

INDEPENDENT CARE HEALTH PLAN

Department: Quality Improvement	Policy Name: Quality Improvement Program Documents
Policy Number: QI-012	Page: 1 of 4
Cross Reference: QI-001 Identifying and Responding to Member Cultural Needs	

Policy: Independent Care Health Plan (*iCare*) foster's a culture of continuous quality improvement by having a formal Quality Improvement (QI) Department that is dedicated to evaluating and improving the quality of clinical care and services provided to its members on an ongoing basis and to oversee the activities carried out through the QI program. The QI Department is responsible for the development of the annual Quality Improvement Program which consists of the following documents:

- Quality Improvement Program Description (Program);
- Quality Improvement Annual Work Plan Evaluation (Evaluation); and
- Quality Improvement Work Plan (Work Plan)

1) **QUALITY IMPROVEMENT PROGRAM DOCUMENTS:**

a) **Quality Improvement Program Description**

- i) The QI Program Description is a comprehensive document that describes the QI program's governance, scope, goals, measurable objectives, structure, and responsibilities.
- ii) The Program describes the processes that QI uses to: identify opportunities for improvement; assess the process for improvement; identify strategies to improve a process; measure the impact of the changes; and monitor for sustained improvement over time. The model used is the Plan Do Study Act (PDSA) Model.
- iii) The Program also includes the Organizational Structure and Accountability flow chart. It defines reporting structure, roles and responsibilities ranging for front-line staff, program management, the Board of Directors, enrollees and providers. It describes the mechanism for formal review and oversight through chartered committees that impact the quality program and a process for incorporating changes into the overall program with appropriate oversight and approvals. It also describes how information obtained from the committees is disseminated to *iCare* staff, Board of Directors, providers, and members, as appropriate.

b) **Quality Improvement Work Plan Evaluation**

- i) The Evaluation is a full evaluation of the prior year's approved Work Plan. The Evaluation at a minimum, includes an annual review of each of the elements that were outlined in the Work Plan. Each element includes an objective, potential member impact, measure of success, numerator and denominator, threshold goals, program improvement activities, progress and outcomes, and implications. The annual Evaluation is a narrative summary of each element within the Work Plan combined into one comprehensive document. The goal of completing the Evaluation

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is to identify the successes and to monitor for previously identified issues and continued opportunities for improvement during the subsequent year. The narrative includes a summary of the PDSA cycles that were implemented to impact the objective, favorable or unfavorable. The elements within the Work Plan that did not meet the minimum threshold are evaluated for addition into the Work Plan for the subsequent year. The PDSA models that are in place for the elements within the work plan are used to assess the quality and appropriateness of care furnished to members with special health care needs. The ultimate goal of the annual Evaluation is to determine whether the Program has demonstrated improvement in the quality of care and services provided to its members across all lines of business. The Evaluation is completed by trained clinicians that can evaluate clinical data. They serve on multi-disciplinary teams and quality committees and are tasked to analyze and address data issues.

c) Quality Improvement Work Plan

- i) The QI Department in collaboration with the appropriate department(s) that drive quality improvement for each line of business create an annual Work Plan. Each line of business, Family Care Partnership (FCP), Medicaid Supplemental Security Income (SSI), BadgerCare Plus, and Medicare Special Needs Plan (SNP) has its own tactic focused on the following themes: member centricity, annual quality review recommendations, and contractual requirements. In cases where there are common tactics for multiple lines of business an overall tactic may be used. The Work Plan is developed with the input of department leaders to ensure that the goals are specific, measurable, achievable, realistic, and time sensitive. The starting point for the Work Plan is to evaluate and incorporate, as appropriate, the elements from the prior year's Work Plan that did not meet the threshold goal or require periodic or ongoing monitoring of issues identified in prior years that require additional follow-up. In addition to those elements, specific member centric elements from each of the contracts are added to ensure not only compliance but quality of care for the members. The Work Plan demonstrates how iCare is improving the quality of care and services provided to the members regarding the following: Appeals and Grievances; Utilization Management (under and over); Care Coordination/Care Management Activities; Member Enrollment, Satisfaction, and Retention; Studies; and Provider Management. The Work Plan includes the following to support each element: QI activities, objectives, timeframe for each activity's completion, accountable department(s), support (s), responsible person, and reporting structure.

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The Work Plan is continually evaluated and updated as needed throughout the year and has scheduled reporting to specific committees.

2) **QI PROGRAM APPROVAL & MONITORING:**

- a) The Program Description, QI Work Plan, and prior year's Evaluation are finalized in the first quarter of each calendar year. These are presented to the Board of Directors by the Systems and Quality Committee (a committee consisting of Board Members who are delegated the responsibility by the Board of Directors for monitoring the Quality Program). The Systems and Quality Committee receives updates and oversight information quarterly and is required to approve whether any adjustments or changes are made.
- b) Changes that are made to the Work Plan are discussed according to the topical calendar at the following quality improvement committees: Long-Term Care Quality Improvement committee and the Care Management Quality Improvement Committee. These committees are also solicited for quarterly monitoring on work plan progress to ensure that the work being completed receives insight and guidance from staff, providers, and enrollees. Additionally, Work Plan related topics are discussed ongoing and as needed at the Enrollee Advisory Committee and the provider workgroup of the Stakeholder Planning Advisory Committee. All changes are presented to the Systems and Quality Committee for their approval.
- c) The quality improvement committees have a topical calendar that ensures that routine monitoring of all Work Plan elements relevant to a particular committee and the participants in those committees.
- d) Throughout the year as the Work Plan is updated to reflect current business needs, external quality review audit results, or internal quality improvement recommendations. Changes are presented to the Board of Directors through the Systems and Quality Committee.

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Responsible Department: Quality Improvement
Responsible Party: Director of Quality Improvement
Reviewing Department(s) Quality Improvement
References: CMS Medicare Managed Care Manual Chapter 5, Contract for BadgerCare Plus and/or Medicaid SSI Contract, Article – Quality Assessment Performance Improvement (QAPI) Department of Health Services, Division Medicaid Services, Quality Management (QM)
Recommended Distribution: All staff via Independent Care’s SharePoint Site

Approvals:

Approved By: Jennifer Rohrbeck	DIRECTOR OF QUALITY IMPROVEMENT	Date: 9/21/2020 3:59 PM
Comments: Approved		
Approved By: Vinay Pandey	VP, CIO & CQO	Date: 9/21/2020 9:00 PM
Comments:		
Approved By: Tom Lutzow	President & CEO	Date: 9/22/2020 7:50 AM
Comments:		

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