

Quality Improvement Plan

INTRODUCTION

Community First Health Plans, Inc. (CFHP) is committed to the community and strives to implement innovative strategies and best practices to foster quality, patient-centered care in efficiently and effectively. Following the National Committee on Quality Assurance (NCQA) standards, CFHP maintains Health Plan Accreditation for Medicaid and Commercial membership. NCQA is a private nonprofit organization that is dedicated to improving health care quality. NCQA guidelines are implemented across all health plan products, where applicable.

I. PURPOSE

The CFHP Quality Improvement Plan (QIP) guides health plan activities to improve health plan members' care and treatment. In doing so, the QIP aligns with the CFHP mission to promote the community's good health by providing access to the highest level of quality health care and creating strategic partnerships to reduce the number of uninsured in South Texas.

The QIP is updated regularly to reflect what CFHP is doing to improve quality. It is developed as an outgrowth of evaluating the previous years' quality improvement activities, organizational priorities, and contractual, governmental, accreditation, and organizational requirements and guidelines.

II. SCOPE

The scope of the QIP is comprehensive, systematic, outcome-oriented, and continuous. It involves all areas of the health plan. It encompasses:

- Members in all service areas for which CFHP is licensed.
- All aspects of care, including access and availability of health care services, continuity in the level of care, appropriateness, timeliness, and effectiveness of care and services.
- Assistance for members with preventive care needs, complex needs, and chronic conditions, including tools that can help members achieve optimal health outcomes.
- Aspects of provider performance relating to the quality of care, including credentials, record-keeping practices, environmental safety, health promotion and education, and provider and office staff behavior.
- Network providers, including physicians, facilities, hospitals, ancillary providers, and behavioral health providers.
- Operational processes that impact patient safety, customer service, and quality of care.
- Behavioral health care and service, including continuity and coordination of medical and behavioral health care services.
- Collection, monitoring, and analysis of member information and implementation of improvement opportunities by health plan committees, which include participating physicians and health plan staff.

III. GOALS AND OBJECTIVES

CFHP has adopted six broad goals. They are used to set the direction of the QIP. Objectives are used to provide specific program direction. CFHP goals include:

1. **Improve Quality, Safety, and Outcomes**
2. **Improve the Member, Provider, and Stakeholder Experience**
3. **Improve Efficiency: Operational Excellence & Financial Sustainability**
4. **Improve Timely Access to Care and Community Health Resources**
5. **Enhance Brand & Market Share**
6. **Expand the Provider Network**

IV. QUALITY IMPROVEMENT PROCESS

A systematic process to plan, implement, evaluate, and communicate findings is used to guide CFHP quality improvement activities. Activities focus on the effectiveness of improvement efforts using objective measures. The CFHP quality infrastructure provides for collaboration and coordination of efforts to improve the safety, quality, availability, and accessibility of physical and behavioral health care services and administrative processes. Committees meet regularly and report findings, recommendations, and resolutions through the quality infrastructure.

Health plan programs that CFHP uses in an effort to improve the quality of care services members receive include:

- **Utilization Management / Case Management**

The Utilization Management (UM) and Case Management (CM) Programs include the pre-authorization process, review of inpatient admissions, discharge planning, case management for members with complex needs, and emergency room visits.

- **Pharmacy Management**

CFHP conducts routine reviews of prescription policies, drug class reviews, and the drug formulary to monitor safety and the appropriate use of medications. Measures are in place to identify over- and under-use of medications. Up-to-date information is available for network pharmacists that can help them determine how a drug might interact with other medicines you take.

- **Continuity and Coordination of Care**

In a member-centric approach, Population Health Management staff work to improve continuity of care and care coordination across the health care network. This includes care between two settings or transitions of care: (Coordination of Medical Care) and Coordination Between Medical and Behavioral Health Care Services.

CFHP conducts timely outreach for new members within 90 days of enrollment to complete a Health Risk Assessment (HRA). Interdisciplinary Care Teams are coordinated, as appropriate, within 30 days of completion of an HRA.

- **Member Safety**

CFHP works to help prevent health care errors through our commitment to educating members and physicians, supporting evidence-based medicine, and using evidence-based clinical guidelines. We believe that members who have better information can make better decisions about their health. Using health plan data, CFHP monitors measures which impact overall health, including:

- Use of High-Risk Medications in Older Adults (DAE)
- Plan All-Cause Readmission (PRC)
- Follow-Up after an Emergency Department Visit for People with Multiple High-Risk Chronic Condition (FMC)
- Affordability of Prescription Drugs (CAHPS survey)

- **Service and Availability**

Through the use of survey data, member complaints, and appeals, CFHP monitors access and availability to health care services. CFHP continually monitors health plan service indicators and determines appropriate actions to address concerns and opportunities for improvements.

- **Chronic Care Improvement Programs (CCIPs)**

CFHP attests each year to the Centers for Medicare and Medicaid Services (CMS) that CCIPs are in progress, per federal regulations. The quality improvement program contains an analysis of information collected, barriers to meeting established goals, efforts to reduce barriers, best practices, outcomes, and lessons learned.

CONCLUSION

The CFHP QIP is continually updated to develop and implement health care services that provide tools and information to promote the best health possible. The results of quality improvement activities are communicated through provider and member newsletters, individual provider letters, provider manuals, the CFHP website, and internal staff communication materials. Communication of quality improvement activities serves to imbed quality improvement principles within the health plan membership, provider community, and throughout the health plan.

New and continuing priorities for the QIP include:

- Ensure access and availability to health care services
- Evaluate progress for established goals, the effectiveness of interventions, identify opportunities to decrease barriers, and implement changes as needed to improve outcomes
- Collaborate with members and community partners to address Social Determinants of Health
- Monitor health plan compliance with regulatory requirements

CFHP has programs in place to help you manage chronic diseases and complex health conditions. We can help you identify and manage conditions that may cause issues with your health. We can also work with you to be sure your care is delivered safely and efficiently. You may stop receiving any program or service at any time, just by telling us. Note: Your privacy is important to us. We have policies and procedures in place to protect the confidentiality of your information. For more information about programs and services, call Member Services at (210) 358-6386 or toll-free at 1-833-434-2347.