware of, and are sensitive to, the linguistic and disability-related needs and cultural differences of its Members. EPC staff is given a copy of the Cultural Competency plan during their training and also have access to the company’s website where the policy and procedures are available as well.

QI Performance Measures and Activities

EPC QI performs ongoing monitoring of specific quality indicators as an important component of the QI Program. Indicators are chosen that reflect important aspects of care or service delivery for all programs within the EPC business that are relevant to the member populations, reflective of high-risk services, encompass preventive, acute, and chronic care, and span a variety of service delivery settings.

Performance goals or benchmarks may exist or be established after baseline measurements have been completed. Some of the indicators selected will be defined so that they can be measured in a consistent manner.

A variety of data sources are utilized in quality indicator monitoring. Summary information related to the quality indicator is maintained in the Quality Management/Improvement Work Plan. In part, it includes:

- The established annual goal or benchmark;
- Reporting time periods;
- Responsible person(s); and,
- Numerator, denominator and results

Quality indicators are selected on the basis of their objectivity, measurability, and validity. They must be reliable and reproducible. Indicator definitions, technical specifications and surveillance plans are developed by QI and maintained by functional area leaders.

The EPC QI program includes, but is not limited to, the routine monitoring and evaluation of performance in the following key areas:

- Access and Availability: Quarterly Appointment Availability surveys; member and provider complaints; QOC concerns; HEDIS Follow up after Hospitalization (FUH) performance; readmissions to inpatient care at 30 and 90 days post discharge; telephone access and network access evaluation;
- Member Experience: Member satisfaction surveys and Member complaints;
- Practitioner Experience: Provider satisfaction surveys and Provider complaints;
- Operational performance;
- Patient Safety: Clinical Quality of Care concerns and Critical/Emergency Incidents;
- Clinical Quality Monitoring: Standards of Care, Clinical Practice Guidelines (CPGs) adherence studies; HEDIS: ADD, AMM, IET, SSD, SAA and IET performance, and QIAs; and,
- Screening and Education: Perinatal Depression Screening; Depression Screening using the PHQ-9 (NQF measure); ADHD Screening; substance abuse disorder (SUD) Screening.

Each key performance area includes specific process and performance measures, performance targets, and desired outcomes. A description of each activity along with its supporting policy and procedure is provided below.

Access and Availability

Telephone Accessibility

EPC monitors telephone accessibility to ensure our members/consumers are able to access our clinical staff. EPC sets measurable and specific telephonic standards to assure that members can obtain services. EPC's telephonic standards include the following for inbound calls:

- Average Speed of Answer by live person (Target < 30 seconds) – defined as the average delay in seconds that inbound telephone calls encounter waiting in the telephone queue of a call center before answered by a staff person. The speed of answer is measured starting at the point when an individual (live person) would have answered the call. (Average speed of answer begins after the message/greeting has ended);
- Abandonment Rate (Target < 5%) – defined as percentage of calls offered into a communications network or telephone system—i.e., automatic call distribution (ACD) system of a call center—that are terminated by the persons originating the call before answered by a staff person. Abandonment rate is measured as the percentage of calls that disconnect after 30 seconds when an individual (live person) would have answered the call;
- Service Level (Target >80%) is the percentage of calls that were answered within 30 seconds from the time that call entered the IVR queue;
- Blockage Rate (applicable to the Nurse Advice Line only) (Target < 5%) – defined as the percentage of incoming telephone calls not completed because switching or transmission capacity is not available as compared to the total number of calls encountered;
- Access to Health Information Line (applicable to the Nurse Advice Line only) (Target 100%); and,
- Time to RN Accessibility (applicable to the Nurse Advice Line only) (Target 100%).

EPC (Health Coaching) also monitors the Outbound Reach Rate and Decline Rate to ensure Health Operations staff are utilizing member engagement skills as they engage with members/consumers.

The above telephonic accessibility standards are the minimum expectations and may be more stringent based on contract requirements. These telephonic accessibility standards are monitored monthly and reported quarterly at each QMC/QIC meeting.

Risk Rating

All calls to EPC BH are assessed for a clinical risk rating and recorded in the caller's case record in the case management data system. Cases are identified as being at one of four clinical risk levels: routine, urgent, non-life threatening emergent or life threatening-emergent. Compliance with industry standards for each classification includes a time frame in which callers must have access to an appropriate level of care (e.g., facility or individual provider).

Appointment Availability

The EPC QI department conducts monthly assessments of its network providers' adherence to appointment availability standards. EPC surveys the universe of credentialed facilities and providers as of January 1st of the measurement year. The sample is stratified by independently contracted

practitioners and facilities to allow for consistently reliable results. EPC defines urgent and routine appointments below unless otherwise directed by regulatory requirement.

- Urgent: Within 48 hours
- Initial Routine: Within 14 days
- Follow-up Routine: Within 14 days

EPC’s 2017 work plan goals target a 90% compliance rate with the appointment availability standards. EPC must demonstrate 100% compliance with these standards in the Massachusetts market.

EPC presents appointment availability data to its customers in routine monthly and quarterly deliverables, and annually, as a part of the EPC QI Evaluation. Data are provided in the aggregate per measure and stratified by region or product, as applicable. Trends in compliance with appointment standards are reported to the EPC CC as part of the Quarterly Quality Monitoring report and used to inform the EPC Network Management strategy. The appointment availability process is supported by the following EPC policy and procedure: CQI.103 – Quality Improvement Evaluation of the Accessibility of Services.

Member/Consumer Experience

Member Satisfaction Surveys

EPC conducts annual member and provider satisfaction surveys in each market it serves. EPC utilizes a national vendor, SPH Analytics, formerly The Myer’s Group (TMG), to administer the following surveys:

- SAMHSA’s Mental Health Statistics Improvement Program (MHSIP) survey for adult members;
- SAMHSA’s Youth Services Survey for Families (YSS-F) for families/guardians of child/adolescent members;
- Case Management Satisfaction Survey; and
- Annual Member Satisfaction Survey (EPC DM/LM).

Additionally, the following EPC DM/LM surveys are conducted on a rolling quarterly basis. Administration of the survey is internal, through QI staff.

- Tobacco Cessation (DM/LM)
- Healthy Pregnancy (DM/LM)
- Program Graduation or Completion (DM/LM)
- Centurion (DM/LM)
- Clinical Discharge Survey (BH)

The EPC Nurse Advice Line program utilizes Televox, a survey vendor, to perform outbound telephone satisfaction survey calls. Surveys are conducted on an on-going basis based on inbound call interactions with members and reported quarterly.

EPC is dedicated to excellent care coordination and ensuring members are satisfied with care management services. EPC conducts ongoing Case Management surveys for members enrolled in CM services. EPC’s QI Department collects, analyzes and reports quantifiable findings and trends to responses to the Clinical Department. Findings are reviewed in the UMC and used to drive improvements in this key clinical service. The ICM survey process is supported by the following policy and procedure: CCL.401.01 – ICM Satisfaction Survey Process.

Survey responses are tracked over administration periods and analyzed with complaint and network management data to identify areas for improved member satisfaction. The member satisfaction process is supported by the following policy and procedure: CQI.102 – Quality Improvement Evaluation of Member Satisfaction.

All performance areas are monitored for consistency with the cultural and linguistic needs of the EPC membership. Data specific to each functional business unit that support the four key areas above are reported to the QIC and used by the QI Department in the development of process and performance improvement activities. Through ongoing evaluation and data analysis, actions for improvement are initiated when needed. The QI Work Plan is comprised of these categories and is reviewed at least quarterly in the EPC QIC. The QI Work Plan is updated, reviewed, and approved at least annually. All key performance areas and quality improvement activities are formally analyzed in the Annual QI Plan Evaluation and reported to the EPC QIC and Board of Directors.

Member Complaints

The EPC BH Program is fully delegated the processing of member complaints in the Florida, Illinois, Indiana, Kansas, Louisiana, Mississippi, Missouri, New Hampshire, Texas and Washington markets. EPC processes all provider complaints related to EPC’s administrative process and the behavioral health network in each market where EPC is a behavioral health delegated vendor. Complaints are categorized according to state-specific regulations and NCQA standards to aid in the identification of issues and trends across the EPC service area. EPC monitors two key process measures related to complaint processing:

- All member and provider complaints will be acknowledged within 5 days (2 days in WA); and,
- All member and provider complaints will be resolved within 30 days.

EPC tracks all complaints and includes longitudinal data in market-specific reports. Complaints also inform the EPC Quality Monitoring Report and are used in conjunction with annual satisfaction survey trends to support resources for improvement activities. Complaints data and their resolution are reported at least quarterly to the QIC. The EPC member and provider complaint process is supported by the following policies and procedures: CQI.123 – Member Complaints: Delegated; CQI.142 – Provider Complaints.

All EPC Disease Management/Lifestyle Management as well as Nurse Advice Line (NAL) complaints received by the program (from members/consumers/beneficiaries/practitioners or clients) are evaluated to identify any potential quality of care concerns. As appropriate, EPC staff also inform

members/consumers/beneficiaries of their right to appeal any decision by their health care provider or insurance carrier. This formal process addresses and resolves complaints within designated timeframes. Please note that processing complaints/grievances is not a delegated function for the EPC DM/LM and NAL programs for any of our customers; therefore, we follow internal processes.

Patient Safety

EPC is committed to ensuring the safety of our members. EPC has put forth the following initiatives to ensure patient safety:

- Critical Pathway Reviews;
- Quality of Care Investigations;
- Critical/Adverse Incident trending and reporting;
- Review and documentation of safety concerns in home environment;
- FDA Medication Alerts or withdrawals;
- Alert of provider in an urgent or medical emergency;
- Alert and notification of suspected or reported abuse or neglect; and,
- Response to life-threatening behavioral health emergency, such as suicide or homicide ideation.

Quality of Care (QOC) Concerns and Critical Incidents (CIs)

EPC QOC concerns are typically identified by EPC utilization managers, care coordinators and provider clinical management. QOC concerns include cases where actual, or the potential for, member harm or neglect is evident, such as delayed treatment, inappropriate personal interactions, and unsafe patient environment. CIs are identified similarly but may or may not contain a QOC issue. Examples of CIs include suicide, homicide, serious injury, and sexual abuse. The investigation of a case can include a review of medical records, the provider’s own internal investigation results, or any other relevant information from various sources. Upon review of the additional information, the EPC QI Clinical Quality Coordinator or EPC Medical Director applies a severity level that categorizes cases by those that are immediately actionable and those that will be tracked for additional incidents.

QOC Level Definitions

- Level 0: Acceptable quality of care has been rendered to the Member
- Level 1: Confirmed QOC without significant potential for serious adverse effects, but could become a problem if a pattern developed
- Level 2: Confirmed QOC with moderate potential for serious adverse effects
- Level 3: Confirmed Quality of Care issue with the potential for adverse effect
- Level 4: Confirmed QOC with serious, significant adverse outcome

QOC concerns at Levels 1 and 2 are placed on the Quality monitoring report when a provider reaches 5 or more in a month; levels 3 and 4 are all entered into the report, as are all critical incidents. The EPC Medical Director determines if a provider or practitioner requires a corrective action plan (CAP) and, if so, the process is implemented per EPC’s CAP policies and procedures. The EPC QOC concern/CI process is supported by the following policy and procedure: CQI.127 – Potential Quality of Care.

Clinical Quality Monitoring

Clinical Practice Guidelines & Standards of Care

EPC maintains Standards of Care and Clinical Guidelines to ensure all programs utilize recommendations from the most current evidence-based clinical guidelines. Standards of Care and Clinical Guidelines are:

- Developed based upon evidence in peer reviewed, published clinical or technical literature;
- Developed with input from clinical content experts involved in active practice treating patients with conditions specific to the clinical programs under review; and,
- Reviewed bi-annually or more frequently based on when updates from guideline sources or urgent new recommendations based on research findings become available.

EPC Triage guidelines are evidence-based and nationally accepted. Evaluations include:

- Annual Review of all triage protocols by clinical advisor; and,
- Annual review of all clinical programs, processes, best-practice guidelines, health topics and medication content based on current scientific knowledge and community practice standards.

The EPC BH Program adheres to Clinical Practice Guideline (CPGs) Adherence Studies, including:

- Practice Guideline for the Treatment of Patients with Major Depressive Disorder, third edition, from the American Psychiatric Association;
- Practice Parameter for the Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder, from the American Academy of Child and Adolescent Psychiatry; and,
- Practice guideline for the Treatment of Patients with Schizophrenia, second edition, from the American Psychiatric Association.

The following HEDIS measures are used to evaluate adherence to the selected CPGs:

- Depression CPG: HEDIS Antidepressant Medication Management – Effective Acute Phase and Effective Continuation Phase;
- ADHD CPG: HEDIS Follow up Care for Children Prescribed ADHD Medication – Initiation and Continuation/Maintenance Phase; and,
- Schizophrenia CPG: HEDIS Adherence to Antipsychotic Medications for Individuals with Schizophrenia and HEDIS Diabetes Screening for People With Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications.

Collection of data conforms to all applicable HEDIS technical specifications and is extracted from the QSI database. EPC works collaboratively with its health plan partners to set CPG study performance targets and identify opportunities for collaborative interventions. The CPG adherence study is supported by the following policy and procedure: CQI.129 – Clinical Practice Guidelines.

Quality Review

In accordance with EPC's quality strategy, quality reviews are necessary to guarantee that we are utilizing current industry standards and clinical guidelines to deliver care. Quality reviews are conducted in order to systematically identify subject matter expertise as well as opportunities for improvement among the provider network or clinical staff that have contact with members for assessment and/or intervention purposes. Quality reviews measure operational and clinical performance against service level agreements. Identified opportunities for improvement are used to further strengthen the clinical intervention and provide feedback to Health Operations staff.

Review activities include:

- Targeted Audits;
- NCQA Readiness;
- Credentialing Activities and delegate oversight;
- Outpatient Medical Record Reviews;
- Health Coach Record Reviews;
- Clinical Triage Reviews;
- CPG Adherence;
- Complex Case Management;
- Medicare Transition of Care;
- UM Decisions – Denials and Appeals;
- Customer Service Quality; and
- Collaboration between behavioral health and medical care.

HEDIS

The Healthcare Effectiveness Data and Information Set (HEDIS) is a suite of clinical quality measures utilized across the industry to assess the quality of service provision for MBHOs and Managed Care Organizations (MCOs). EPC has prioritized the following behavioral health HEDIS measures for collection, analysis and indicators for areas for improvement:

- Follow up after Hospitalization (FUH);
- Antidepressant Medication Management (AMM);
- Follow up Care for Children Prescribed ADHD Medication (ADD);
- Initiation and Engagement for Alcohol and Other Drugs (IET);
- Adherence to Antipsychotic Medications for individuals With Schizophrenia (SAA);
- Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD); and,
- Readmissions.

EPC disease management monitors non-compliance for the following metrics to identify coaching and education opportunities of active disease management members;

- Use of Spirometry Testing in the Assessment and Dx of COPD (SPR);
- Pharmacotherapy Management of COPD Exacerbation (PCE);
- Medication Management for People with Asthma (MMA);
- Controlling High Blood Pressure (CBP); and,

- Comprehensive Diabetes Care (CDC).

All HEDIS data are programmed and extracted monthly from the Centene QSI database. The data, including member and provider level detail, are used by the EPC QI analysts to monitor performance and to identify areas for improvement. Results of interim and annual monitoring are reported to the QIC at least quarterly.

Screening Programs

The EPC BH Program establishes behavioral health screening programs to address co-occurring mental health and substance abuse disorders, co-morbid disorders such as diabetes and depression, and other prevalent disorders across EPC markets and populations. All screening programs are managed by the EPC case management teams and are: evidence-based; shared via newsletter, in-person trainings and web postings with providers; and, have complete program descriptions outlining:

- Screening Program Eligibility Requirements
- Screening/intervention frequency and duration recommendations
- Targeted conditions for screening
- Collection of practitioner/provider input into the screening program design
- Screening program promotion plan
- Evidence Base for program
- Scientific literature used to support program
- Embedded best practices specific to each program

EPC has developed and operationalized the following screening programs:

- Depression
- ADHD
- Substance Use Disorder
- Anxiety
- Perinatal Substance Abuse

Medi-Cal members with behavioral health issues not related to an SMI (serious mental illness) or substance abuse issue are screened and managed. This refers primarily to outpatient services with a behavioral healthcare practitioner, Applied Behavior Analysis (ABA) for children with an Autistic Spectrum Disorder (ASD), medication management, psychological testing (when clinically indicated), and outpatient laboratory visits and/or screening and/or brief interventions. All SMI-related issues and substance abuse issues will be referred to the member's county Mental Health system.

The EPC BH Program plays a significant role in the screening, management and oversight of Cal MediConnect (CMC) members who are or will be receiving behavioral health services by promoting person-centered care coordination. There is shared accountability for outcomes with county health agencies. The CMC population receives fully integrated services.

All EPC behavioral health Skilled Nursing Program (SNP) members that have a primary behavioral health diagnosis are managed by case managers. This population receives fully integrated services and all disease management services are available to SNP members. Finally, this population is co-managed through the established Interdisciplinary Care Team (ICT) process between core members of the health care team.

Each screening program description includes the goals of the program and quantifiable metrics for evaluating successful clinical outcomes. Key performance metrics are tracked and reported to the QIC.

Member Engagement and Education

EPC provides education and support to improve medical compliance, self-care behavior and understanding of condition pathophysiology to members enrolled in a disease management program. For members enrolled in a lifestyle management program, health coaching provides education and support to promote positive behavioral change and adopt life-long health habits to prevent chronic disease development. Written, telephonic, and electronic information enhances member engagement and understanding of signs and symptoms of de-compensation, secondary event occurrence or other acute situations that warrant immediate medical attention.

EPC offers health education resources to callers and visitors to the EPC website, without clinical recommendations or advice. For specific clients EPC Health Information Line also provides health education resources via e-mail, when requested by a web form submission from the client's secured website.

The library of online materials include:

- educational materials and information;
- self-assessments (BMI, AOD);
- rights and responsibilities information; and,
- EPC processes (authorization, appeals, and complaints).

EPC has a Health Information Line that is staffed by licensed nurses and/or clinicians. It is available 24 hours a day by telephone or by secure transmission of electronic communication. Translation services are available as requested by callers. The Health Information Line provides staff the ability to follow up on specific cases and contact eligible individuals. It also links eligible individual contacts to a contact history.

Provider/Practitioner Engagement

Provider Resources

EPC has a comprehensive system in place to engage and inform providers and practitioners. Through the EPC provider website and Provider portal, providers can access the provider manual, clinical and authorization guidelines, complaint instructions, QI program information and surveys.

Provider Satisfaction Surveys

EPC's provider satisfaction survey was developed internally and with consult from SPH Analytics. EPC surveys annually its network providers for behavioral health and physicians actively treating DM/LM members. Survey results are analyzed across administration periods and in conjunction with complaints and network management reports to identify areas for improved provider satisfaction. The provider satisfaction survey process is reported to the QIC and is supported by the following policy and procedure: CQI.131 – Quality Improvement Evaluation of Provider Satisfaction.

Provider Complaints

The EPC BH Program is fully delegated the processing of participating provider complaints in the California, Florida, Georgia, Illinois, Indiana, Kansas, Massachusetts, Mississippi, Missouri, New Hampshire, Ohio, South Carolina, Texas, Washington and Wisconsin markets. EPC processes all provider complaints related to EPC's administrative process and the behavioral health network in each market where EPC is a behavioral health delegated vendor.

The EPC DM/LM and NAL programs are not delegated the processing of provider complaints, but follow internal processes to allow appropriate communication and resolution of provider identified issues related to the DM/LM or NAL programs.

Client/Customer Engagement

Client Satisfaction Surveys

Each year, EPC provides contracted clients/customers/purchasers an opportunity to provide valuable feedback to EPC through the Client Satisfaction Survey process. Client senior leadership and vendor management, or their designees, receive a satisfaction survey at least annually after contract implementation.

Survey questions are based on a five-point Likert Scale, scoring from more to less and allowing clients to indicate their degree of agreement to each of a list of statements. In addition, clients are asked to identify the top three areas that work best in our partnership and to identify opportunities for improvement they would like to see EPC work on.

Results are reported annually to the QIC and interventions based on client feedback are identified.

Quality Improvement Activities/Plans (QIAs/QIPs)

The EPC QI Department utilizes data in its key performance areas, along with the routine data feeds into the EPC QIC, in the development and implementation of QIAs. QIAs may focus on clinical or non-clinical areas for improvement. QIAs are structured studies that use a research, improvement science approach to achieve the target outcomes. QIAs may target a specific population, market or service area but must show demonstrable improvement in member care and satisfaction.

The goal of a QIA is to identify programs, policies and processes that support high quality service delivery across EPC’s networks. Progress on QIAs is tracked in the annual QI Work Plan and reported into the EPC QIC and formally analyzed annually in the EPC QI Program Evaluation. The QI Department will implement QIAs as required by the State contract or as recommended by QIC. When relevant, the QIC includes medical providers in committees and the decision-making processes.

EPC utilizes traditional quality/risk/utilization management approaches to identify activities that are relevant to EPC programs or a specific member population and that describe an observable, measurable and manageable issue. Most often, initiatives are identified through analysis of key indicators of care and service based on reliable data which indicate the need for improvement in a particular clinical or non-clinical area. Baseline data may come from:

- performance profiling of contracted physicians, mid-level providers, ancillary providers and organizational providers;
- provider office site evaluations;
- focus studies;
- utilization information (over-underutilization performance indicators);
- sentinel event monitoring;
- trends in member complaints, grievances and/or appeals;
- issues identified during care coordination;
- referrals from any source indicating potential problems, including those identified by affiliated providers and practitioners; and,
- Clinical outcomes measures.

Other initiatives may be selected to test an innovative strategy or as required by contract. Projects and focus studies reflect the population served in terms of age groups, disease categories, and special risk status.

Current Quality Improvement Activities and Plans include:

- BH QIAs
 - Clinical
 - **Follow up after Hospitalization:** Will increased notification of a member discharge from a psychiatric facility to the community based practitioner increase the number of members seen by an outpatient mental health practitioner within seven days of discharge? Measure – HEDIS FUH**

- **Engagement of Alcohol and Drug Treatment:** Will targeted outreach and engagement with providers improve percentage of members who seek treatment services after diagnosis? Measure – HEDIS IET**
- **Children with Special Needs:** Will targeted outreach and engagement of providers result in increased application of industry best practices related to the management of ADHD medications? Measures – HEDIS ADHD
- **Population Depression Management:** Will targeted outreach and engagement of members with co-morbidities into EPC’s BH Disease Management program improve rates of member adherence to their Depression medication treatment plan? Measure – HEDIS AMM

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- Service
 - **Appeals Processing:** Will improved production processes and automation improve the appeals resolution cycle time and improve satisfaction? Measures: Appeals Resolution Turnaround Times; Member and Provider Appeals Complaints.
 - **Network Access:** Will improved processes related to appointment availability surveys result in improved member access to services? Measures: Accessibility of Services, Availability of Practitioners, Member Complaints.
- DM/LM QIAs
 - Clinical
 - Asthma Controller Medication
 - Asthma Flu Vaccination (patient safety QIP for URAC)
 - Asthma Peak Flow Meter Usage
 - Back Pain Exercise
 - Back Pain Medical Releases
 - CAD LDL-C Control (2015 last measure – retiring)
 - CAD LDL-C Screening (2015 last measure – retiring)
 - CAD Flu Vaccination (patient safety QIP for URAC)
 - CAD Triglyceride Control (New measure – 2016 Baseline)
 - COPD Functional Status
 - COPD Symptoms
 - COPD Flu Vaccination (patient safety QIP for URAC)
 - Diabetes HbA1c Lab Collection
 - Diabetes Microalbumin Lab Collection
 - Diabetes Flu Vaccination (patient safety QIP for URAC)
 - Heart Failure Flu Vaccination (patient safety QIP for URAC)
 - Heart Failure LDL-C Control (2015 last measure – retiring)
 - Heart Failure LDL-C Screening (2015 last measure – retiring)
 - Heart Failure BP Screening (2016 Baseline)
 - Heart Failure BP Control (2016 Baseline)
 - Service

- **Participant Satisfaction:** Will implementation of interventions based on targeted trending and analysis of provider satisfaction yield increased satisfaction rates. Measures: Access and Availability, Clinical Measurement. Measures: Member Experience, Access and Availability, Clinical Measurement,
 - **Provider Satisfaction:** Will implementation of interventions based on targeted trending and analysis of provider satisfaction yield increased satisfaction rates? Measures: Access and Availability, Clinical Measurement, Provider Engagement
 - **Member Complaints:** Will complaint trending and targeted interventions reduce the number of member complaints? Measures: Member Experience, Accessibility of Services, Clinical Measurement
 - **HRA & Incentives:** Will providing incentives to members to compete an HRA result in increased HRA completion rates? Measures: Member Experience, Clinical Measurement
- NAL QIAs
 - Health Information Project: Will improvements in triage protocols increase the percentage of nurse advice line calls that are triaged? Measures: Patient Safety, Clinical Measurement, Member Experience
 - Emergency Department Redirects: Will improvements in processes related to Nurse Advice positive interviewing and advice result in a higher percentage of callers heeding clinical advice provided by the nurse advice line clinical staff? Measures: Clinical Measurement, Member Experience, Accessibility of Services

The QIC assists in the prioritization of identified initiatives, focusing on those with the greatest need or expected impact on health outcomes and member satisfaction. Performance improvement projects, focused studies and other QI initiatives are designed to achieve and sustain, through ongoing measurement and interventions, significant improvement over time in clinical and non-clinical care areas in accordance with principles of sound research design and appropriate statistical analysis.

Cross-functional work groups are used to define the study question and the quantifiable indicators, criteria and goals to ensure the project is measureable and able to show sustained improvement over time. Evidence-based guidelines, industry standards and contractual requirements are used as the foundation for developing performance indicators, setting benchmarks and/or performance targets, and designing projects that assist providers, practitioners and members in managing health outcomes.

The QIC or other subcommittee may assist in barrier analysis and development of interventions for improvement. Data are re-measured at pre-defined intervals to monitor progress and make changes to interventions as indicated by data analysis. Once a best practice is identified, control monitoring reports are implemented to monitor for changes in the process and need for re-intervention. Improvement that is maintained for one year is considered valid and may include, but is not limited to, the following:

- A pre-defined benchmark level of performance is achieved;
- A reduction of at least 10% in the number of members who do not achieve the outcome defined by the indicator (or, the number of instances in which the desired outcome is not achieved) is achieved; and,
- The improvement is reasonably attributable to interventions undertaken by Plan.

The QIA process is supported by the following policy and procedure: CQI.155 – Quality Improvement Activity.

Member Rights and Responsibilities

EPC is not delegated member rights and responsibilities. However, EPC is committed to ensuring that members are treated in a manner that respects their rights as individuals entitled to receive health management services. By the same token, EPC expects members to actively participate with their individual health care providers in the management of their disease/condition. Various components of the QI Program incorporate elements of member rights. In part, they include:

- Policies on inquiries, complaints, and grievances;
- Access standards; and,
- Member involvement in satisfaction surveys.

In addition, a policy on Release and Disclosure of Protected Health Information (PHI), which is also categorized under Member Rights and Responsibilities, further defines the relationship between the member, practitioner, and EPC.

Delegation

Envolve PeopleCare may not perform all activities outlined in this document for each contracted client. The specific services performed are defined by contract with each organization/entity. The EPC QIC delegates the vendor oversight function to EPC Compliance. The vendor/delegate oversight plan is managed in the EPC compliance program description.

Confidentiality and Data Security

Envolve PeopleCare is governed by a comprehensive confidentiality policy. All employees are provided a copy of this policy upon hire and are required to review and adhere to its mandates as a condition of employment. EPC complies with the requirements of HIPAA and all staff members are trained in HIPAA regulations and the need to protect members’ confidential, protected health information (PHI). EPC requires all employees, committee members and Board members to sign a statement that they understand their responsibility to preserve confidentiality.

QIC activities and related committee documents and data are privileged and confidential information. QIC Minutes may be reviewed by outside entities as required by contract or regulatory requirements. However, Minutes and related documents are distributed only to staff members directly involved in specific QI or UM activities or processes. All printed documents, except originals, are destroyed after

the committee meetings, and all Minutes and related committee documents and data are maintained in a secured area. All committee members and staff are required to review and sign a confidentiality agreement annually.

No identifying practitioner or member information is used in the aggregate reporting of any QI or EPC functional business unit data to the QIC. All sampling for focused review and QIAs is random and all findings are reported in the aggregate to protect PHI.

All electronic copies of member PHI, practitioner information, or QI documents are maintained in a secure computer network, where access privileges are linked to a specific username and password. EPC QI and other staff members are assigned a specific set of access privileges upon hiring based on their job responsibilities and need for access. Any additional access requires that the employee's supervisor submit a signed access form to the information technology (IT) department with documentation of the employee's need for access. User access privileges are deleted whenever an employee ceases to be employed and any old or outdated computer equipment is memory-wiped prior to being donated or destroyed. The IT procedures include a disaster recovery plan to guard against any catastrophic loss of data and to ensure data integrity.

Conflict of Interest

Envolve PeopleCare defines conflict of interest as participation in any review of cases when objectivity may not be maintained. No individual may participate in a quality of care or medical necessity decision regarding any case in which he or she has been professionally involved in the delivery of care. No individual may make denial determinations if he or she has, or is perceived to have, a conflict of interest such as having participated in developing or executing that member's treatment plan or being a member of the family. Physician Reviewers may not participate in decisions on cases where the physician reviewer is the consulting physician or where the physician reviewer's partner, associate or relative is involved in the care of the member.

Staff reimbursement is never tied to member engagement or utilization of health care services, in order to prevent conflict of interest related to UM decision-making. All UM staff are required to sign a statement at least annually stating that they are free from any conflict of interest.

REVIEWED AND APPROVED BY THE QI COMMITTEE:

Dan Cave, CEO

Date

Mari Bilderback, CPHQ
Senior Vice President, Quality & Process Improvement

Date

REVIEWED AND APPROVED BY THE CHAIRMAN OF DIRECTORS:

Chairman of the Board

Date