Harvard Pilgrim Health Care
Quality Program Description
2022

Applicable to Harvard Pilgrim Health Care’s Commercial, Marketplace Exchange & Medicare products for:

StrideSM (HMO) Medicare Advantage Plans**
Harvard Pilgrim Health Care, Inc. (*HMO, *POS and *PPO)
Harvard Pilgrim Health Care of New England (*HMO, *POS)
HPHC Insurance Company (MA, ME, NH & *CT PPO)

*NQCA Accredited products
**Not an NCQA Accredited product

Last amended 1/15/23

June 2022 - March 2024
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Appendix 2 Point32Health QI Program Plan:
Heritage Harvard Pilgrim Health Care Quality Improvement Program Plan

I. POINT32HEALTH COMMITTEE STRUCTURE

*The following committees support the Point32Health structures for oversight and management of clinical and service quality*

**Credentialing Committee**

*Role:* The Credentialing Committee is responsible for assessing the qualifications and performance of individual practitioners seeking initial or continued affiliation with Point32Health, in accordance with Point32Health standards and policies. The Committee’s decisions are based on an examination of the individual qualifications provided by the practitioner and verified by external sources. This process occurs at the time of initial credentialing and at set intervals thereafter. Additional review between scheduled cycles may occur if a quality issue or disciplinary action is identified during the ongoing monitoring process. The Committee also oversees Point32Health’s delegated credentialing activities and monitors regulatory compliance of the Credentialing Department through review of routine audits. Membership includes primary care practitioners and specialists from across Point32Health’s network.

*Membership:* The Committee’s chair and its members are licensed primary or specialty care practitioners practicing throughout Point32Health’s network. Point32Health’s CMO is represented on the Committee by a Point32Health medical director.

*Reports to:* QHSC

*Meeting frequency:* Monthly

**Clinical Council Committee**

*Role:* The Clinical Council provides multidisciplinary clinical leadership to the work processes in Point32Health utilization management, care management and appeals processes. The work group is a cross-functional team of Point32Health Medical Directors, Nurse Practitioners, Nurses, Social workers and other Point32Health Clinicians who supervise and participate in Point32Health UM, CM and appeals functions. The goal of Clinical Council is to use the clinical expertise of Point32Health clinicians to ensure that Point32Health members receive the right care, at the right place, at the right time and at the appropriate cost. The Technology Assessment and CPOC Committees both report into the Clinical Council Committee.

*Membership:* The Committee is comprised of the Associate Director of Utilization Management, Director of Care & Disease Management, Senior Medical Director, UM physician Advisor and Commercial Appeals Manager

*Meeting Frequency:* Monthly

**Member Experience Committee**

*Role:* The Member Experience Committee monitors current customer experience of members by assessing feedback, inputs and performance; identifying initiatives for improving or fixing the experience; accountability for those initiatives; ensuring high quality customer experience and influencing the assignment resources and responsibilities. The duties and responsibilities of the member experience committee include:

- Develop goals and key success measures (internal and external)
- Maintain understanding and support of customer experience work
- Provide support and integration into business planning
- Ensure corporate initiatives are aligned with customer experience initiatives
- Review & monitor customer metrics and feedback (VoC)
- Identify short and long-term customer experience initiatives & projects
- Prioritize initiatives based on impact to consumer and cost of initiative
- Assign ownership (tracking & monitoring)
- Map existing initiatives to customer experience
- Representatives from all affected areas to ID operational impacts to their areas
- Manage budget
- Provide Resources

Membership: The Member Experience Committee consists of two teams; the monthly core team and the quarterly steering team. The monthly core team is chaired by the Vice President of Marketing, facilitated by Marketing Manager, and is comprised of: Program Manager Corporate Information Management, Director of Digital Experience, Director of Population Health Improvement, Director of Member Services, Project Implementation Manager, Director of Market Research, Director of Marketing Strategy and Innovation, Vice President of Population Health and Clinical operations, Director of Quality and Clinical Compliance and the Sr. Clinical Programs Specialist.

The quarterly steering team is comprised of the core team, with the addition of: Director of Revenue Management, Director of Pharmacy Operations, Chief Technology Officer, Director of Technology Solutions, Key Account Executive - Massachusetts Operations, Deputy Chief Innovation Strategy Officer, Strategic Business Lead - Provider Strategy, Director of Communications, Strategic Business Lead – Massachusetts Operations, Account Executive – Massachusetts Operations, Director of Care Management and a representative from the Harvard Pilgrim Institute.

Meeting Frequency: Monthly

II. POINT32HEALTH PROVIDER QUALITY PERFORMANCE

Provider Quality Performance (PQP) supplies consultation, and strategic practice support to affiliated local care units (LCUs), integrated delivery systems, hospitals, and provider groups in the areas of quality, satisfaction, utilization and patient safety. The PQP team also identifies and advocates for programmatic innovation and individual focused intervention.

The PQP Team is an integral part of the Quality and Medical Policy Department lead by the Chief Medical Officer. The team is comprised of nurses, health insurance industry professionals and business systems analysts. All work in partnership with LCU’s physician leadership on programs designed to improve efficiency, quality, patient experience and health equity for our members. The PQP team works collaboratively with the Network Strategy and Contracting teams in developing quality programs for providers and hospitals within our contracted network.

The PQP Team implements internal and external clinical initiatives by sharing data and supporting individual practice innovation that is aligned with Point32Health’s quality strategy.

The PQP team develops the following program in partnership with the Network Strategy and Contracting teams with oversight from Quality and Medical Policy leadership, the CMO of Commercial products and the Office of CMO, Point32Health.

Data Sharing
A key component of any performance improvement activity is the information available to decision makers. Point32Health offers LCU leadership a suite of actionable reports via its HPHConnect portal. In addition, Point32Health provides claims extracts and report outputs directly to the Point32Health secure server for direct consumption by the LCU’s IT infrastructure. The PQP team provides training to end-users, troubleshoots issues, and manages report modifications development.

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<tr>
<th>Files available on HPHConnect portal</th>
<th>Authorization and Notifications (ANR)</th>
<th>Hospital census, discharge and referral reporting</th>
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<tr>
<td>Quality Measures Reporting (QMR)</td>
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<td>Care Management/Disease Management (CMDM)</td>
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<td>Roster of patients involved in Point32Health’s program (for integration with local CM programs).</td>
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<td>Provider Analytics Interactive Dashboard (PAID)</td>
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<td>An interactive tool to view high level financial and utilization statistics, with drilldown capabilities to explore root causes of the patterns observed.</td>
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<tr>
<th>Files available on secure server</th>
<th>Claims</th>
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<tr>
<td>Member rosters</td>
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<td>Lists of attributed members</td>
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<tr>
<td>Quality Measures (QMR)</td>
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<td>Same output as available on HPHConnect portal</td>
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<tr>
<td>Supplemental Clinical Information</td>
<td></td>
<td>Patient level detail behind several of the QMR measures</td>
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The Quality Grants Program

The Quality Grants Program is one aspect of Point32Health’s mission to champion and support practice transformation and innovative quality improvements that impact the value of health care for the people and communities we serve. Participating LCU’s are invited to apply for quality grants that address a suggested focused area. For 2021, the program is focused on supporting clinical practice transformations in the areas of screening for social determinants of health and removing barriers to healthcare, behavioral health integration, and end-of-life care.

Physician Commercial Pay for Performance

The Quality Advance Program (QAP) is Point32Health’s pay-for-performance program for physician groups. The components of the QAP are aligned with the Quadruple Aim goals. This model includes the Triple Aim goals developed by the Institute for Healthcare Improvement as well as incorporating a fourth goal to improve clinical experience. Point32Health understands that without improvements in clinical experience the other more patient-centered goals may not realize full potential. On an annual basis, Point32Health reviews its program and adapts it to address new issues facing Point32Health as well as the broader clinical community. In order to reduce reporting burden, we make every effort to align our clinical measures with standardized measure sets developed within our markets.

Rewards for Excellence (R4E)

Through the R4E Component of the QAP, Point32Health offers an array of HEDIS measures important to Point32Health’s performance which align with important clinical initiatives observed in our provider network.
### Patient Experience Survey
Point32Health recognizes the importance of the patient experience in the care they receive, and their evaluation of their physician and health plan. This component of the QAP rewards groups who conduct patient satisfaction surveys, and who utilize the information to launch initiatives to improve the patient experience.

### Health Equity
Point32Health is committed to achieving health equity for our members. We look to the provider community to put programs in place to identify and address health care disparities to ensure that all patients have equal access to health services. Health equity initiatives may relate to any quality improvement efforts to address health care disparities in vulnerable populations. The LCU submits a plan and a final report that is reviewed by PQP.

### Infrastructure Support
Achieving success in quality improvement requires dedicated leadership and an engaged clinical team. In this element, PQP recognizes the commitment of the Medical Director as the critical liaison between the LCU and Point32Health. In addition to attending meetings, Point32Health also requires a business plan focused on an area of clinical improvement. In 2022, the focus areas include practice infrastructures in place for the integration of behavioral health into primary care practice and operations to address the growing need for telemedicine. LCUs submit a business plan and a final report describing their initiatives on these topics. The PQP team reviews these materials, identifying best practices and possible presentations at Medical Director meetings and additional departments as appropriate.

### Hospital Pay for Performance
Point32Health has included a hospital quality component within its hospital contract. Each eligible hospital’s performance is compared to national benchmarks and aligned with the CMS Value Based Purchasing program. Point32Health uses CMS reported performance in the following areas:

- Timely and Effective care
- Patient Experience/HCAHPS
- Hospital Acquired Infections/Surgery
- Readmissions/Mortality

### Internal Quality Consultation
Utilizing multiple Point32Health reporting and analytical platforms, PQP provides pertinent data and consultative support to internal cross-functional teams including but not limited to new product development, product sales and retention, and clinical rounds.

### Physician Partnerships
Recognizing that physician leaders are key agents of change in the medical system, the PQP team’s operational model prioritizes and facilitates two-way communication between Point32Health and individual physician thought leaders around key topics of mutual interest, their patients and Point32Health members. Successful engagement with our providers is built through collaborations which include:

- **LCU Collaboration Meetings**
  An integrated team of PQP, contracting, and finance staff reviews physician overall group performance
  
  These meetings also provide Point32Health with the opportunity to present clinical supports available to the Point32Health network and any updates on clinical policy. There is also opportunity
for the LCU clinical leadership to share various interventional programs and challenges facing their local clinical community in achieving success in practice transformation strategies.

- **Regional Medical Director meetings**
  The Medical Director meetings provide an opportunity for physician leaders and Quality Grant recipients to deliver presentations on the challenges facing practices in their initiatives to improve quality, and the patient experience. The didactic and experiential elements support physician leaders in bringing these best practices to their local clinical community.

- **Materials from these meetings are posted to the Point32Health public website, enabling others to view the work of their clinical colleagues in other groups or states to review best practices in achieving desired outcomes.**

**Physician Honor Roll**

The Point32Health Physician Group Honor Roll recognizes physician groups that demonstrate a sustained commitment to providing exceptionally high-quality care to our members. The Honor Roll is refreshed annually and is based upon performance of 16 nationally endorsed quality measures (HEDIS) reflecting acute, chronic and preventive care.

Point32Health promotes these high-quality physician groups through press releases, articles on the Point32Health web page, and an icon in the physician directory enabling members to select physicians who have achieved this quality status.

**Hospital and Physician Group Tiering Choice Net**

Point32Health offers tiered products that include quality performance as part of their distinction. The data used in the Point32Health Physician Honor roll serves as the basis for the Tiered Product quality evaluation.

**Care Delivery Development**

PQP partners with LCU’s to develop innovative programs and payment models including care bundles, chronic disease management site of service optimization, and behavioral health integration.

### III. MEMBER EXPERIENCE

**CAHPS**

Point32Health participates in the HEDIS measures about member experience, which utilize the annual Consumer Assessment of Health Care Providers and Systems (CAHPS) 5.0 Member Survey initiated through the National Committee for Quality Assurance (NCQA). Participating in this measure provides standardized information for all participating health plans and allows for regional and national benchmarking and comparisons between health plans. The overall objective of the CAHPS survey is to capture accurate and complete information about consumer-reported experiences with health care. Specifically, the survey aims to measure how well health plans are meeting their members’ expectations and goals; determine which areas of service have the greatest effect on members’ overall satisfaction; and identify areas of opportunity for improvement, which aid plans in increasing the quality of provided care.

The CAHPS survey is fielded annually between February and May with commercial (non-marketplace) members in each of Point32Health’s accredited entities. Members eligible for the sample must be 18 years or older and continuously enrolled in their health plan for at least one year. Point32Health uses a mixed methodology referred to as Mail-only with enhanced Internet protocol. This NCQA approved protocol sends the survey through two channels, postal mail and electronic mail.
Results of the CAHPS survey become available each September and are used to develop quality improvement efforts and initiatives. Results and quality improvement initiatives are discussed with several committees (i.e., QPIT and QHSC) and socialized throughout the broader organization.

**NPS – Net promoter score**

The Net Promoter Score (NPS) is a metric is widely used as an indication of customer loyalty NPS is a common practice across industries and has been shown to be tied to positive business outcomes, such as retention, share of wallet and customer forgiveness. NPS is based on a standardized question – *How likely are you to recommend Point32Health to a friend or family member, where 0 is not at all likely and 10 is extremely likely.*

To calculate NPS, the percent who selected 9-10 (Promoters) is subtracted from the percent who selected 0-6 (Detractors). While important for analysis, members who select 7-8 are considered passive and are not included in the calculation. The result ranges between +100 to -100. Increasing Promoters (9-10%) while decreasing Detractors (0-6%), pushes NPS closer to +100. To account for any sample bias, the NPS calculation is a rolling 12-month score. Point32Health captures NPS through a monthly relationship study. Each monthly sample includes member 90-day pre-renewal. Other aspects of the member relationship are also assessed to help identify and prioritize drivers that have the greatest impact on NPS and he member experience. In 2021, the competitive NPS benchmark for the health insurance industry is 20.

**Call Monitoring System**

*Purpose*

Member calls are monitored and recorded for the purposes of training, coaching and evaluating call quality and representative job performance.

The purpose of call monitoring is to improve:

- Service quality
- Service efficiency
- First call resolution

A core objective in Member Services is to increase member satisfaction. Call monitoring, recording and evaluation helps ensure that a high level of service is being delivered by all representatives. Monitoring, recording and evaluation also help the department reach its goal of obtaining excellent ratings on member feedback surveys. These surveys evaluate the representatives on:

- Courteousness
- Ability to listen carefully to what the member had to say, and
- Ability to provide clear and understandable answers to the member’s questions

*Method of Monitoring/Evaluation*

The Avaya Work Force Optimization (WFO) system does the following:

- Records all incoming calls while representatives are logged into the ACD system
- Records representative phone call audio and screen video
- Saves and allows playback of recorded calls
- Provides a standard call monitoring form for evaluating the quality of a representative’s performance while taking calls
- Allows representatives and the leadership team to review evaluations and recordings
- Provides method of research for escalated calls
Member Voice of the Customer Program (VoC)

A critical component of Point32Health Customer Experience work is the Voice of the Customer program. This comprehensive program provides an enterprise-wide, integrated, single view of our member’s experiences to support decision making, action planning, implementation, and in-market life monitoring. It serves to listen to our members, aggregate and interpret what we are hearing, deliver insights to decision makers for action planning, and in-turn monitor those actions to determine the impact on the experience. The VoC program includes both structured and unstructured data sources (behavioral and operational data) collected and used in an ongoing manner as part of the insight development process.

The VoC program contains a series of studies that collect feedback on the important aspects of the member experience:

- **Enrollment Study**: Fields monthly to all new members 30-days post-enrollment. Focuses on the members’ enrollment experience and the information and resources available to make an informed, confident plan selection.
• **Onboarding Study:** Fields monthly to all new members 120-days post-effective date. Focuses on assessing new members’ understanding of and use of their plan, including benefits, and evaluates materials and website information.

• **Access to Care:** Fields monthly to a sub-sample of Relationship study members to assess their access to care experience in the past year. Focuses on their medical, behavioral health, and pharmacy experience and evaluates networks, wait times, and cost factors.

• **Relationship Study:** Fields monthly to all members 90-days pre-renewal. Focuses on capturing NPS and assessing the member’s overall experience with Point32Health. Included in this overall experience assessment are measures related to access to care and benefit understanding.

• **Member Services Study:** Fields monthly to all new members 120-days post-effective date. Focuses on their medical, behavioral health, and pharmacy experience and evaluates networks, wait times, and cost factors.

• **Relationship Study:** Fields monthly to all members 90-days pre-renewal. Focuses on capturing NPS and assessing the member’s overall experience with Point32Health. Included in this overall experience assessment are measures related to access to care and benefit understanding.

• **Care Management Study:** Fields monthly to members who have engaged with Care Management. Focuses on their experience with their nurse care manager, satisfaction with the program in general, and health-related goal achievement.

• **Web Experience:** Always-on web-intercept that captures member feedback on their secure portal experience.

Voice of the Customer data is collected and compiled in a single database to allow for a better view of the member’s full experience with us. Insights are then shared with stakeholders to help inform their decision making.

**Clarabridge Analytics**

*Purpose*

Member calls are analyzed by natural language processing software for the purposes of extracting useful insights on the member experience.

The purpose of analyzing calls is to determine:

- Member sentiment about their experience (positive, negative, neutral)
- Member effort experienced during their journey (difficult, easy, neutral)
- Member confusion rates during specific touchpoints on their journey
- Member emotion about their journey
- Trends in member discussions
- Derive useful insights on opportunities to improve or enhance the member experience
- Track the impact of an action

Users across business units have access to the platform. Reports are requested through a formalized process and delivered along with a summary of insights. Deliverables are then followed up by regular meetings to discuss how the business unit is using the insights.

**IV. QUALITY MANAGEMENT AT POINT32HEALTH: SCOPE OF ACTIVITIES**

**A. Problem Identification through Quality Monitoring, Analysis and Reporting**

QHSC, the corporate quality committee, is the senior committee in the Point32Health quality committee structure through which potential quality issues are identified and reviewed and decisions are made regarding improvement initiatives. The quality committee structure, including QHSC and QPIT, receive input from the following information sources:
### Source | Information Provided
--- | ---
**Quality Measurement** | Results of formal clinical quality and outcomes measurement initiatives; results of focused program evaluations; results of member, patient and provider surveys
**Clinical Programs** | Assessments and recommendations on opportunities to improve health through preventive health outreach, disease management, and health promotion and education
**Other population-specific clinical lead teams and steering committees** | Quality issues identified through formal evaluations targeting specific high-priority clinical conditions (e.g., asthma), or populations with health care disparities and/or barriers to good quality care (e.g., language access, health literacy), or those with complex medical, physical and mental health conditions, as well as more qualitative assessments
**External Reviews** | Results of external accreditation or purchaser reviews (e.g., NCQA, CMS)
**Market Research Department** | Results of practitioner and member experience surveys
**Member Services** | Analyses of members’ administrative/service complaints, CAHPS results, Member Services Feedback Survey of members who have filed complaints, as well as service metrics like call abandonment rates and average speed-to-answer
**Provider satisfaction** | Measures provider satisfaction across a variety of aspects and Point32Health overall, identifies key drivers of satisfaction/recommendation and high-level improvement opportunities to inform action planning and tracks performance over time

### i. Improving Health Literacy

Health literacy and the unique cultural perspectives of our members are important considerations in our preventive care and chronic disease health and wellness communications.

Point32Health’s Clinical Programs/Health Engagement team reviews and revises monthly and annual health and wellness mailing materials to meet health literacy guidelines via a health literacy checklist and software. We also evaluate multi-lingual content needs. For example, Living with Diabetes, a booklet for newly identified members with diabetes is available in Spanish. Also, taking a Beta-Blocker after a Heart Attack, a flyer for members post-acute myocardial infarction is available in Spanish. Upon request asthma action plans are available for children and adults in Spanish, Portuguese, Haitian Creole, Russian, Chinese, Vietnamese or Khmer. Healthwise Care Support pages provide several different health and wellness topics and are available in English and Spanish. These pages are available to all nurse care managers.

Point32Health also has a member panel called Harvard Pilgrim Listens. Harvard Pilgrim Listens is an interactive forum for our members to share their thoughts, opinions and ideas through online surveys and discussions. Members receive an email from Harvard Pilgrim Listens—usually no more than once or twice
a month—asking them to take part in online surveys and discussions and give feedback on educational materials before they are sent out to members.

**ii. Monitoring Cultural and Linguistic Needs of Point32Health’s Membership**

A key aspect of eliminating health inequity relies on supporting effective and comprehensive clinical practices targeted to assist disparate populations. Aligned with our enterprise-wide Inclusion Initiative, we seek to identify and positively impact types of health and health care disparities that impact individuals in the following population segments:

- Race  
- Ethnicity  
- Language (i.e. verbal and written for those with Limited-English Proficiency)  
- Age (i.e. children, adolescents, seniors)  
- Gender (male, female, other)  
  - Point32Health is proud that we were the first insurance company in the New England Region to cover gender affirming surgery and medical care as a standard benefit  
- People with Disabilities  
- Rural Location (i.e. based on a patient’s geographical location for home or work and distance to primary care or behavioral health provider/facility)  
  - Point32Health uses the CDC Social Vulnerability Index (SVI) to identify how geography impacts health  
- Low Socioeconomic Status (SES) (i.e. based on the federal poverty levels)  
- Low Education Level

As a member of the Diversity Workforce Coalition, Point32Health will continue to serve as a visible and active resource in the area of diversity and inclusion leadership and business strategy in New Hampshire.

The Health Services Division and Medical Informatics departments of Point32Health pull data from a variety of sources to develop a comprehensive population assessment. These range from internal claims data to widely validated algorithms, based on surname analysis and geocoded census data, for the indirect estimation of members’ race and ethnicity, in the absence of self-reported data. Members’ income and educational levels are indirectly estimated by attributing characteristics of the population in the census block group, or neighborhood, where a member resides.

Prevalence and overall cost of clinical conditions are calculated from the Optum Impact Intelligence DataMart, which is sourced from a variety of Point32Health data sources: claims (medical, behavioral), pharmacy and enrollment spans. High Cost Claimant information is sourced from the Optum Impact Pro DataMart.

**iii. Population Health Management and Improving Strategies**

The Cardiac Medication Adherence Report is generated and mailed biannually when a member aged 18 years of age and older is hospitalized within the last 2 years and discharged with a diagnosis of an acute myocardial infarction (AMI). Primary care providers (PCPs) receive an adherence report to identify non-adherence with prescribed beta blocker and cardiac medication therapy.

An Opioid Summary is mailed out monthly to PCPs and addresses high-dose opioid use and opioid prescriptions from multiple providers and/or pharmacies. A report is generated when a member has filled opioid medicines prescribed by three or more different prescribers in the past four months. The report is generated and mailed to PCPs in an effort to prevent possible adverse drug events that may occur when other prescribers prescribe medicines that can interact with opioids such as benzodiazepines and to
coordinate care amongst multiple prescribers. The report also alerts (by highlighting) PCPs regarding the morphine milligram equivalent doses (MME) of ≥90mg MME per day to address high dose opioid.

iv. **Clinical Programs and Patient Safety for Specific Populations**

As part of Point32Health’s effort to improve quality and health outcomes, the Health Engagement team mails educational materials to our members. Member outreach via mail occurs monthly and/or annually.

Primary prevention outreach to members such as breast cancer and cervical cancer screening reminders are mailed out monthly and pediatric and adolescent immunization reminders are mailed quarterly. Members receive a notification via mail reminding them if they are due to receive their screenings and/or immunization.

Secondary prevention includes outreach for diagnoses such as chronic obstructive pulmonary disease (COPD) and diabetes.

**Diabetes Self-Management Program.** An annual Diabetes Care Report is sent to all members with diabetes informing them of the dates of their last diabetes tests during the past year and instructing them to contact their primary care provider if they are overdue for a test. Annually providers receive a Gaps in Care Report alerting providers of gaps in diabetes tests, exams and medication information such as, A1C greater than 7, no statin on file, no nephropathy care and medication adherence rate for diabetes medications. Quarterly, a Living with Diabetes high level overview booklet is sent to members newly identified with diabetes informing them that they are eligible for the Diabetes Self-Management Program and self-management tools and resources.

v. **Wellness and Health Promotions**

**Employer Health**

Employer Health supports sales, employers, brokers and consultants by providing health education programs for employees and assists employers in the development of their culture of wellness. Employer Health also provides multiple channels for members to access clinical and health education programs and supports priority clinical initiatives with employer-focused programming.

**Wellness Platform**

Point32Health provides an innovative wellbeing, engagement and social recognition platform. Through the platform, we offer custom employer-based programs including capabilities for administering challenges, incentive-based programming, health risk assessments, personalized content, and population wide programming.

For our broader membership, our platform provides a wellbeing program designed to foster online community through challenges, community feeds, custom content and monthly raffles. This also provides an affordable and scalable wellbeing program option for employers that covers all major elements of wellbeing.

**Mindfulness**

Mind the Moment is Point32Health’s innovative training program adapting the principles and practices of mindfulness to the workplace environment.

Leveraging time-honored, scientifically validated techniques, mindfulness training enables individuals to tap into the brain’s built-in capacity for focus and clarity. By strengthening neural pathways associated with creativity, health, and performance, mindfulness training furthermore supports the following: improved
mood and sleep quality; reduced chance of burn-out; increased job satisfaction; enhanced listening and collaboration skills; concentration, even when multi-tasking; emotional intelligence.

Since 2005, Mind the Moment has offered practical, integrative, and relatable mindfulness trainings to organizations involved in financial management, health care, higher education, marketing, government, customer experience, and many other industries.

Because we know that organizations of all types and sizes can benefit from mindfulness training, we deliver our programming with customization in mind. Our aim is to plug into an organization’s culture as seamlessly as possible, recognizing and honoring the diverse needs of that organization’s employees.

Accordingly, we offer a wide range of options, including introductory seminars; targeted workshops; remote learning options; leadership intensives; guided meditation series; app-based learning; and on-going engagement plans directed towards sustainability.

The quality of what we offer is ensured by our highly skilled staff of instructors, all of whom have a minimum of ten years professional mindfulness experience, expertise in group facilitation, and familiarity with teaching in corporate environments.

**Limeade**

Limeade is an employee engagement company focused on improving well-being and strengthening workplace culture. Limeade integrates well-being, engagement, inclusion and social recognition software to provide web and mobile-app based programs centered around activities and challenges that help members improve their well-being.

Limeade is NCQA WHP Certified for Health Appraisals. Their current certification is effective through 12/28/2022.

**V. QUALITY OF CARE AND SENTINEL EVENTS ASSESSMENT PROGRAM**

The Quality and Healthcare Services Committee (the “Committee”) shall assist the Board of Directors (the “Board”) of Health Plan Holdings, Inc. (the “Company”) in fulfilling its responsibility to:

(i) Provide oversight of population health, clinical quality and experience.
(ii) Provide input and advice to management on quality related activities, and periodically update the Board regarding its assessment of those activities.
(iii) Review and approve the Company’s:
   a. Qualified patient care assessment program plan, as required in 243 CMR 3.03, or as may be amended from time to time in the future; and
   b. Any other programs, activities or matters that, by statute or regulation, require board level approval.

**Duties and Responsibilities:**

1. To review and approve the Corporate Quality Improvement Program.

2. To review and approve (1) the written qualified patient care assessment program plan document, as required in 243 CMR 3.03, and as may be amended from time to time in the future; and (2) any other programs, activities or matters that, by statute or regulation, require board level approval.
3. To monitor the Company’s standards for clinical performance, quality outcomes, member experience and care patterns, including member access to high quality care and compliance with applicable regulatory requirements related to quality and accreditation standards.

4. To receive reports on population health and quality strategy implementation, challenges, risk mitigation, resources, and cooperation and collaboration between interrelating business functions in support of member outcomes and quality improvement activities.

5. To review and provide input to management on the company’s population health strategies, including utilization management programs, health engagement and wellness programs, provider performance, member and provider engagement initiatives, and provide periodic updates to the Board as appropriate.

6. To review and provide input to management on member experience topics to the extent that they impact performance in publicly reported member quality outcomes and experience performance indicators and provide periodic updates to the Board as appropriate.

7. To periodically receive and review information from the consumer advisory committees, which provide forums for consumer and/or community input about certain products offered by the Company and its affiliates. The Committee Chair will update the Board at least annually on the activities of the consumer advisory committees.

Membership and Meetings:
Committee members, including a Committee Chair, shall be appointed by the Board. Committee members shall consist of Directors of the Board and the Chief Medical Officer, as an ex-officio non-voting member of the Committee. At least one member of the Committee shall be a medical professional.

The following Responsibilities involves a function that requires action (approval) of the Board. Such action may not be delegated to QHSC due to its membership which includes non-Board directors.

1. Develop and recommend to the Board for approval, an annual Quality Program Description and Quality Improvement Workplan, which includes both clinical quality and service quality initiatives.

As an organization, Point32Health may grant the Board and Division of Insurance with access and audit authority overqualified Patient Care Assessment Program information and records during normal business hours. Point32Health also allows administration of a reasonable and comprehensive evaluation of a licensee’s clinical skills, competence and judgement, upon request of and for filing with the Board.

Extended and Acute Care Program
Acute Clinical and Extended Care Facility Occurrence reports are designed to identify, evaluate and decrease the risk of patient injury associated with clinical care in the acute hospital or extended care setting (SNF/Acute Rehab). These complaints are submitted by POINT32HEALTH Nurse Care Managers in Health Services. The complaints are not labeled as Quality of Care complaints until a physician confirms.

The Point32Health Clinical Concerns Department receives and processes the following types of clinical complaints: clinical concerns, acute and extended occurrences and hospital SRE’s/NE. The workflow once a clinical complaint is received consists of an intake process, member or provider outreach and the processing of the clinical complaint, occurrence or SRE.

After, the complaint is assigned to a Quality Review Specialist (QRS) from Appeals and Grievances who contacts the facility and request medical records related to the incident. Later, the medical record is reviewed by an internal Point32Health Physician Advisor who issues a determination that may include findings and recommendations. In cases where there is a confirmed quality of care, the case is submitted
to the credentialing committee by a QRS for review and further actions, referencing policies and procedures from the Credentialing department.

**Clinical Complaints**

Member clinical complaints are complaints related to QOC (Quality of Care) or QOS (Quality of Service). The member or authorized representative feels that the services or treatment received was not up to professional standards. It can include complaints such as incorrect diagnoses, communications with practitioner or office staff, access to care, office cleanliness, etc.

Point32Health has established policies, procedures, and standards for all steps in the process of receiving, investigating and resolving member complaints. The process calls for a broad definition of a member complaint and ensures that complaints get addressed in a consistent manner no matter where a Point32Health member lives, works or receives care.

A member’s complaint will be investigated and resolved within state-specific timelines, referenced in the Clinical Concern Policy. There are defined timeliness standards and reporting and oversight process that monitors performance against the standards.

A compliant can be filed by a member or their designated representative, will be documented from the member’s perspective and then promptly, fully and objectively investigated by member service or other appropriate staff.

Complaints that involve a breach of privacy must be reported to the corporate privacy office, regardless of Point32Health product/plan type.

**Credentialing Committee and Peer Review**

The Credentialing Committee is designated a peer review subcommittee of Point32Health’s Patient Care Assessment Committee (QHSC) in accordance with MGLc.111 Sections 203 through 205 and the related Massachusetts Board of Registration in Medicine regulations as specified in 243 CMR 3.00. Issues arising between credentialing cycles concerning an individual clinician may be addressed by the Credentialing Committee, the appropriate region of Point32Health’s delivery system, or, an ad hoc peer review process. Ongoing collaboration is expected among Credentialing Committee members and the Point32Health medical managers accountable for the quality of care provided within a particular geographic region. A Medical Director is appointed by the Chief Medical Officer to be a voting member of the Clinician Credentialing Committee representing the Network Medical Director and the Chief Medical Officer. The Chief Medical Officer’s physician representative to the Committee oversees consistent application of Point32Health’s Credentialing standards and exception processes as defined by policies established and approved by Point32Health and Medical Management and assures that the Credentialing process supports Point32Health’s commitment to provide high quality clinical services to its members. The Credentialing Committee may identify issues and refer these to appropriate medical manager for resolution or consultation prior to the Committee taking an action.

Most states have peer review laws that require some entities, such as Point32Health, to conduct quality reviews of certain quality of care issues from the day the complaint is received. To encourage practitioners to participate in peer review, these statutes, which vary from state to state, typically provide that the documents, investigation and findings of a peer review process are confidential and privileged so long as that process meets the statutory requirements and follows internal peer review policies and procedures. Therefore, peer review materials are generally not accessible by outside third parties, unless otherwise required by law.
Occurrences, processed on behalf of Point32Health members, are also subject to peer review law, and presented on a monthly basis to the Quality of Care Committee (QOCC). QOCC is a medical peer review committee that reports to the Point32Health Board of Directors. The Quality Program activities conducted by, or at the direction of the QOCC, are confidential and privileged medical peer review activities and subject to all the confidentiality, privilege and immunity protections of a medical peer review committee or its equivalent under applicable state law. The QOCC is responsible for carrying out those Program components which require medical peer review, including, but not limited to; evaluating the quality of care and service to members, determining whether health care services were performed in compliance with applicable standards of care, directing corrective measures, reviewing the qualifications of participating practitioners/facilities who provide health care services to members and taking appropriate disciplinary action against practitioners/facilities who fail to meet established standards and/or legal requirements. The QOCC also approves operating policies and procedures relevant to practitioner/facilities credentialing and occurrence case reviews. The committee assesses and evaluates performance results and root causes reported for policy decisions, identified actions, and ensures follow-up, as appropriate.

To ensure, to the fullest extent possible, that the investigation, findings, and responses related to clinical quality complaints and occurrences are afforded the available peer review privileges and protections, all those involved in the complaints process must carefully adhere to the policies and protocols established for that process including, but not limited to: following the notification requirements set forth in the severity rating procedure; accessing practitioner-specific information obtained during the review of clinical quality concerns on a need-to-know basis only; accessing only the information permitted by one’s individually-assigned password; refraining from discussing any information regarding specific practitioners except with appropriate individuals; and complying with all applicable confidentiality policies.

Any uncertainty regarding peer review matters should be discussed with the Legal Department, or the Corporate Compliance Program. The resolution of a clinical complaint or occurrence and the determinations about the quality of care are based on information presented by the member (when applicable), the practitioner, and other knowledgeable parties, and equitably address member expectations (when applicable) and Point32Health policies. As peer-review protected information, decisions regarding quality of care are not shared with members. The information is used in the credentialing of facilities and practitioners and is reported to the Point32Health Clinician Credentialing and Facility Committees and QOCC.

**QHSC Annual Vote on Credentialing Committee and Credentialing Appeals Committee**

The full Credentialing Committee meets monthly and provides regularly scheduled reports periodic summaries to the Patient Care Assessment Committee (QHSC). Reports include a list of clinicians terminated or denied along with specific reasons for the action. A report on delegated credentialing function is presented to the QPIT no less than annually.

Annually, the QHSC has a vote to appoint medical peer review to sub-committees. These committees are the Clinical Credentialing Committee and the Credentialing Appeals Committee. If a provider appeals and it goes up to QHSC, they will review all the content of the case that was reviewed by the Credentialing and Appeals committees, including the providers profile which includes education and training. Credentialing policy CC1.12 is referenced in this instance. The chair and members of each committee coordinate the identification, analysis and resolution of patient risks, complaints and grievances to give assurance that the Quality of Care and Sentinel Events Assessment Program is on-going and functional. The QHSC appoints medical peer review sub-committees as needed to evaluate the quality of care rendered by providers to members of the Company and take actions as appropriate to ensure the quality of care provided to such members.

**Health Services CM/UM Clinical Staff Training**
Located on Point32Health’s employee website – there is a Nurse Care Manager training PowerPoint detailing the different types of clinical concerns and the appropriate actions. This presentation is used for training when a new Nurse Care Manager joins Point32Health as part of the utilization management onboarding. The training manager schedules a short meeting between the Quality Review Specialist (QRS) and the new staff member to review the Point32Health process for reporting occurrences.

iii. Oversight of Delegated Behavioral Health Activities Effective January 1, 2008, Point32Health began delegating the provision of member behavioral health services, including quality monitoring and improvement activities, to United Behavioral Health dba Optum (UBH). UBH is an NCQA-accredited, national behavioral health services vendor. Point32Health oversees this delegation in compliance with NCQA and federal and state regulatory requirements. Prior to the initiation of the contract, Point32Health conducted a thorough assessment of the vendor’s quality program, including review of its quality program description and a site visit to review quality-related documentation and operations. Point32Health collaborates with UBH on the delivery of behavioral health services, including coordination and continuity of care between behavioral health and primary care providers. Senior medical leaders from both organizations meet regularly to discuss clinical care and operational issues. Point32Health’s behavioral health quality agenda is developed jointly by Point32Health and UBH. The committees that provide quality oversight for the delegation include the DLT, the QHSC and the Point32Health/UBH Med/Psych/QI workgroup. The details of the vendor’s quality program are contained in its Quality Program Description and QI Work Plan and are appended to this document. See Appendix A for Behavioral health quality projects that are not fully delegated. These are also reflected on Point32Health’s QI Work Plan, with progress monitored throughout the year. Meeting twice a year, the Point32Health/UBH Operating Committee focuses its agenda on review and oversight of behavioral health quality indicators, programs and projects.

VII. ANNUAL QUALITY PROGRAM EVALUATION On at least an annual basis, the QHSC and QPIT review the Quality Program Evaluation, which details the results of QI Work Plan activities. The Quality Program Evaluation provides a yearend summary of the progress and results of clinical and service quality improvement initiatives. It also evaluates the overall effectiveness of the quality program and identifies quality measurement and improvement opportunities for the coming year. Discussion of the program evaluation provides an opportunity to identify gaps, strengths and best practices within the program, with a focus on future activities.