

## 2011 Quality Management Plan

PREPARED BY: Director of Quality & Compliance  
REFERENCES: [OAR 410-141-0200; Chapter 5 Medicare Managed Care Manual; DMAP contract; Healthy KidsConnect Contract]  
EFFECTIVE DATE: January 1, 2011  
APPROVED BY: Quality Management Committee 4-5-11

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### INTRODUCTION

Samaritan Health Plan Operations is an integrated not for profit healthcare organization made up of Samaritan InterCommunity Health Plans and Samaritan Health Plans. Samaritan InterCommunity Health Plans serve Oregon Health Plan members in Linn, Benton, Lincoln and Tillamook Counties under Samaritan InterCommunity Health Plan (IHN). Samaritan Health Plans serve Medicare members under Samaritan Advantage Health Plan (SAHP), Special Needs Plan (SNP) members and Samaritan Health Services employees (Sam Choice members) in Linn, Benton and Lincoln Counties and Samaritan Healthy KidsConnect members in Linn, Benton, Lincoln and Tillamook Counties.

### PURPOSE

The purpose of the Quality Management Plan is to describe how we monitor the care provided to our members to assure that our mission is fulfilled and to describe the components that comprise the quality management program at Samaritan Health Plan Operations.

### MISSION STATEMENT – Samaritan Health Plan Operations

- *Samaritan Health Plan Operations coordinates the management of quality integrated health care services for individuals and the communities we serve.*
- *We ensure this coordination through our values of Leadership, Respect, Excellence, Integrity, Stewardship, Compassion, and Service*

### GOALS AND OBJECTIVES OF THE QUALITY MANAGEMENT PROGRAM

The Quality Management Program is designed to monitor the quality of healthcare provided to all Samaritan Health Plan Operations' members. The goals and objectives of the program include but are not limited to:

1. Maintain an effective Quality Management Program:
  - Meet or exceed the expectations and standards of Federal, State and contractual entities regarding maintaining a quality management program including an annual evaluation of the program
2. Ensure continual high level member satisfaction and access to appropriate healthcare services:
  - Monitor member complaints/grievances/appeals internally on an ongoing basis to identify areas for improvement.

- Monitor member satisfaction via external agencies such as through Consumer Assessment of Healthcare Providers & Systems Survey (CAHPS), etc per Federal, State and contractual requirements to identify areas for improvement.
  - Implement and monitor appropriate interventions when areas for improvement in member satisfaction or access to appropriate healthcare are identified
  - Report results of monitoring member satisfaction and access to appropriate healthcare to the Quality Management Committee and to the appropriate Board of Directors as indicated but at least on a yearly basis.
  - Maintain a strong collaborative relationship with the provider network and community entities.
3. Develop programs and interventions to improve health outcomes of members
- Promote preventive services and early detection of disease through the member education program and the case management program
  - Promote self management of chronic diseases through the member education program and the case management program
  - Monitor health outcomes on an individual basis through the case management program
  - Monitor health outcomes on an overall basis through various methods including Healthcare Effectiveness Data & Information Set (HEDIS) data, internal data, etc
  - Meet or exceed expectations for all quality projects required by Federal, state or contractual requirements
  - Report results from programs and intervention monitoring to the Quality Management Committee and the Board of Directors on at least a yearly basis or more frequently as indicated

### **SCOPE OF THE QUALITY MANAGEMENT PROGRAM**

Samaritan Health Plan Operations recognizes that individual performance is integral to achieving our missions and further acknowledges that the most significant advances in quality improvement will result from collaboratively focusing on important processes of service within our organization.

The Quality Management Program has been integrated into all Samaritan Health Plan Operations departments. When appropriate there is also coordination and/or integration of quality management activities within Samaritan Health Services and/or outside entities (such as collaborative quality improvement projects).

The Quality Management Program addresses the monitoring and reporting requirements set forth in federal and state regulations, and proactively pursues opportunities for improvement in these areas. Additionally, the Quality Management Program facilitates and monitors Samaritan Health Plan Operations organizational priorities.

The Quality Management Program monitors four key areas: utilization of services, member satisfaction, clinical services (which includes disease management, case management, member health education and quality improvement projects, etc) and various administrative services. Samaritan Health Plan Operations believes that the

integration, monitoring and balance of findings in these areas reflect the achievement of effective and efficient health care that is high quality and cost-effective.

### **Utilization of Services**

This component of the program includes monitoring under and over utilization of services. This is accomplished in coordination with the Medical Management team and the Utilization Management Committee.

### **Member Satisfaction**

This component of the program includes monitoring member satisfaction with the plan and with our providers. This is accomplished through various methods including but not limited to the Consumer Assessment of Healthcare Providers & Systems Surveys (CAHPS), member complaints & grievances, member appeals, etc.

### **Clinical Services**

This component of the program includes such clinical aspects as disease management, member health education and the quality improvement projects/performance improvement projects. These are accomplished in coordination with the Medical Management team and other departments within Samaritan Health Plan Operations or as collaborative efforts with entities outside Samaritan Health Plan Operations.

### **Disease Management/Case Management**

- Samaritan Health Plan Operations maintains a disease management/Chronic Care Improvement Program called the “Chronic Care Support Program”. The program is based on the principles of the “Chronic Care Model” and the Care Continuum Alliance (CCA) previously called the Disease Management Association of America (DMAA) and conforms to all state and federal regulations.
- The Program includes an interdisciplinary clinical team, prevention guidelines, evidence-based clinical practice guidelines, self-management goal setting, case management, continuous analysis of relevant data and cost-effective technology to improve health outcomes of members with specific diseases.
- The goals of the program include: assisting members to understand their chronic diseases/conditions, decreasing healthcare costs, overcoming barriers to compliance with provider treatment plans, implementing education for self-management of their disease or condition and providing resources to the members to manage their chronic diseases/conditions
- Various aspects of this program are provided in coordination with the Medical Management team and other teams within Samaritan Health Plan Operations.

### **Member Health Education**

This component also includes cultural awareness and health literacy. Both preventive and disease specific health education are provided to members through a variety of methods including but not limited to a quarterly member health newsletter, individual health mailings, targeted health mailings, verbally through case management, referral to group or individual classes, etc.

### **Quality Improvement Projects/Performance Improvement Projects**

- Projects are developed per regulatory requirements but all are designed to improve the health outcomes of our members. Projects may be a collaborative effort with Samaritan Health Services and/or with other health plans.
- Valid and reliable data methods are utilized to measure improvements and include internal data as well as external data such as the Consumer Assessment of Healthcare Providers & Systems Surveys (CAHPS), Healthcare Effectiveness Data & Information Set measures (HEDIS), Health Outcome Survey (HOS), etc

**Additional Clinical Services** that may be monitored include preventive care, maternity care, newborn care, the chemical dependence program, the mental health program, regional programs, etc. These are monitored in coordination with the Medical Management team and the Samaritan Health Plan Operations Team.

### **Administrative Services**

This component of the program includes monitoring of policies & procedures, various operation issues, etc. This is accomplished in coordination with the Medical Management team, the Samaritan Health Plan Operations Team and the Samaritan Health Plan Operations Policy & Procedure Committee.

## **PRINCIPLES/STRATEGIES OF THE QUALITY MANAGEMENT PROGRAM**

The Quality Management Program is designed with the philosophy and methodology of continuous measurable improvement in the quality of service to members and other customers in order to promote effective, efficient, and caring health management. To accomplish this we utilize the following:

#### ◆ **Systems Thinking**

We recognize that each hospital, medical group, department and individual is part of an integrated system of services for the delivery of member care. This recognition directs our efforts in improving processes and meeting member needs through linking key customers and suppliers together in the process of problem solving or new process design.

#### ◆ **Teamwork**

Process improvement, new process design and/or problem solving is accomplished via individual and team based approaches. For example the scope of the Samaritan Health Plan Operations “Interdisciplinary Clinical Team”

includes the healthcare systems of Samaritan Health Services, Quality Care Associates, The Corvallis Clinic, independent providers, the members and the health plan staff. A predefined process that reflects the Plan-Do-Study-Act (PDSA) methodology of continuous improvement will guide our improvement efforts:

- Define the problem
- Identify desired outcomes
- Develop effective process based solutions
- Provide education and implement the improved process
- Monitor to evaluate the gains and continuously improve the process

◆ **Customer awareness**

We listen to our customers; both internal and external, to measure our quality against their expectations. We commit to objectively measure all aspects of our service system, and evaluate points of variance from expected performance. The challenge is to balance the many and varied customer expectations with the reality of limited resources. The strategic framework established by all Samaritan Health Plan Operations Boards of Directors will serve as a guide for priority setting and resource assignment.

◆ **Fact based decision making**

We utilize valid, reliable data as a source of decision making, rather than instinct, personal preference, or feeling. Data resources within our organization will be shared whenever possible, respecting confidentiality and appropriateness of distribution while complying with HIPAA regulations.

◆ **Quality Planning**

This is conducted on at least an annual basis and includes the review of the strategic initiatives developed by the governing body based on state and federal regulations and contractual requirements. From this direction, goals are established, responsibility assigned and resources allocated.

◆ **Quality Control**

These monitors are ongoing measurements designed to assess the achievement or exceeding of a predetermined threshold. Quality control measures incorporate mechanisms to assess over- and under-utilization of services. Quality control activities are reviewed and revised as indicated or at least on an annual basis.

◆ **Quality Improvement**

These activities are identified through quality control, regulatory and Health plan quality initiative measurements. The focus of Quality Improvement activities is high risk, high volume services and care of acute and chronic conditions. Improvement activities are accomplished primarily via integrated team activities utilizing problem solving or new program design processes.

## **AUTHORITY, OVERSIGHT AND REPORTING OF QUALITY MANAGEMENT PROGRAM ACTIVITIES**

The Quality Management Program is overseen by the appropriate Board of Directors who retains authority and accountability for all quality activities. The Samaritan Health Plan Operations Director of Quality & Compliance is responsible for the daily operations of the Quality Management Program and works closely with the Samaritan Health Plan

Operations' Medical Director, the Samaritan Health Plan Operations' Director of Operations and other Samaritan Health Plan Operations' managers and reports directly to the Samaritan Health Plan Operations' Chief Executive Officer.

The Quality Management Committee monitors the ongoing effectiveness of the Quality Management Program. They provide the appropriate Board of Directors with regular reports, at least on a quarterly basis, which include findings, actions and recommendations regarding the various aspects of the Quality Management Program. The Quality Management Committee meets at least every other month. Members of the committee are approved by the appropriate Board of Directors and include practicing providers from the communities we serve.

*See Attachment A - Quality Management Committee Charter*

#### **QUALITY MANAGEMENT PROGRAM EVALUATION**

The Quality Management Committee reviews the Quality Management Program on an annual basis for effectiveness and makes revisions to any elements of the plan as indicated. Summaries of the evaluation are provided to the appropriate Board of Directors for review. An annual program evaluation is provided to all regulatory organizations as required.

## QUALITY MANAGEMENT COMMITTEE CHARTER

<b>PURPOSE</b>	<p>Regulatory Agencies (i.e. Division of Medical Assistance Programs -DMAP, CMS, etc) require that Health Plans have a planned, systematic and ongoing process for monitoring, evaluating and improving the quality and appropriateness of services provided to members. Many of the elements of this program are detailed in OAR 410.141.0200 and chapter 5 of the Medicare Managed Care Manual. Other key aspects are identified through contractual agreements, customer feedback, adverse outcomes, or identified opportunities to improve.</p> <p>Samaritan Health Plan Operations is committed to continuous improvement of service delivery to our members, providers and regulatory agencies.</p>
<b>MISSION</b>	<p>Design, implement, monitor, facilitate action and evaluate effectiveness of key services provided to members, providers, and regulatory agencies.</p>
<b>FUNCTIONS</b>	<ol style="list-style-type: none"> <li>1. Required elements of quality monitoring compliance with regulatory agencies are identified.</li> <li>2. Annual quality monitoring plan is developed based on required elements, identified opportunities to improve, governing body direction, and assessed needs of the participating medical groups.</li> <li>3. Responsibility is assigned for conducting, reporting and facilitating elements of the quality-monitoring plan on at least an annual basis.</li> <li>4. Quality monitoring will include utilization of services, member satisfaction, clinical services and various administrative types of services.</li> <li>5. Reports of quality monitoring findings, conclusions and actions will be reported to the governing body on at least a <i>quarterly</i> basis.</li> <li>6. Any delegated functions will be monitored and reported on at least an annual basis to assure compliance with requirements.</li> <li>7. The committee will minimize impact on providers and the health plan offices in the data collection process.</li> <li>8. Review the Quality Management Program on an annual basis for effectiveness and value to the various customers.</li> <li>9. The Quality Management Committee provides oversight to quality monitoring and improvement activities, including quality planning and assigning accountability.</li> </ol>
<b>MEETING FREQUENCY</b>	<p>The committee will meet at least 6 times per year or as needed to meet the Quality Management Plan. Minutes will be recorded of each meeting and stored appropriately.</p>
<b>SCOPE</b>	<p>Quality Management Committee will monitor key services delivered to members and associated supportive processes: utilization of services, member satisfaction, clinical services (including disease management) and various administrative services.</p>

<b>AUTHORITY</b>	<p>The Quality Management Committee’s primary focus is to act as the leadership body for quality improvement activities within Samaritan Health Plan Operations. With this focus, the Quality Management Committee acts to identify and <u>facilitate</u> the accomplishment of a planned, systematic, valid and valuable quality management plan for members and providers.</p> <p>Quality Management Committee is authorized to take action upon issues related to member care and make recommendations related to contracts, compensation and/or provider participation.</p> <p>Voting members include one designated physician representative from each medical group approved by the appropriate Board of Directors. The Samaritan Health Plan Operations’ Medical Director vote is reserved as a tiebreaker.</p> <p>Quorum size for voting is a majority of voting members. Vote by proxy representation is permitted if documented and delivered by a representative from the same medical group.</p>
<b>MEMBERSHIP</b>	<ol style="list-style-type: none"> <li>1. Samaritan Health Plan Operations Medical Director – Chairman</li> <li>2. Samaritan Health Plan Operations Director of Quality &amp; Compliance</li> <li>3. Designated Samaritan Health Plan Operations Staff</li> <li>4. A designated physician representative from each medical group approved by the appropriate Board of Directors</li> </ol>
<b>REPORT TO</b>	<p>Samaritan Health Plan Operations Medical Director and Samaritan Health Plan Operations Chief Executive Officer on an ongoing basis; appropriate Board of Directors on at least a quarterly basis.</p>

Approved: QMC 5/13/08; 11/11/08; 3/10/09; 5/11/10; 4/5/11  
IHP Board of Directors 5/31/07; SHPlans Board of Directors 5/22/07

Revised/Reviewed: 11/00; 9/01; 3/02; 1/03; 1/04; 1/05; 3/06; 3/07; 5/08; 11/08; 3/10/09;  
3/1/10; 1/4/11