



**Community Care Plan**

The Health Plan with a Heart

# Quality Improvement Provider Training

# Overview

The Quality Improvement (QI) Program focuses on continuously improving the quality and safety of care for members. It uses the "plan, do, study, act" (PDSA) methodology to monitor, assess, and evaluate healthcare services, ensuring that members' needs are met and quality care is provided. This systematic approach supports ongoing improvement in care and service quality



# Key Components

The comprehensive quality improvement program addresses the needs of members in the MMA and SMI Specialty Product programs. It is updated annually and evaluated based on:

- Coordination of physical and behavioral health services
- Credentialing and re-credentialing
- Cultural competency
- Delegated entity oversight
- Member and provider satisfaction
- Member and provider complaints, grievances, and appeals
- Case management outcomes
- Population health management outcomes

# Key Components

The comprehensive quality improvement program addresses the needs of members in the MMA and SMI Specialty Product programs. It is updated annually and evaluated based on:

- Appointment availability and access
- Provider performance
- Performance measures (HEDIS, preventable events, birth outcomes, transitions, state-defined measures)
- Preventable admissions, readmissions, and ER events
- Preventive health and chronic condition guidelines, including behavioral health
- Quality improvement studies
- Utilization management, including pharmacy

# Program Goals and Activities

The goal of the Quality Improvement Program is to improve members' health by enhancing care quality, service efficiency, and satisfaction for both members and providers. It applies to all network and subcontracted vendors across care settings.

Key activities include:

- Adherence to preventive and clinical guidelines with action plans for performance targets
- Case management programs to improve member outcomes and promote best practices
- Population health management programs to support members with disease management and promote best practices
- Compliance with regulatory and accreditation standards for NCQA
- Efforts to boost member satisfaction scores

# Program Goals and Activities

- Reduction in potentially preventable events, improvement in birth outcomes, and better transition of members from facilities to the community
- Improvement in processes that enhance clinical efficiency, promote effective utilization of healthcare resources, address identified care gaps, and focus on improved outcome management
- Integration of quality improvement activities across CCP's functional areas
- Regular monitoring and collaboration with the contracted network continuously improve the quality of care, health outcomes, patient safety, and services received by members.
- Protection of members' rights and responsibilities
- Maintain a state of Accreditation readiness to support the NCQA and incorporate input from all CCP's functional areas

# Program Goals and Activities

To achieve its quality goals, a value-based payment structure, useful reports, and strong clinical support are offered. These goals are aligned with network performance, and a focused strategy is employed through strong partnerships with providers, using data to monitor performance and identify opportunities to improve member care

The annual **Quality Improvement Program Evaluation** summarizes all activities from the **QI work plan** and informs the following year's program. The evaluation is reviewed and approved by the Quality Improvement Committee and Board of Directors, with a summary available to providers and members on the website

**In summary, the QI structure is composed of a “Trilogy” of documents: QI Program, QI Work Plan, and QI Evaluation. ALL 3 are approved via committee and are updated at least annually to track and trend all QI-related metrics and deliverables.**

# Working with Our Providers

Reports are provided to practitioners and providers to highlight their impact on care quality and service utilization. These reports are designed to be meaningful, relevant to the populations served, and informative in helping providers improve care

## **Key provider quality standards measured include**

- Member access to care
- Member satisfaction
- Service utilization
- Quality of care and service (HEDIS and non-HEDIS measures)
- Pharmacy utilization
- Cultural Competency and Inclusion practices



**Thank You!**