



Quality Improvement Program Overview

Introduction

CarePlus' quality improvement (QI) program guides and directs activities to enhance care and treatment for our CarePlus-covered patients. By aligning with our company-wide commitment to **Health First**, the program supports continuous quality improvement across the organization. Additionally, it adheres to the standards set by the Centers for Medicare & Medicaid Services' (CMS) National Quality Strategy (NQS), which aims for a resilient, high-value health system promoting quality outcomes, safety, equity, and accessible care for all individuals.

To accomplish this, CarePlus supports and collaborates with physicians and other healthcare professionals to deliver integrated care to their CarePlus-covered patients, ensuring ongoing monitoring, evaluation, and improvement in the quality of healthcare services.

Purpose

The purpose of the QI program is to monitor, evaluate and facilitate improvement in the quality of health care services provided to CarePlus-covered patients. The program is based on contractual, governmental, accreditation and organizational requirements and guidelines. Data is tracked and analyzed for trends monthly, quarterly, and annually. Opportunities for improvement are identified, and root-cause analysis is performed as needed.

Scope

The QI program's scope covers CarePlus' Medicare Advantage HMO plan that includes Part D prescription drug coverage and Special Needs Plans (SNPs).

Ongoing Quality Improvement Activities

Some of the programs CarePlus uses in its effort to improve the quality of care members receive are:

- **Population Health Management (PHM)**

CarePlus uses a variety of systems that support physicians in adopting a value-based care strategy to improve quality, care coordination and cost effectiveness of health care, manage social determinants of health, promote health equity and advance patient experience.

- **Member Safety**

Safety initiatives are prioritized, reviewed, and aligned with national safety issues. CarePlus focuses on three key areas:

- Reduction of 30-day readmissions
- Elimination of medication errors
- Avoidance of inpatient and surgical complications

- **Continuity and Coordination of Care**

CarePlus collects and analyzes data from various delivery sites and throughout each disease process. This data is used to determine where opportunities exist to improve the coordination of care and transitions of care from one provider to another.

- **Behavioral Health (BH)**

A review of the most prominent types of behavioral health diagnosis for which individuals receive treatment allows CarePlus to better serve our members, identify gaps in care and implement services for a more effective and efficient behavioral health care.

- **Pharmacy Management**

CarePlus follows a proven process to ensure that it promotes clinically appropriate, safe, and cost-effective drug therapies. This process requires evaluations for safety and efficacy when developing formularies, procedures to ensure appropriate drug class review and inclusion, and a regular review of drug policies.

- **Special Needs Plan (SNP)**

CarePlus continues to focus on implementing the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) requirements. Our SNP model of care (MOC)

includes quality performance metrics, with full results that are available upon request by calling Quality Operations Compliance & Accreditation (QOCA).

- **Chronic Care Improvement Program (CCIP).**

CMS requires the implementation of CCIPs as part of the mandated Quality Improvement (QI) program under federal regulations. CarePlus attests each year that its CCIP study is in progress and contains an analysis of the outcomes and intervention of the data collected, as well as barriers to meeting goals, plans to reduce barriers, best practices, and lessons learned.

- **Clinical and Preventive Health Initiatives**

To gauge the effectiveness of clinical and preventive healthcare initiatives, CarePlus uses HEDIS® (Healthcare Effectiveness Data & Information Set) measures, which are developed and maintained by the National Committee for Quality Assurance (NCQA).

- **Service and Availability**

CarePlus assesses member/provider experience through outreach calls (i.e., net promoter score), member complaints and satisfaction surveys. CarePlus continuously monitors service and access to care indicators and determines appropriate action to address trends and needed improvements.

Conclusions and Priorities

CarePlus is committed to creating solutions that engage customers in health and healthcare with better outcomes and lower costs, with an overall goal of helping our members achieve **Health First**.

CarePlus' QI program will continue to:

- Maintain accreditation with the Accreditation Association for Ambulatory Health Care (AAAHC).
- Support value-based strategies.
- Embrace digital innovation, and technology.
- Evaluate progress in improving member/provider experience.
- Keep members healthy (i.e., preventive screenings).
- Advance health equity in patients with chronic conditions (i.e., Diabetes, CHF, and COPD).
- Foster community engagement to positively impact social determinants of health.