

2023 Highmark Health Options Quality Program

Highmark Health Options (HHO) is the dedicated Medicaid Business Unit within Highmark Blue Cross Blue Shield Delaware and Highmark, Inc. HHO offers a Medicaid Managed Care product to approximately 163,945 members in Delaware, known as the Diamond State Health Plan (DSHP), DSHP Plus, and DSHP Plus Long Term Services and Supports (LTSS) programs. On July 1, 2019, HHO began care coordination and acute care management services for individuals receiving residential habilitation services on the Division of Developmental Disabilities Services (DDDS) Lifespan Waiver. Starting January 2020, HHO began case management of incarcerated members at the request of DMMA. These programs focus on providing quality care to the Medicaid and CHIP populations in Delaware through increased access and appropriate and timely utilization of health care services. This is achieved through a systematic and integrated Quality Program (QP) that is consistent with current scientific evidence-based principles/methodologies and coordinated with quality initiatives across all DSHP programs.

HHO, an NCQA-accredited HMO, maintains ultimate authority and accountability for the QP and compliance with the Contract, as well as State and Federal regulations. Provider credentialing has always been owned by Highmark, Inc. and is performed for applicable entities in all Lines of Business. Highmark, Inc., offers NCQA-accredited Commercial, Medicare, and Marketplace products (please refer to current delegation agreement for a detailed list of the functions delegated to the Highmark entities).

Oversight of subcontracted activities will be conducted by the physician-based HHO QI/UM Committee, with final decision making as to priorities to be addressed and overall strategy resting with this committee (please see "Appendix D – HHO Delegation Work Plan," below).

It is the goal of the Highmark Health Options QP to support the missions of the Delaware Department of Health and Social Services (DHSS) and its various divisions to:

- Improve the quality of life for Delaware's citizens by promoting health and well-being, fostering self-sufficiency, and protecting vulnerable populations (DHSS)
- Improve health outcomes by ensuring that the highest quality medical services are provided to the vulnerable populations of Delaware in the most cost-effective manner (DMMA)
- Improve or maintain the quality of life for Delawareans who are at least 18 years of age with physical disability or who are elderly (DSAAPD) Division of Services for Aging and Adults with Physical Disabilities
- Improve the quality of life for adults having mental illness, alcoholism, drug addiction, or gambling addiction by promoting their health and well-being, fostering their self-sufficiency and protecting those who are at risk (DPBHS) Division of Prevention and Behavioral Health Services
- Develop and support a family-driven, youth-guided, trauma-informed prevention and behavioral health system of care (DPBHS) Division of Prevention and Behavioral Health Services
- Protect residents in Delaware long term care facilities through promotion of quality of care, quality of safety and security, and enforcement of compliance with State and Federal laws and regulations (DLTCRP), Division Long term Care Resident Program
- Provide leadership for a service system that is responsive to the needs of the people we support by creating opportunities and promoting possibilities for meeting those needs (DDDS) Division of Developmental Disability Services
- Protect and enhance the health of the people of Delaware by working together with others; addressing issues that affect the health of Delawareans; keeping track of the State's health; promoting positive lifestyles; responding to critical health issues and disasters; and promoting the availability of health services (DPH) Division of Public Health.

The Highmark Health Options Quality Program is designed to improve the quality and safety of clinical care and services provided to its members while promoting quality and cost-effective outcomes through a collaborative approach with an emphasis on appropriate and timely utilization of patient-centric care.

The Objective of the Quality Program is consistent with the mission of Delaware Department of Health and Social Services to improve the delivery of quality care through communication and coordination of interdisciplinary partnerships that positively impact the health outcomes and well-being of our most vulnerable populations.

The Quality Program strives to enhance transparency that promotes member engagement while improving programs to members, practitioners, and provider networks. Highmark Health Options Quality Program continues to proactively align

appropriate programs and services that reduce and control clinical risk. The development of effective partnerships with internal and external stakeholders is essential to improving the member's experience. Together we can identify members with complex health needs, improve care and health outcomes, data analysis, improve quality, safety and cost of care and enhance internal efficiencies.

To achieve success in our quality programs, it is imperative that we develop a multidisciplinary approach to improving the quality of care coordination and services members receive. As a partner in meeting federal and state regulatory compliance, you may be asked to participate in designated Quality Improvement initiatives allowing the plan to use and share your performance data.

Annual Program Evaluation

In 2022, the Highmark Health Options Quality Program had many achievements including:

- Hiring 2 additional quality staff – successfully making contingent workers into permanent employees
- Developing a KPI tracking tool and business continuity plan to keep track of roles and responsibilities, as well as ensure efficiency and progress of assignments
- Restructuring and streamlining of the QI work plan to best align with the new MCO contract and NCQA regulations, as well as cross walking with QI/UM Committee reporting
- Reformatting of the QI/UM Committee proceedings to best fit the needs of stakeholders while upholding MCO contract, QMS, and NCQA regulations
- First full year of new departmental training program
- Monitoring and ameliorating health disparities in the HHO membership through a systematic approach utilizing data to identify health disparities. Focus includes ongoing data analysis and implementation of interventions to assure members receive care that is culturally, ethnically, and linguistically sensitive
- Utilizing new tools, such as dashboards updated on a monthly basis:
 - Creating of the Health Disparity dashboard, which has been developed to:
 - Identifying and cataloging known health plan data sources for capturing membership demographic data. This information will be used to determine if additional data collection methods are needed
 - Identifying key quality measures in order to stratify based on race, ethnicity, age, gender, and geographic location
 - Determining whether the data is comprehensive enough to begin analyzing. If not, determining what is needed to consider collecting data using additional resources
 - Supplemental data feeds for data integrity review
 - Developing a HEDIS performance measure dashboard to track rates and graph progress, broken down by area of business (Medicaid, LTSS – HCBS & SNF)
 - Establishing the PIP metrics dashboard to clarify measures and data sources
 - Maintaining action plans where interventions, barriers, developments, and assignments are documented for each project's individual area of focus, and hold staff accountable for driving CQI
- Collaborating with DMMA and EQRO/Mercer for success of corrective action remediation plans and PIP restructuring
- Improvement of HEDIS and QPM rates across the board and improvement in most MACPro rates, despite the impact of the COVID-19 pandemic
- Continuing growing the number of supplemental data sources used
 - Ensuring data completeness and accuracy
- Acquiring remote access to provider's EMR systems for HEDIS MRR and Provider Medical Record Audits
- Continuing streamlining PCP profile, QOC, and Critical Incident processes
 - Redefining the process, stabilizing and closing backlogs on quality of care issues
 - Transition and redesign the PCP profile and trend reports
- Joining forces across teams and even across organizations to partner with subject matter experts to implement initiatives that achieve positive member outcomes

- Delaware Breast Cancer Coalition collaboration for support at the Women's Health Workgroup and providing resources and information regarding preventive screenings (BCS & CCS)
- Christiana Care Maternity program partnership
 - HHO is participating in twice monthly provider meetings with Christiana Care and HHO Leadership to foster collaboration and coordination. This group is working together to improve maternity outcomes and access to care issues for pregnant women.
 - HHO has a dedicated Maternity Workgroup (a collaborative between QI & Care Coordination) which meets between monthly CCHS meetings to address maternity-related CAPs and QPMs
- HbA1c home testing kits via Home Access Health
- Ivira AMR & CBP programs
- Women's Day events held with various providers across the state, including CCHS, Beebe, Bayhealth, and expanding further in 2023

Key Goals

QP goals and strategy will be set by the HHO Quality Improvement Committee(s). The goals include:

- Meet State expectations and requirements for quality activities and reporting, including compliance with the State's Quality Strategy.
- Ensure compliance with NCQA requirements for all quality activities by collaborating with all areas of HHO and its subcontractors.
- Ensure compliance with the HHO QI/UM Committee Program Description and Committee Bylaws regarding the committee's roles and responsibilities related to oversight of the QP including, but not limited to, input/direction, accountability, and membership (including provider and community representation) and meeting frequency.
- Integrate QM/QI processes across all areas of HHO and its subcontractors.
- Integrate and monitor the quality performance and improvement goals and outcomes of all delegated entities and subcontractors.
- Continue to employ a Quality department fully dedicated to the Delaware contract (see detailed description in Section V - Quality Program Structure).
- Apply continuous quality improvement (CQI) methodology to analysis of care and service including Performance Improvement Projects (PIP), NCQA studies (including Continuity & Coordination of Care studies, standards QI 3 and QI 4), Core Set Measures (MACPro), and quality performance measures (QPM).
- Monitor and ameliorate health disparities in the HHO membership through the disparity dashboard as well as the Health Education Plan (HEP), Health Equity Committee (HEC), and strategic plan. Focus includes ongoing cultural competency awareness training for staff, program partnerships and targeted member outreach interventions that are culturally, ethnically, and linguistically sensitive. Data analytics utilizing claims, HEDIS, medical record reviews, complaints, and appeals, and CAHPS responses will be used to identify areas of opportunity and a plan to ameliorate these disparities implemented.
- Implement quality improvement strategies to address tracking, trending, and reporting contractual obligations, including that of I-DD individuals with "Fatal Five" (dehydration, constipation, aspiration, seizure, infection/sepsis) diagnoses and members receiving Care Coordination.
- Assess the quality and appropriateness of care furnished to DSHP Plus LTSS members, including assessment of care when a member transitions between care settings.
- Participate in Quality Improvement Initiative (QII) Task Force meetings to identify best practices; recommend QI strategies to be implemented, monitored, and reported; and provide feedback on quality measurement and improvement strategies to participating agencies and program staff.
- Formally adopt applicable policies/procedures, program documents, etc. for activities that cannot be delegated.
- Ensure compliance with established applicable procedural and/or structural components.
- Identify key monitors/indicators for performance improvement relevant to the HHO population, establish goals, identify barriers/opportunities for improvement, and implement interventions to improve outcomes.

The Highmark Health Options Quality Program Action Plan for 2023 includes the following:

Action Required	Due Date	Responsible Party	Status
Submit annual reports for review and approval	3/18/2023	Director, Clinical Quality	In Progress
Maintain NCQA accreditation status or better	12/31/2024	Director, Risk & Compliance Management (Highmark, Inc.)	In Progress
Complete 2023 CAHPS survey and identify opportunities for improvement	6/1/2023	Director, Clinical Quality	In Progress
Improve/maintain rapid-cycle processes for all PIPs	12/31/2023	Director, Clinical Quality; CC, LTSS, QI, MA, IT	In Progress
Develop/implement additional PIPs as needed	12/31/2023	Director, Clinical Quality; CC/LTSS	In Progress
Act on priority HEDIS measures/QPMs – implement strategies to improve metrics	12/31/2023	Director, Clinical Quality; CC/LTSS	In Progress
Monitor/act on findings from 2022 QI 3 and QI 4 (NCQA C&C studies)	12/31/2023	Director, Clinical Quality; CC/LTSS	In Progress
Act on 2023 CAHPS opportunities	12/31/2023	Director, Clinical Quality	In Progress
Improve 2023 CAHPS scores to target percentile	6/30/2023	Director, Clinical Quality	In Progress
Implement CAHPS interventions/action items	3/1/2023	Director, Clinical Quality	In Progress
Launch/maintain 2023 Reciprocity outreach campaigns	1/31/2023	Director, Clinical Quality	Completed
Continue/monitor 2023 Reciprocity outreach/incentives campaigns	12/31/2023	Director, Clinical Quality	In Progress
Maintain PCP Profiling reporting/monitoring processes (via PRC)	12/31/2023	Director, Clinical Quality	In Progress
QI staff training, monthly CQI program, and semiannual training for non-QI staff	Ongoing	Director, Clinical Quality	In Progress
Complete Work Plan status updates	Quarterly	Director, Clinical Quality	In Progress
Continue strengthening HEDIS and health disparity dashboards	12/31/2023	Director, Clinical Quality	In Progress
Hire additional staff to support growing QI functionality	6/30/2023	Director, Clinical Quality	In Progress
Continue strengthening member and provider educational opportunities (e.g., newsletter articles, Health Awareness Series participation, etc.)	12/31/2023	Director, Clinical Quality; Director, Member Experience	In Progress
Continue streamlining Critical Incidents and QOC management and reporting	12/31/2023	Director, Clinical Quality	In Progress
Address and close EQRO CAPs; ensure all findings are in “acceptable” state	8/30/2023	Director, Clinical Quality	In Progress
Build upon current dashboards to increase HEDIS, core set, and QPM rates	12/31/2023	Director, Clinical Quality	In Progress
Incorporate additional clinical data supplements sources for quality management improvement	12/31/2023	Director, Clinical Quality	In Progress
Improve Health Plan Rating from 3.5 to 4 stars	12/31/2023	Director, Clinical Quality	In Progress