

Quality Improvement Program

The purpose of the Quality Program is to support the mission of the Health Plan to improve the health of its Member's and the community it serves. Every effort is made to empower Members to become active participants in their personal health status through educated, informed decision making. Collaboration with practitioners and providers ensures the rendering of safe, high quality care with the appropriate utilization of applicable services. The core goal of the Quality Program is to improve the health of our membership through initiatives focusing on chronic disease, patient safety, continuity of care and quality of service.

GlobalHealth's 2017 Quality Program and Work Plan goals and initiatives encompass both internal focus and external collaborative efforts, such as partnerships with community practitioners with the goal of providing quality and comprehensive healthcare to Members in a collaborative, proactive manner. Communication between GlobalHealth and the providers and Members is a primary key to providing a quality health care program across all spectrums.

The core efforts of the work plan are enterprise wide and revolve around the overall improved health of membership and increased service quality. GlobalHealth achieves this through a focus on targeted performance measures, improving transition from one setting to another to ensure strong continuity of care, empowering members with chronic diseases to become active partners in improving their own health status, maximizing patient safety, increasing overall member experience, and meeting external regulatory and accreditation demands.

2017 Quality Program Goals:

- Improve Member health outcomes through increased use of preventive care and better medication adherence as evidenced by improving performance measures for preventive health, behavioral health, and chronic and acute care services
- Improve transitions in care for Members who are high risk or have chronic conditions
- Improve Member quality of life, self- management and education of chronic disease states
- Engage Members with high risk or chronic disease, such as diabetes, cardiovascular (CAD) disease, congestive heart failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), or severe or chronic mental health, such as bipolar or depression, in case or disease management programs.
- Reduce All- Cause Readmission Rates, enterprise wide.
- Integrate Member behavioral health needs into case management and transition of care.
- Maintain a high level of Member and provider satisfaction
- 4-STAR rated Medicare Advantage Plan
- Meet or exceed external regulatory and accreditation standards (CMS, NCQA, FEHB)

- Continue improvement of industry quality measure benchmarks: HEDIS® CAHPS® or CMS Medicare Health Outcomes Survey (“HOS”).

For more information on the Quality Improvement Program and our progress towards goals, please contact GlobalHealth for additional information.

Quality Standards

Behavioral Health Resources

GlobalHealth delegates all behavioral health services to a Managed Behavioral Health Organization (MBHO) – Mental Health Network, Inc. (“MHNet”). MHNet oversees the quality improvement initiatives and quality management accreditation and compliance requirements related to Behavioral Health (BH). This program is committed to facilitating timely continuity and coordination of care for all members seeking medically necessary behavioral health services. GlobalHealth provides oversight and management of MHNet and their processes by annually reviewing their Quality Improvement and Utilization Management programs and quarterly reviewing quality and utilization reporting. These services are offered to our entire managed care population, Commercial and Medicare Advantage Members.

Medical Record Review Standards

GlobalHealth requires that information in medical records be maintained in a manner that is confidential, current, comprehensive and organized (for easy retrieval by the treating practitioner and GlobalHealth). The standards pertain to assessment, treatment, health promotion, patient safety, and confidential coordination and continuity of care. Our Quality Improvement Committee establishes performance goals. Random samples of Primary Care Physician charts are reviewed each year during the annual HEDIS® audit. A Quality representative will work with you or your office staff to arrange review of medical records selected for review.

Facility/Office Site Standards

GlobalHealth may perform office site visits for any practitioners at the time of initial credentialing, or re-credentialing. GlobalHealth will also respond to and investigate complaints from any source regarding deficiencies in the physical site of the practice. Continued contracting may depend on a satisfactory site review. Please review the Provider Manual for more details.

Appointment Availability Standards

GlobalHealth is committed to ensuring that our provider network is sufficient for Members to receive care in a timely manner. Our Quality and Provider Relations departments monitor access and availability through CAHPS®, internal phone surveys with a random sample of members and on-site surveys. Any deficiencies are reported to the Quality Improvement Committee for review and action. Please review the Provider Manual for more details.

Provider Satisfaction

GlobalHealth is committed to improving our working relationship with our providers. Annually, we ask providers to participate in a short survey that provides us feedback on the process and what items we need to address. Providers may also contact the Quality Department through non- confidential email at quality@globalhealth.com

Patient Safety Programs

Clinical Practice & Preventative Guidelines

GlobalHealth utilizes nationally recognized, evidence based clinical criteria and best practices. The guidelines are reviewed annually to ensure the guidelines in use reflect current evidence based medicine. The goal is to improve the quality of care and to provide educational references for physicians. The guidelines are also reviewed in relation to their relevance in quality measurement standards, such as HEDIS®. GlobalHealth also follows CMS National and Local Coverage Determinations.

Member Education

GlobalHealth's goal is to provide Members with information about clinical and pharmacy related issues so that Members can make well-informed, appropriate and safe health choices.

Information Resources:

- GlobalHealth Member materials
- GlobalHealth Wellness pages on our website
- Case Management – Proactive Communication Program
- Pharmacy Proactive Outreach Program
- Coordination of Care among Member's providers
- Quality HEDIS Care Gaps Outreach Program
- Clinically based Quality Improvement Programs, with foci on:
 - Beta blocker use;
 - Medication adherence for diabetes, high cholesterol and hypertension;
 - Preventive Care utilization,
 - Prenatal and postpartum care; and
 - osteoporosis prevention and treatment.

Proactive Communication – Case Management

The goal of this program is to improve the health status of Members with complex diseases or complicated illnesses. Members with higher clinical risks due to the complexity of their disease states are identified and assigned to GlobalHealth's Proactive Communication Case Management program. Our staff reaches out to these Members to assist them with transition of care, medication adherence, disease state education and clinical care assistance.

Proactive Outreach – Pharmacy

With a similar goal as the Proactive Communication, the Pharmacist Outreach Program focuses on the prescription medication needs of the Member. Members with certain disease states, such as diabetes, hypertension and hypocholesteremia, who appear non – compliant or are utilizing high risk or higher cost medications are identified. Pharmacy staff contacts these Members to provide them with medication related health information, educate them about prescription options (when appropriate) and assist them with, starting medication related discussion with their PCP.

Coordination and Transitions of Care

In order to better address the Member’s needs during an episode of care, clinical staff contacts the Member within two days of discharge from inpatient care, Emergency Department or Urgent Care to address any outstanding needs and ensure the Member understands the Aftercare Plan and facilitate coordination of care among providers as the Member transitions through level of care.

Quality HEDIS Care Gaps Outreach

The Quality Improvement department clinical staff identifies Members who have outstanding HEDIS measure activity, and contacts the Member to provide education about the preventive, screening or treatment activity. If the member is agreeable, the quality staff will facilitate the referral or appointment or coordinate with the PCP to address the care gap.

Internal Utilization Reporting

GlobalHealth is focused on continued and on-going internal process improvements to provide a safe and more efficient health care experience to our Members utilizing data analytics, industry standard benchmarks and Best Practices. We continue to improve our reporting so that we can better identify utilization and quality trends and issues.

Credentialing

The GlobalHealth Credentialing team confirms that all health professionals within the GlobalHealth network have proper credentials to perform their job functions while providing a safe environment for our membership. All health professionals undergo initial credentialing to verify education, licensure, sanctions, lawsuits, etc. A log of Member complaints against providers and facilities is maintained and any quality or safety concerns are investigated.

Medicare Risk Adjustment

Risk adjustment and Hierarchical Condition Coding (HCC) **and** is a payment methodology mandated by CMS, based on identification of Members with serious or chronic health conditions. A risk factor score is assigned to a person based on a combination of the Member’s health conditions and demographic information. The health conditions are identified using ICD-10 diagnoses.

GlobalHealth conducts HCC reviews all year. In order to provide the required documentation, GlobalHealth requests records or attestation forms from Providers. HCC coding staff also arranges on-site reviews of medical records for the supporting documentation and help train clinic staff on what is needed to document the health conditions appropriately.

Physician HEDIS and Pharmacy Report Card

GlobalHealth will provide HEIDS based Care Gaps reports to physicians that identifies preventive or screening services that have not been utilized or suggest poor compliance and provides recommendations by patient for improvement over time. The report will also provide an avenue to promote greater utilization of preventive services.

GlobalHealth works with our Pharmacy Benefit Managers (“PBM”) to provide pharmaceutical reports to physicians that track prescription utilization, identifies high risk medication and provides recommendations by patient for improvement over time. The report will also provide an avenue to promote greater adherence to the formulary with medication regimes that are consistent with industry-wide best practices. The more resources GlobalHealth can make available to a physician; the more comprehensive the care the physician can provide to the membership. For more information, please contact the GlobalHealth Quality Department at quality@globalhealth.com

Drug Utilization Review (DUR) at the Point of Sale

To prevent potential drug-to-drug interactions (DDI) and to improve formulary adherence and proper dosing, a DUR is performed for every prescription request within seconds of the pharmacist entering the prescription into their system. The pharmacist is notified immediately of potential drug interactions, improper dosage or a comparable formulary drug.

HEDIS

GlobalHealth conducts HEDIS reviews for commercial and Medicare populations. The 2016 HEDIS scores improved an average of 17% over 2015 scores for Generations Medicare, 7% for GlobalHealth Medicare and 2.5 % for Commercial. HEDIS is completed in the spring of the following year.

CAHPS

GlobalHealth utilizes Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys, which ask consumers and patients to report on and evaluate their health care experiences. Surveys cover topics important to consumers and focus on those aspects of quality that consumers are best qualified to assess. CAHPS surveys occur annually in the spring. CAHPS surveys are available for free for many healthcare settings and populations at www.ahrq.org/cahps

HOS

Health Outcome Survey (HOS) is a CMS mandated patient reported outcome measure focused on the Medicare population. The survey asks Medicare beneficiaries about their overall physical and mental health, activity level, limitations and health conditions. Two years later, the survey asks the same members about their health.

Complaints and Grievances

GlobalHealth constantly monitors all Member and provider complaints so we can address any problems as quickly as possible. We work with the Member and providers to resolve the issue and identify the root cause we can prevent reoccurrences when possible.

Medical Quality Review

GlobalHealth monitors several key quality indicators, including readmissions, hospital acquired conditions, and “never events. Cases are referred by UM, Claims, Members and Providers. Medical and behavioral health clinicians review medical records and other supporting documentation to determine if quality concerns are supported.

Commercial

