



Harvard Pilgrim Health Care Quality Program Description 2018

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

**Harvard Pilgrim Health Care, Inc. (HMO, POS and PPO)
Harvard Pilgrim Health Care of New England (HMO, POS)
HPHC Insurance Company (MA & CT PPO)**

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**HARVARD PILGRIM HEALTH CARE
QUALITY PROGRAM DESCRIPTION
2018**

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THE HARVARD PILGRIM HEALTH CARE QUALITY PROGRAM

MISSION

The Harvard Pilgrim Health Care mission statement provides clear direction for the quality program by focusing on health improvement:

“To improve the quality and value of health care for the people and the communities we serve.”

GOAL AND OBJECTIVES

The goal of the Quality Program at Harvard Pilgrim Health Care is to ensure the provision of consistently excellent health care, health information and service to Harvard Pilgrim members. This goal aligns with Harvard Pilgrim’s mission to enable members to maintain and improve their physical and behavioral health and wellness.

The objectives of the Quality Program are to:

- ensure the provision of high quality, cost-effective, affordable health care to all Harvard Pilgrim members in accordance with the high standards of the National Committee for Quality Assurance (NCQA) and the requirements of the federal Centers for Medicare and Medicaid Services (CMS), state regulatory agencies and state and federal laws, including the Patient Protection and Affordable Care Act (federal health care reform);
- consistently deliver exceptional customer service to members, practitioners, providers and purchasers;
- implement quality standards, guidelines and processes, and track indicators to monitor compliance and identify opportunities for improvement;
- identify and provide a population-based approach to achieving demonstrable health improvement through implementation of effective and innovative clinical programs, services and processes;
- serve a culturally and linguistically diverse membership by assessing the race/ethnicity and primary language of members in an effort to identify and reduce disparities in clinical care;
- ensure that the needs of members with complex health issues, including those with physical and developmental disabilities, multiple chronic conditions, and severe mental illness, are addressed.
- develop and implement valuable measures that enable Harvard Pilgrim to report organization-wide results of clinical and service quality initiatives, that are also consistent with the external reporting requirements of NCQA’s HEDIS (Healthcare Effectiveness Data and Information Set) and CAHPS (Consumer Assessment of Healthcare Providers and Systems), and other monitoring or regulatory reporting efforts;
- participate in collaborative partnerships with external organizations focused on aligning quality, safety, data-gathering and e-health activities across health care organizations and provider and purchaser networks; and,
- evaluate the overall effectiveness of the Quality Program at least annually to identify strengths, gaps and best practices, and continually evaluate our service model to ensure that it

is providing superior service in a manner that is cost-effective and responsive to the changing needs of our constituents.

SCOPE

The Quality Program at Harvard Pilgrim Health Care (HPHC) supports the corporate mission by including the following elements:

- a program of preventive care;
- development of clinical standards and guidelines;
- implementation of customer service standards and processes;
- evaluations and audits of clinical and service processes;
- quality improvement activities that comply with CMS, NCQA and other regulatory requirements;
- risk management activities, including patient safety initiatives;
- credentialing and recredentialing of physicians, other practitioners, and facilities;
- utilization management, focused on providing the appropriate level of service to members;
- disease management and care management programs addressing the health care needs of members with specific and complex medical, physical and mental health conditions; assessments of drug utilization for appropriateness and cost-effectiveness;
- analysis of and effective response to member complaints and appeals;
- policies supporting and protecting patients' rights and confidentiality as required by the Health Insurance Portability and Accountability Act (HIPAA);
- a focus on serving a culturally and linguistically diverse membership that includes analysis of health care disparities and implementation of initiatives to reduce them;
- medical records documentation and availability standards;
- focused occurrence reporting; and,
- oversight of delegated quality activities related to behavioral health care and other vended programs.

HARVARD PILGRIM HEALTH CARE NETWORK STRUCTURE

Harvard Pilgrim Health Care's provider network is organized into Local Care Units (LCUs) and other practitioner-based quality partnerships that provide health services directly to members.

Local Care Units are organized around practitioner and hospital relationships, and the natural groupings of provider groups within a geographic area. HPHC's service area includes Massachusetts, New Hampshire, Rhode Island, Connecticut and Maine. Practitioner-based quality partnerships can include entities such as ambulatory surgical care centers, specialty provider groups, Patient Centered Medical Homes, and other organizations that support quality improvement in physician practice.

HPHC's structure is organized to support effective clinical and service quality for members. This structure ensures there are locally integrated delivery systems that retain the strengths of HPHC's multiple models of care. It also brings management accountability closer to the affiliated practitioners, hospitals and other providers that make up HPHC's delivery system.

HPHC's clinical and business leaders work together with the provider groups to develop, implement and evaluate plans to ensure that patient and customer needs are met in all areas. The leaders responsible for the corporate departments and the network provider groups are ultimately accountable to the Chief Executive Officer (CEO) of Harvard Pilgrim Health Care.

SENIOR LEADERSHIP FOR QUALITY IMPROVEMENT AND BEHAVIORAL HEALTH

Chief Medical Officer

The Chief Medical Officer (CMO) is Harvard Pilgrim's designated physician leader responsible for quality improvement and the quality program. The CMO position reports to the Chief Business Growth Officer and provides him and the Harvard Pilgrim Board of Directors with routine reports on the quality of care received by HPHC members. The CMO has ultimate responsibility for the Harvard Pilgrim Quality Program and for ensuring that superior quality of care, and clinical programs and services, are provided to HPHC members. He is a member of the Patient Care Assessment Committee (PCAC), which is Harvard Pilgrim's corporate quality committee. He chairs the Medical Management and Quality Committee (MMQC), the body accountable for clinical quality improvement. These two committees have ultimate responsibility for organizational review and planning for clinical and service quality. Other responsibilities of the CMO include ensuring that a comprehensive Quality Program and Quality Improvement (QI) Work Plan are developed each year and regularly evaluated to determine effectiveness and continually identify improvement opportunities.

The Office of the CMO is responsible for quality-focused areas such as clinical programs and disease management, care management, clinical policy development, utilization management, NCQA compliance, and network medical management. The CMO also provides clinical input into corporate initiatives and assists in managing the quality program and all related documentation.

Behavioral Health Medical Director

The Behavioral Health Medical Director is the senior behavioral health clinician at HPHC's designated behavioral health vendor, United Behavioral Health dba Optum (UBH). The Medical Director provides the overall clinical supervision and medical leadership for the day-to-day clinical operations. He/she oversees the implementation of the QI Program, including quality monitoring and improvement activities, ensures the consistent application of policies and procedures, and participates in training of clinical staff. In addition, he/she oversees the certification process and appeals decisions and serves as a Peer Advisor in the peer review/appeals process.

HARVARD PILGRIM HEALTH CARE QUALITY COMMITTEE STRUCTURE

The Board of Directors (Board)

The Board provides direct oversight for the Harvard Pilgrim Quality Program and its activities. The Board has designated the Patient Care Assessment Committee (PCAC), a subcommittee of the Board, as the Quality Committee. The PCAC's responsibilities include, but are not limited to, ensuring the development and implementation of the Quality Program and QI Work Plan.

Patient Care Assessment Committee (PCAC)

Role: The PCAC, a subcommittee of the Board, has been designated by the Board as the Quality Committee for Harvard Pilgrim Health Care, with responsibility for oversight of both clinical and service quality. The PCAC's responsibilities include, but are not limited to, overseeing the development, implementation, and evaluation of the quality program. The PCAC executes its responsibility by performing an oversight function, with senior managers accountable for discrete activities providing regular reports (see Appendix A - HPHC Quality Committee Structure).

The PCAC is responsible for ensuring the development and implementation of Harvard Pilgrim's quality program description. The QI work plan (see Appendix B) ensures organizational programs are established and maintained in the areas of clinical and service quality as well as patient safety, behavioral health, culturally and linguistically appropriate services, complex health needs and delegation oversight. The committee reviews and approves the annual quality program description, including the QI work plan and other supporting documents, before making a recommendation for Board approval. The committee also reviews and approves the annual Evaluation of Harvard Pilgrim's quality program.

The PCAC is also responsible for: ensuring the focus of the quality program is consistent with the corporate mission, values and strategy; carrying out the statutorily-required functions of a Patient Care Assessment Committee; receiving reports about the clinical and service quality activities of HPHC's quality committees and departments; providing input to the development of medical policy and clinical standards through active participation in the review of existing clinical policies; advising on medical management systems; serving as HPHC's medical peer review committee; participation in Harvard Pilgrim's clinician credentialing process through review of appeals of credentialing and recredentialing decisions; developing and implementing a Patient Care Assessment Plan; providing input to the Board on matters related to clinical and service quality; and ensuring that the Quality Program consistently operates in compliance with state and federal regulations and the standards of the National Committee for Quality Assurance (NCQA).

As part of its responsibility for reviewing and evaluating the full range of activities that relate to Harvard Pilgrim's Quality Program, the PCAC focuses on:

- approval and oversight of each year's QI work plan;
- periodic monitoring and an annual evaluation of the effectiveness of the quality program;
- assessment of peer review activities;
- oversight of clinical quality improvement and patient safety initiatives;
- review of process failures in the delivery of care and actions taken to remedy them; and,
- outcomes of peer review activities conducted by subcommittees that it charts.

Membership: Chaired by a practicing physician (who is a member of the Board of Directors), members include: the CMO, the VP & Medical Director, the VP for Corporate Compliance, the Chief Business Growth Officer, the Medical Director for Rhode Island, the Executive Director of the HPHC Institute and a total of seven practicing physicians. It is staffed by the Associate General Counsel, the Director of Quality and Clinical Compliance, and the Sr Quality Review Specialist for Quality & Compliance. Practicing physician members of PCAC subcommittees described below are also invited to participate in PCAC meetings as needed.

Reports to: the Board

Meeting frequency: Five-six times per year

Medical Management and Quality Committee (MMQC)

Role: A key action body, the MMQC leads HPHC's clinical program and oversees the delivery of high-quality and cost-effective care to members. It is designated by the PCAC as the organization's clinical and service quality committee and is responsible for overseeing implementation of the quality program and QI work plan. In addition, there are many ongoing clinical initiatives to support improvement on the HEDIS Effectiveness of Care measures (see Appendix C) and their status is reviewed by MMQC at least annually. The MMQC has responsibility for:

- providing guidance to the organization regarding clinical strategies;
- approving revisions to credentialing policies;
- overseeing clinical performance of vendors delivering outsourced care;
- receiving reports from its subcommittees responsible for utilization management policy, pharmacy, behavioral health and practitioner input into the quality program;
- serving as an integrating forum for discussion of clinical program issues of concern to HPHC management and/or the practitioner or provider communities;
- establishing standards for clinical care, access and medical records;
- determining clinical priorities and goals;
- monitoring member experience with care and services;
- ensuring comparability of clinical care and utilization management processes, policies and programs across all membership and products throughout HPHC's network and service area;
- reviewing initiatives focused on improving care and services delivered to HPHC's culturally and linguistically diverse membership, with an emphasis on assessing the race/ethnicity and primary language of members, and identifying and reducing disparities in clinical care (see Appendix D for detail);
- monitoring quality of care and patient safety, including members' clinical complaints and adverse events such as clinical occurrences (see Appendix E for HPHC's patient safety activities);
- approving the quality program description and QI work plan annually before their review and approval by the PCAC;
- periodically reviewing progress on the QI work plan;
- evaluating the quality program at least annually;
- promoting synergy between HPHC clinical programs and initiatives in the network;
- promoting and facilitating collaboration across the health care sector in HPHC's market; and,
- acting as the organization's clinical conscience.

Membership: Chaired by the CMO, members include: the VP & Medical Director, the Associate Medical Directors for Massachusetts, New Hampshire, Maine and Connecticut and the Directors of Clinical Programs, Population Health Improvement, Health Equity, Inclusion and Quality, Care and Disease Management and Quality and Clinical Compliance. Several times a year, when the agendas focus primarily on service quality, the meetings are expanded to include additional HPHC staff from Member and Customer Service.

Reports to: the PCAC

Meeting frequency: Monthly

I. Other Committees Supporting the Quality Program

The following committees support the Harvard Pilgrim 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 HPHC, in accordance with HPHC 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 HPHC'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 HPHC's network.

Membership: The Committee's chair and its members are licensed primary or specialty care practitioners practicing throughout Harvard Pilgrim's network. HPHC's CMO is represented on the Committee by an HPHC medical director.

Reports to: the PCAC

Meeting frequency: Monthly

Ad Hoc Review Committees and Lead Teams

Role: These cross-functional committees are convened as needed to support clinical and service quality improvement initiatives or peer review. The membership, reporting relationship and meeting frequency vary depending on the purpose of the group. An example is the Quality Lead Team, which develops and oversees the implementation of clinical quality improvement initiatives such as asthma, diabetes and medication safety.

Utilization Management and Clinical Policy Committee (UMCPC)

Role: The UMCPC is responsible for the development, periodic review and revision, and approval of HPHC's Utilization Management/Care Management Program Description and all related utilization management and clinical criteria, guidelines and policies. The committee manages the assessment of new technologies and establishes and approves clinical criteria, guidelines and policies that result in the efficient management of medical resources for HPHC patients. It also ensures all UM programs and clinical policies are consistent with HPHC benefit design and compliant with relevant regulatory and accrediting requirements. In addition, the UMCPC monitors the regulatory compliance of HPHC's member appeals processes through regular review of audit results and provides oversight for delegated activities related to utilization and disease management.

The details of the HPHC's Utilization Management program are contained in a separate document entitled Harvard Pilgrim Health Care Utilization Management/Care Management Program Description, which was last revised in June 2017.

Membership: Co-chaired by HPHC's VP & Medical Director and the Director of Quality and Clinical Compliance, members include Associate Medical Directors of Massachusetts, Maine, New Hampshire and Connecticut, Manager of Medical Policy, a representative of the Director of Care and Disease Management, Senior Quality Review Specialist, Clinical Policy Specialist, UM Physician Advisors, representatives from Payment Policy, Payment Strategies, Ancillary Contracting and Benefit Administration and Manager for Care Management Services at Health Plans, Inc.

Reports to: MMQC

Meeting frequency: Semi-monthly

Pharmacy and Therapeutics Committee

Role: The Pharmacy & Therapeutics (P & T) Committee is an advisory group that serves as the organizational line of communication between HPHC-affiliated physicians and Harvard Pilgrim. It serves in an advisory capacity to HPHC on matters pertaining to the clinical management of drug use, including recommendations regarding drug selection, clinical practice guidelines, prior authorization guidelines, or coverage of specific drug therapies as they relate to medical necessity or appropriateness of use.

Membership: Chaired by the Chief Medical Officer, the membership includes HPHC staff, physician and pharmacy specialists, and primary care physicians. The majority of the members are physicians and/or pharmacists.

Reports to: MMQC

Meeting frequency: Four times per year

HPHC/UBH Joint Operating Committee (JOC)

Role: The JOC provides operational, quality and administrative oversight for the implementation of the HPHC/UBH contract and monitors UBH's compliance with the performance standards identified in the contract. This monitoring includes compliance with state and national regulatory and accreditation standards, as well as with HPHC policy. The committee receives reports regarding quality performance in such areas as member complaints and appeals, clinical quality of care and patient safety, clinician credentialing, care coordination, and appointment access. The JOC also monitors UBH's progress in achievement of clinical and service quality initiatives in its QI work plan, including HEDIS performance and improvement activities. If performance gaps are identified, the JOC oversees the development of corrective action plans, and monitors them until sustained performance improvement is achieved.

Membership: Co-chaired by HPHC's VP of Population Health and Clinical Operation and UBH's Vice President of Strategic Accounts, the JOC is comprised of HPHC and UBH senior leaders responsible for Medical Management, Quality Improvement, Clinical Operations, Utilization Management, Claims, Credentialing, Member Services, Appeals, Vendor Contracting and Network Management, Information Services, and other departments as necessary.

Reports to: MMQC

Meeting frequency: Semi-annually

Clinician Advisory Committees (CACs)

Role: These committees serve as advisory bodies for the deliberation of specialty-specific clinical program and quality improvement issues. The CACs are a vehicle for practicing network physicians to provide vital input to Harvard Pilgrim's senior clinical leaders on proposed or

existing clinical quality initiatives during planning and design, or implementation. The committees provide a critical link to the practitioner community, giving it a voice in HPHC quality activities, and creating an effective partnership with the network. The work of the CACs is presented for discussion and feedback to the Medical Management and Quality Committee at least annually. The CACs are staffed by senior managers within Network Medical Management.

Membership: The membership of each committee is comprised of practicing physicians from across the network.

Reports to: MMQC

Meeting frequency: 1-2 times per year

QUALITY MANAGEMENT AT HARVARD PILGRIM HEALTH CARE: SCOPE OF ACTIVITIES

I. Problem Identification through Quality Monitoring, Analysis and Reporting

The PCAC, as the corporate quality committee, is the senior committee in the HPHC quality committee structure through which potential quality issues are identified and reviewed, and decisions are made regarding improvement initiatives. The quality committee structure, including the PCAC and the MMQC, receive input from the following information sources:

Source	Information Provided
<i>Quality Measurement</i>	Results of formal clinical quality and outcomes measurement initiatives; results of focused program evaluations; results of member, patient and provider surveys
<i>Clinical Programs</i>	Assessments and recommendations on opportunities to improve health through preventive health outreach, disease management, and health promotion and education
<i>Clinical Complaints</i>	Assessment of data from clinical occurrence reports, clinical complaints, and other risk management activities
<i>Utilization Management</i>	Assessment of utilization data and trends to evaluate appropriateness of patient care
<i>Credentialing</i>	Quality and safety issues identified through the credentialing and recredentialing processes
<i>Clinician Advisory Committees</i>	Clinician assessments of the utility of new programs, standards or guidelines, and feedback on results of quality improvement and utilization management projects
<i>Other population-specific clinical lead teams and steering committees</i>	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
<i>External Reviews</i>	Results of external accreditation or purchaser reviews (e.g., NCQA, CMS)
<i>Market Research Department</i>	Results of practitioner and member experience surveys

<i>Member Services</i>	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
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II. Planning and Development Processes for the Quality Program

Under the direction of the CMO and with the review and approval of the PCAC and MMQC, Quality Program staff develop the annual Quality Program Description and monitor implementation of the annual QI work plan. The QI work plan is a roadmap for the improvement of clinical and service quality. It includes population- or condition-specific strategies (e.g., asthma, diabetes), quality initiatives to improve health and service to members (health promotion, patient safety, culturally and linguistically appropriate services, member outreach and education, member complaints and appeals processes), and improvements to infrastructure to support the delivery of care. Harvard Pilgrim's Quality Program and QI Work Plan are derived from the Harvard Pilgrim mission. Evaluation of the Quality Program and QI Work Plan is ongoing, with periodic monitoring and reporting. An assessment of overall results and effectiveness is provided to the MMQC and PCAC at least annually.

III. Quality Program Monitoring

Each of the programmatic initiatives contained on the QI work plan has an identified project leader and a project plan containing specified actions to be taken to meet key milestones and timeframes. Each project leader reports progress on meeting objectives to the Quality Program staff several times throughout the year. Projects encountering significant delays or barriers may report more frequently so issues can be addressed expeditiously. The MMQC and PCAC receive periodic reports on the progress of all work plan activities, and more frequent reports as needed.

The Quality Program staff also prepare a detailed evaluation of the results of the QI work plan initiatives for the previous year. The evaluation of the prior year's quality program is presented to the MMQC in January and to the PCAC in February of each calendar year.

IV. Oversight of Delegated Behavioral Health Activities

Effective January 1, 2008, Harvard Pilgrim 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. Harvard Pilgrim oversees this delegation in compliance with NCQA and federal and state regulatory requirements.

Prior to the initiation of the contract, Harvard Pilgrim 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. Harvard Pilgrim 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. HPHC's behavioral health quality agenda is developed jointly by Harvard Pilgrim and UBH. The committees that

provide quality oversight for the delegation include the MMQC, the PCAC and the HPHC/UBH JOC.

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 G). Behavioral health quality projects not fully delegated are also reflected on HPHC's QI Work Plan, with progress monitored throughout the year. Meeting twice a year, the HPHC/UBH JOC focuses its agenda on review and oversight of behavioral health quality indicators, programs and projects.

ANNUAL QUALITY PROGRAM EVALUATION

On at least an annual basis, the PCAC and MMQC review the Quality Program Evaluation, which details the results of QI Work Plan activities. The Quality Program Evaluation provides a year-end 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.