2016 Clinical Quality Improvement Program Description
Introduction and Mission Statement

Medical Mutual of Ohio (MMO) is the oldest and largest health insurer in the state of Ohio. The company's mission is to provide for the financing and management of healthcare benefits that improve outcomes and the long-term health and well-being of our members and the communities we serve. To support this mission, MMO has developed a comprehensive Clinical Quality Improvement (CQI) Program to:

- Deliver high-quality, safe, and cost-effective healthcare to members
- Improve member access, availability and experience
- Enhance member personal wellness and population health

The plan is evaluated annually and revised accordingly to remain responsive to our members and the changing requirements of the healthcare environment.

Medical Mutual of Ohio consists of three legal entities, each with multiple product lines. The CQI Program is operational corporate-wide and uniform across all the legal entities and products. MMO continues to develop new products to meet the demands of the nation's healthcare transformation.

I. Program Scope and Governance

The scope of the CQI Program includes oversight of all aspects of clinical care and service provided to all Medical Mutual members. This includes consumer, network, and organizational components. Our continuous clinical quality improvement efforts encompass compliance with patient safety standards of managed care accrediting organizations and external agencies such as those listed below:

- Centers for Medicare and Medicaid Services
The CQI program components addressing member activities across all of our populations and products include the following:

- Monitoring member satisfaction
- Investigating all complaints and appeals
- Responding to all forms of communication from our members
- Activities designed to help improve quality of healthcare

Network components:
- Assessing provider and practitioner accessibility and availability
- Continuity and coordination of care
- Assuring provider quality in care delivery
- Collaborative efforts with other departments
- Service to a culturally and linguistically diverse membership

Organizational components:
- Physician peer review
- Practitioner credentialing activities
- Quality performance incentives

MMO departments actively participate in the Clinical Quality Improvement process. Participation in the CQI Program is required of all network providers. Provider participation allows MMO to recognize care for favorable outcomes as well as correcting instances of deficient practice. Clinical aspects of the CQI Program use our Corporate Medical Policies that reflect evidence-based medicine and clinical practice guidelines from nationally recognized, peer-reviewed organizations.

Monitoring and evaluating the CQI Program utilizes various data sources, reports and tools including, but not limited to, those in the following list:

- Analysis of medical claims data, HEDIS results, focused study results and internal quality monitoring procedures and processes
- Health Assessment (HA) data
- Investigation of all member or provider complaints, appeals and external reviews
- Policy and procedure management
- Review of member and provider satisfaction surveys
- Tracking and trending of potential quality of care, safety and service issues
- Research for industry best practices and newly developed guidelines

The CQI Program is reviewed and revised annually to remain responsive to the changing requirements of the dynamic healthcare environment.

II. CQI Program Structure

A. Functional areas and their responsibilities

The Clinical Quality Improvement department is responsible for maintaining and assisting the advancement of the CQI Program for all lines of business. This department is comprised of eight Clinical Quality Improvement Analysts and four Quality Nurse Reviewers reporting to a Supervisor and led by a department Manager. Activities performed by this department include, but are not limited to, investigating all potential quality issues, performing studies, research and analysis, development of quality initiatives, and to create and implement policies and procedures
to ensure accreditation and regulatory compliance for our Commercial, Marketplace Exchange and Medicare Advantage plans.

Communication and inter-departmental collaboration are crucial to the success of any quality improvement plan. The Clinical Quality Improvement department interacts with many different areas, including those shown below. Each department contributes to facilitate the continuity and coordination of care and service that MMO members receive across all practices, provider sites and products.

The Disease Management, Wellness and Health Promotion department, functions to assist members with managing healthy lifestyle choices, maternity and chronic conditions. The disease management and maternity program provides support and education to members with the following conditions.

- Asthma and Chronic Obstructive Pulmonary Disease
- Chronic pain conditions
- Coronary Artery Disease & Congestive Heart Failure
- Diabetes
- Depression
- Pregnancy

Our **Clinical Compliance Accreditation** activities center on MMO’s commitment to delivering high quality care and accountability through accreditation. Achieving National Committee for Quality Assurance (NCQA) accreditation is symbolic of a well-managed company that delivers high quality care and service to its members. Clinical Compliance Accreditation works cross-functionally across the Company to ensure MMO is compliant with NCQA standards for all accredited products offered.

The **Clinical Care Management** department ensures the delivery of medically necessary, evidence-based, high quality, cost effective healthcare services. This program has three operational areas that are highly integrated with shared structures and resources:
• Care Authorizations provides medical-surgical and behavioral health case and utilization management functions.
• Comprehensive Care provides case management encompassing both care authorization and utilization management services specific to high cost, high utilization and high risk members with chronic and complex conditions.
• Care Transitions delivers utilization management and case management services to health plan members of MMO and its subsidiaries.

Our Risk Adjustment team uses data and analytics to optimize risk scoring opportunities to help internal and external business partners, customers and providers manage members with high risk. The management of risk at MMO centers on the improvement of health and the control of cost. The following strategies were implemented for 2015 and will be ongoing for 2016:

• A focus on improving care of Marketplace Exchange and Medicare Advantage members via care initiatives, claims and risk management techniques.
• Optimization of the market share of our small business groups and individual business.
• Use of data to make informed decisions, create innovative solutions and lower the cost of care.
• Optimization of operational performance through process simplification and automation.

MMO’s Value Based Contracting (VBC) program is a collaborative and integrative opportunity developed to recognize and reward those providers demonstrating continuous improvement in patient care outcomes and cost of care. Participating providers have enhanced access to administrative tools through the provider portal. Through the provider portal, a physician can access a list of attributed members and also see which measures have been met (e.g., diabetes testing, preventive screening). The report also identifies members with certain health conditions (e.g., healthy, diabetic, hypertensive). In 2015, a VBC Metrics Committee was established to review quality metrics, create a metrics menu and develop a new framework for use as a mechanism to improve provider quality performance. In addition, a new system, Optum®, will be utilized for reporting purposes.

Pharmacy Management is a resource to all Clinical Care Management departments offering assistance with prescription drug management and member benefits. The Pharmacy department provides oversight of our pharmacy benefit manager and plays an integral role in contributing to our success with the Medicare Star pharmacy measures.

The Medicare Stars team has been developing their program for almost two years in preparation for the 2016 launch of our Medicare Advantage product. MMO will be held accountable for care provided by physicians, hospitals and other providers in our network. MMO will incorporate a member-centric focus in our program and develop the best practices of 5 Star plans:

• Culture of quality and continuous quality improvement
• Integrated group models, such as patient centered medical homes
• Heavy focus on reimbursement models that maximize provider engagement

Marketing Communication is a fundamental and complex part of the company’s interactions with the community. In recognition of our ever changing membership, MMO strives to develop, manage and maintain consistent and clear lines of communication with our members and providers. We recognize that we have a responsibility to provide easy to understand materials. This department has established a partnership with Project Learn to improve healthcare literacy and improve readability of our member materials.
MMO employs significant efforts to engage our network providers. Network providers are able to access various quality improvement publications as well as links to the Medical Mutual affirmative statement, credentialing documents, clinical practice guidelines, and network accessibility standards.

**B. Reporting Relationships of CQI department Staff and the CQI Committee**

*For a detailed description of specific duties and committee member composition refer to the Charter documents.*

**Committee Composition and Individual Roles:**

- **Chairman, President and CEO** - The Chairman, President, and CEO is the senior executive who is responsible for all Medical Mutual products.
- **Chief Medical Officer** - The Chief Medical Officer has responsibilities, delegated by the CEO, for direction and oversight of all clinical aspects of the Clinical Care Management Program. The CMO is responsible for overseeing the development and approval of the Corporate Medical Policies and the Clinical Quality Program. Throughout the course of his work, he provides advice and consultation to assist with the management of care and clinical quality improvement initiatives to ensure that organizational goals are met.
- **Senior Medical Officer** - The Senior Medical Officer reports to the CEO and is responsible for Clinical Care Management activities.
- **Senior Medical Directors** - Report to the Senior Medical Officer and are responsible for committee chairs, physician reviewers and other clinical initiatives.
- **Clinical Quality Improvement Committee (CQIC)** - The CQI Committee provides oversight of the CQI Program through its involvement in the design, implementation and ongoing evaluation of quality improvement activities.
- **Behavioral Health Committee (BHI)** - The Behavioral Health Committee provides leadership and guidance regarding the development, implementation, and monitoring of behavioral health services, policies, and procedures. The Behavioral Health Committee is chaired by an M D Board Certified in Addiction Medicine.
- **Care Management Committee (CM)** - The Care Management Committee provides clinical leadership and guidance regarding the medical appropriateness and medical necessity of inpatient and outpatient health services and procedures.

- **Credentialing Committee (CC)** - The Credentialing Committee provides valuable input to the provider and practitioner selection and re-credentialing processes.

- **Disease Management Committee (DM)** - The Disease Management, Wellness and Health Promotion Committee is responsible for reviewing the activities of the Medical Mutual Disease Management Program, Nurse Line, Lifestyle Coaching, Weight Watchers, QuitLine and other web-based programs and respective contract vendors to ensure adherence to accreditation standards, identify areas for opportunity in outreach mechanisms and inter-program coordination, and to evaluate outcomes.

- **Medical Policy Committee (MP)** - The Medical Policy Committee provides ongoing oversight and direction of the Healthcare Technology Assessment Program including policies guiding coverage assessments pertaining to healthcare diagnostic and therapeutic technologies, pharmaceuticals, medical devices and medical/surgical/behavioral health services and procedures.

- **Pharmacy Quality Management Committee (PQM)** - The Pharmacy Quality Management Committee provides ongoing oversight and direction to the company's prescription drug program and drug management initiatives as it relates to clinical and quality issues.

- **Service Quality Improvement Committee (SQIC)** – This committee provides oversight of the design, implementation and ongoing evaluation of Operations activities related to compliance with all applicable accreditation standards. The applicable accreditation standards include, but are not limited to, those published by the National Committee for Quality Assurance (NCQA). Formal dated and signed minutes documenting each committee’s activities, decisions, findings, and recommendations are maintained for all meetings and reported to the Clinical Quality Improvement Committee. Clinical Quality improvement activities are incorporated into the CQI Work Plan, provider educational programs, the re-credentialing process and the re-contracting process. All clinical quality improvement activities are documented in reports and project plans. Activities are evaluated for effectiveness on an annual basis. In 2016, MMO will evaluate our committee structure to ensure each is best positioned to meet our needs.

**C. Resources and Analytical Support**

Resources utilized to support the CQI Program include, but are not limited to, the CMO, CQIC and SQIC committees which help identify clinical, safety and service concerns and topics for focused studies and interventions. As topics are determined, staff members work with the appropriate committee to design the focused study and develop a customized approach. Clinical CQI and Accreditation Analysts are dedicated to the identification of initiatives, conducting studies, subsequent analysis of findings and implementation of appropriate interventions. In addition, the CQI department receives support from data analysts in the Health Informatics department to ensure that appropriate methodological approaches are used in data collection for clinical studies. A physician consultant, who is also an Epidemiologist and Biostatistician, is available to ensure appropriate design methodology and that valid conclusions are drawn regarding statistically significant findings.

The Company utilizes the following information resources when considering clinical studies, monitoring progress and for measurement strategies:

- **The Centers for Disease Control and Prevention (CDC)**
The CQI Program’s clinical studies and interventions are geared toward analysis and evaluation of population demographics such as diagnosis, risk status, age and health literacy. The CQI program receives guidance to ongoing CQI initiatives from various departmental resources such as Benefit Services, Legal, and Membership departments.

The Health Informatics department uses data and analytics to inform internal and external business partners, customers, and providers, to help manage risk, improve health and control costs. Their objective is to provide actionable insight into our clients understanding of the value of healthcare spending and to offer innovative recommendations. Health Informatics supports the CQI program by retrieving the data from HEDIS software, Focus Manager, external data transfers and Optum. This data is used for NCQA Accreditation, care gap identification, initiative development, case and disease management targeting and development of medical policies.

The Company has dedicated substantial investment and resources to the development and implementation of tools to promote high quality service to our members:

- The Symmetry application tool uses membership, provider, and medical and drug claims data to group claims into episodes of care. These episodes are defined as Episode Treatment Groups (ETGs) that represent a homogeneous unit of care. Additionally, Episode Risk Group (ERG) and Pharmacy Risk Group (PRG) scores are derived. These risk scores are a measure of the relative resources expected to be used for medical care and produced on an individual member level.
- The Optum reporting application is a tool that allows an easy view of member level detail including risk score, expected costs, and the likelihood of utilization events such as inpatient admissions. Also, individual patient information at both a summary and detailed level is available to identify opportunities where care services are needed, provide prescription and lab values where available, and identify where future utilization might be expected to occur.
- The Company, in conjunction with member education vendors, offers members access to a vast and comprehensive database of clinical information and interactive tools via our website. The Company, in conjunction with our delegated disease management vendor offers members, with the appropriate benefit level, 24 hours a day and 7 days a week access, to the Medical Mutual Nurse Line for telephonic counseling with a registered nurse who provides guidance and answers to healthcare questions.

D. Delegated CQI Activities

Currently, we delegate responsibility for our Disease and Maternity Management Program activities to an external vendor. Activities are also delegated to Express Scripts for prescription drug administration including appeals, formulary development and prescription drug clinical programs. In turn Express Scripts delegates the prospective, retrospective and concurrent reviews for medications billed through the medical benefit to its subsidiary Care Continuum Inc. All other aspects of quality improvement remain with the Company, along with oversight of the delegated vendor’s quality improvement program.

E. Collaborative CQI activities
The Company contributes to the improvement of delivery in health care and the creation of a consistency within the provider network by participating in several collaborative activities. These activities include but are not limited to:

- The Diabetes Prevention Program offered through the YMCA is being considered as a pilot for one of our large retirement group’s members and Medicare Advantage members. The program focuses on lifestyle changes so they can prevent or delay the onset of diabetes.
- MMO is an American Health Insurance Plan Institute affiliate and we participate in the AHIP interactive webinars which include experts from various health plan companies collaborating on identifying and developing trends, products, services and best practices to improve the functioning of health plans. We provide data and use information presented to identify new opportunities.
- The Pediatric Care Council brings together pediatricians and medical directors and staff of managed care organizations to collaborate in finding practical ways to promote children's health. MMO collaborates and consults with the council on best practices for children’s health.
- Medical Mutual is a member of The Healthy Home Advisory Council whose purpose includes the following:
  - Compile and analyze medically relevant data regarding childhood lead poisoning, asthma, and chronic obstructive pulmonary disease in Cuyahoga County.
  - Research and promote appropriate screening practices with follow-up care and protocols associated with childhood lead poisoning and respiratory related illnesses to health care providers, patients and the community at large.
- American Cancer Society (ACS) helps raise awareness of the need for preventive screenings. MMO is participating in the ACS collaborative “80% by 2018” campaign, which focuses on consistent messaging to increase colorectal cancer screening rates by advocating these efforts to our members.
- The High Dollar Committee is being created to identify opportunities for improvement, in addition to cost-savings, through monthly review and analysis of claims, utilization and available data. A multidisciplinary committee will meet monthly to analyze claims and determine if there is any action to take using established criteria. The Clinical Quality Improvement department will be facilitating this process.

III. Goals and Objectives

The Clinical Quality Improvement Program is continuously exploring methods to identify and recognize treatment methodologies and protocols that contribute to the improvement of health outcomes. Towards these efforts the Clinical Quality Improvement Program has developed departmental goals and objectives to guide all clinical quality improvement activities.

Goals for 2016:

- Maintain the appropriateness of the CQI Program by leveraging standards published by national accreditation bodies with our program.
- Uphold established standards and guidelines used by our network practitioners and providers to ensure appropriate and optimal availability, accessibility, and continuity of care for our members.
- Identify and address meaningful clinical issues relevant to our membership in the CQI Work Plan.
- Provide an accessible network of qualified practitioners and providers.
• Establish effective, long-term relationships with network providers by securing input regarding quality initiatives, program design, operations, and maintaining open lines of communication that provides feedback pertaining to individual and product-wide performance.
• Identify potential concerns, opportunities for improvement and barriers to compliance with the CQI Work Plan by monitoring member, provider and client satisfaction.
• Meet our members’ culturally diverse, linguistic, and complex health needs through targeted interventions and programs and by evaluating special needs identified in our Cultural Competence Report.
• Educate members on product benefits, design, operational policies and health plan procedures by adapting and improving the manner in which information is best disseminated to our members.
• Ensure that adequate and appropriate resources are available to maintain and enrich the CQI Program Activities.
• Continuously improve the quality and delivery of clinical and administrative services through systematic monitoring of significant performance indicators and implementing strategies to improve processes and outcomes.
• Maintain regulatory compliance and performance improvement by utilizing nationally supported measurement activities and benchmarking.

Objectives for 2016:

CQI Program departmental objectives include the following and results are evaluated by HEDIS measures, claims data analysis, etc.).

• Improve asthma medication adherence and medication safety for all members with persistent asthma by using member educational mailings and sending non-adherence patient lists to providers.
• Encourage appropriate treatment for all members with COPD exacerbation by providing information on appropriate treatment through member educational mailings.
• Educate members with acute bronchitis and parents or guardians of children with URI and providers about appropriate antibiotic use and antibiotic resistance through the provision of information.
• Improve treatment outcomes for members 18 years of age and older suffering from major depressive disorder by community outreach efforts.
• Encourage regular ADHD medication management and follow-up care for members 6 to 12 years of age that are newly prescribed ADHD medication through the member, parent and guardian education.
• Improve comprehensive diabetes care for diabetic members over 18 years of age through educational mailings, emails, phone calls and interactive videos.
• Encourage eye exam care for members 18 to 75 years of age with diabetes by sending diabetic retinal exam (DRE) reminders.
• Improve blood pressure control in members age 18 to 85 with hypertension by encouraging proper management of their condition.
• Achieve competitive Stars ratings for Medicare Advantage measures through multiple interventions, including a Wellness Rewards Program.
• Document and implement a consistent Out of Network Waiver policy applicable to all members.
IV. Work Plan

Medical Mutual of Ohio has developed a dynamic Clinical Quality Improvement Program that is operational corporate-wide. MMO’s CQI Program operates by objectively and systematically monitoring and evaluating the appropriateness, efficiency, effectiveness, safety, quality of care and service provided.

Annually, a CQI Work Plan is developed to identify the specific activities and goals for the year. The CQI Work Plan reflects ongoing progress on CQI activities throughout the year. Departmental accomplishments are evaluated against the Work Plan on an ongoing basis and via formal documentation at the end of each year. The evaluation facilitates organizational goal setting and activity planning for the coming year. The work plan is updated at regular intervals throughout the year. The Director-Clinical Analytics and Accreditation is accountable for the CQI Work Plan development and effectiveness evaluation. (The 2016 CQI Work Plan is included in Appendix A).

Beginning in 2016, evaluation of the CQI Program for Medicare Advantage members included efforts to collaborate with our designated Quality Improvement Organization (QIO) to examine our CAHPS and HOS and survey results. Responsibility for Medicare Advantage program evaluation rests with the Vice President, Population Health and Quality with input from various supporting committees. Members in our Marketplace product are included in all appropriate clinical quality improvement activities and goals. Additionally, when the Medicare Advantage product was implemented in January 2016, Medical Mutual included all enrollees in appropriate clinical quality improvement program activities and goals where Star ratings will be used as our framework.

Information generated as a result of the Company's CQI Program is strictly confidential and is to be accessed only by those with authority and as required by certain governmental agencies. CQI activities are conducted in a manner that protects the confidentiality of the member and provider.

V. Cultural Competence

The CQI Program utilizes the Cultural Competence report to help monitor the cultural and linguistic needs of our membership in Ohio. The objectives of our Cultural Competence processes are to:

- Identify and reduce healthcare disparities and meet the needs of underserved groups
- Provide available appropriate provider support
- Improve cultural competency in materials and communications
- Address the needs of our members with vision and hearing impairments to ensure safety
- Provide threshold language documentation and translation services to our members.
(See Appendix B: Cultural Competence Process Overview)

VI. Complex Healthcare

Members with one or more complex health issues are identified for specific activities to better coordinate care and services. Activities are coordinated among all Clinical Care Management departments and communication is facilitated between all the member’s healthcare providers. Medical Mutual comprehensively addresses the needs of our members with the following complex health issues:
• Developmental disabilities
• Chronic conditions
• Physical disabilities
• Severe mental illnesses

(See Appendix C: Management of Members with Complex Healthcare Needs)

VII. Behavioral Health Monitoring and Activities

The Company has implemented programs designed to improve the quality of clinical care and service provided to members who demonstrate behavioral health conditions. The Senior Medical Director-Behavioral Health is responsible for developing, maintaining, and advancing CQI behavioral health initiatives, policies and patient care activities. The Senior Medical Director chairs the Behavioral Health Committee and serves as a member of the CQI and Credentialing Committees and provides clinical expertise, oversight and review of medical staff. This position manages utilization and monitors for consistency with implementation of initiatives and achievement of quality goals. Components of the behavioral health initiatives include, but are not limited to:

• Measurement and Improvement of Depression Management
• Continuity and Coordination of Care between Behavioral Health Specialists and Primary Care Providers
• Follow-up Care After Hospitalization for Mental Illness
• Accessibility to Behavioral Health Specialists
• Monitoring the Effectiveness of Behavioral Health Clinical Care Management Initiatives
• Measurement and Improvement of Alcohol Screening in the Physician Office Setting
• Measurement and Improvement of Attention Deficit/Hyperactivity Disorder (ADHD) Management

VIII. Member Safety Monitoring Activities

The Company is committed to comprehensive patient safety initiatives to afford our members a provider network that consistently demonstrates safe healthcare practices. All, activities are designed to reduce medical errors and hazardous conditions before they occur and in response to actual occurrences. Our initiatives employ a team approach to identify, trend and address quality and safety issues.

The Clinical Quality Improvement (CQI) Committee lead by the Chief Medical Officer, oversees all patient safety initiatives. The Committee is made up of practicing physicians from various specialties. The Committee is responsible for the review of breaches of quality and or breaches in safety that occur during medical care. Components of the CQI Program specifically directed toward safety include:

• Ensuring that network providers possess appropriate credentials and are monitored for disciplinary actions that might incur the loss of network participation
• Recommending use of Centers of Excellence programs
• Clinical Care Management activities, including concurrent review, that monitors potential safety issues and potential over and or underutilization situations
• Routine Case Management safety assessments
• Continuity and Coordination of Care activities to ensure appropriate care at transitions to and from appropriate levels of healthcare
• Adherence to the Cultural Competency Program
• Focused studies of quality clinical care and service
• Hospital-acquired conditions and adverse or serious reportable event tracking and monitoring
• Inpatient mortality analysis, monitoring and reporting
• Investigation of member and provider complaints and quality case reporting
• Member and provider communications regarding safety education
• Review of provider office safety, where indicated
• Participation in the NCQA Physician Recognition Programs
• Prescription medication monitoring

Safety is maintained through the CQI departmental activities:
• Encouraging recognition and immediate referral of potential or actual risks to member safety, as well as, suspected or actual medical error review by quality analyst and escalation, if warranted, to physician reviewers and the CQI Committee.
• Monitoring actions to reduce these risks and/or errors.
• Reporting routinely on quality cases. Educating staff and delegated vendors to ensure safety practices are being followed.
• Communicate pertinent safety topics to both members and providers through multi-channel options.