

FY23 Alliance Health Quality Assessment & Performance Improvement (QAPI) Plan

QMC Approved: 11/3/2022

The Quality Assessment Performance Improvement (QAPI) Plan is the foundation for quality improvement activities at Alliance Health. The work plan is developed based on current program effectiveness, analyzed utilization, contraction requirements, HEDIS, and other quality datasets.

Area of Focus ¹	Project/Performance Area	Summary	Target/Frequency	Primary CQI Subcommittee	Responsible Party	Contract	Start Date	Anticipated Completion Date
Quality of Clinical Care	PIP: Comprehensive Diabetes Care HbA1c (>90%) Poor Control (Tailored Plan)	The percentage of patients 18–75 years of age with diabetes (type 1 and 2) whose most recent HbA1c level during the measurement year was greater than 9.0% (poor control) or was missing a result, or if an HbA1c test was not done during the measurement year	101.3% ²	CQI Leadership	CMO	Tailored Plan	10/1/2022	6/30/2023
Quality of Clinical Care	PIP: Comprehensive Diabetes Care HbA1c (>90%) Poor Control (Medicaid Direct)	The percentage of patients 18–75 years of age with diabetes (type 1 and 2) whose most recent HbA1c level during the measurement year was greater than 9.0% (poor control) or was missing a result, or if an HbA1c test was not done during the measurement year	105% NC Baseline Rate ³	CQI Leadership	CMO	Medicaid Direct	10/1/2022	6/30/2023
Member Experience Quality of Service	PIP: Follow up after hospitalization for Mental Health (7 & 30 Day) (Tailored Plan)	The percentage of discharges for patients six years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a	26.2% ⁴	CQI Leadership	SVP CM/Pop Health	Tailored Plan	10/1/2022	6/30/2023

¹ Per NCQA HPA, areas of Focus include Quality of Clinical Care, Safety of Clinical Care, Quality of Service, and Member Experience.

² Target is pulled from “2021 Tailored Plan Quality Measure Performance and 2023 Targets” sent via email 8/12/2022 from DHB. This rate appears to be incorrect as it exceeds 100% and is higher than FY2021. Lower rates indicate better performance for this HEDIS Measure.

³ Benchmark data as not yet been released

⁴ Target is pulled from “2021 Tailored Plan Quality Measure Performance and 2023 Targets” sent via email 8/12/2022 from DHB.

Area of Focus ¹	Project/Performance Area	Summary	Target/Frequency	Primary CQI Subcommittee	Responsible Party	Contract	Start Date	Anticipated Completion Date
		<p>follow-up visit with a mental health practitioner.</p> <p>Two rates are reported:</p> <ul style="list-style-type: none"> • The percentage of discharges for which the patient received follow-up within 30 days of discharge. • The percentage of discharges for which the patient received follow-up within 7 days of discharge. 						
Member Experience Quality of Service	PIP: Follow up after hospitalization for Mental Health (7 & 30 Day) (Medicaid Direct)	<p>The percentage of discharges for patients six years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner.</p> <p>Two rates are reported:</p> <ul style="list-style-type: none"> • The percentage of discharges for which the patient received follow-up within 30 days of discharge. • The percentage of discharges for which the patient received follow-up within 7 days of discharge. 	105% NC Baseline Rate ⁵	CQI Leadership	SVP CM/Pop Health	Medicaid Direct	10/1/2022	6/30/2023
Member Experience Quality of Service	PIP: Follow up after hospitalization for Mental Health (7 & 30 Day) (State Funded)	<p>The percentage of discharges for individuals ages 3 through 64 who were admitted for mental health treatment in a community-based hospital, state psychiatric hospital, or facility-based crisis service that received a follow-up visit with a behavioral health practitioner</p>	40% ⁶	CQI Leadership	SVP CM/Pop Health	State-Funded	10/1/2022	6/30/2023

⁵ Benchmark data as not yet been released

⁶ Per TP Contract, Section VII, Attachment P. Table 5: Metrics, SLAs, and Liquidated Damages for State-Funded Services.

Area of Focus ¹	Project/Performance Area	Summary	Target/Frequency	Primary CQI Subcommittee	Responsible Party	Contract	Start Date	Anticipated Completion Date
		within one to seven and one to thirty days of discharge.						
Quality of Clinical Care	PIP: Follow-up After Discharge from Community Hospitals, State Psychiatric Hospitals, State ADATCs, and Detox/Facility Based Crisis Services for substance use disorder (SUD) Treatment (7 days and 30 days) (State Funded)	The percentage of discharges for individuals ages 3 through 64 who were admitted for substance use disorder treatment in a community-based hospital, state psychiatric hospital, state ADATC, or detox/facility-based crisis service and received a follow-up visit with a behavioral health practitioner within one to seven days and one to thirty of discharge.	40% ⁷	CQI Leadership	SVP CM/Pop Health	State-Funded	10/1/2022	6/30/2023
Quality of Clinical Care	TCL Primary Care Visits	To increase the rate of confirmed primary care provider appointments with members in the TCL housing transition and residency cohort.	80%	CQI Leadership	SVP CM/Pop Health	Tailored Plan State-Funded Medicaid Direct	7/1/2022	6/30/2023
Quality of Clinical Care	Post Closure Reviews	Complete Post Closure Reviews on previously closed QIPs from FY22: <ul style="list-style-type: none"> • APM • SSD 	Once	CQI Leadership	SVP of QM	DHB Contract	5/1/2023	6/30/2023
Quality of Service	Monitoring Over/Under Utilization (annually)	The Utilization Management Committee will choose utilization data to monitor for under, over and misutilization, annually.	Annually	UM	Sr. Dir. UM	Tailored Plan	12/1/2022	6/30/2023

⁷ Per TP Contract, Section VII, Attachment P. Table 5: Metrics, SLAs, and Liquidated Damages for State-Funded Services.

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		<ol style="list-style-type: none"> 1. Data will be obtained using medical claims/encounter data, pharmacy data, HEDIS's results or other, as appropriate. 2. Data will be examined for possible explanation for those areas not meeting the threshold. 3. The analyzed data not within the threshold will be reviewed by appropriate medical group or practice. 4. Action will be taken to address the identified problem areas and measure the effectiveness of its interventions. <p>Committee will monitor for over/under utilization of⁸:</p> <ul style="list-style-type: none"> • Use of congregate setting • Use of ED for physical health and behavioral health crisis (including LOS) • Out of home placement greater than 30 miles/30 				<p>State-Funded</p> <p>Medicaid Direct</p>		

⁸ While monitored in UM Committee, may be referred to CQI leadership or other subcommittees as appropriate

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		minutes ⁹ from member's home <ul style="list-style-type: none"> Time to service initiation from request of service or determination of service need by a provider and LOS in inappropriate settings while awaiting access Use of community/home-based services for youth residing in foster care setting who have BH dx 30/60/180 day readmissions to congregate care settings and ED Settings following discharge from congregate settings. 						
Quality of Clinical Care	SDoH CQI Subcommittee to implement and monitor organization-wide SDoH Strategy	Alliance has developed a CQI Subcommittee focused on SDoH. This Committee has developed a strategy that includes reviewing data collected as part of the SDoH assessments completed with all new members, tracking referrals through NC CARES 360 and Jiva, and claims data.	Annually	SDoH	Sr. Dir. Of Clinical Innovations	Tailored Plan State-Funded Medicaid Direct	12/1/2022	6/30/2023
Member Experience	Monitoring and assessing for health disparities.	Alliance has developed Health Equity Council – a subcommittee of CQI. This committee will monitor and assess the selected	Annually	Health Equity	Sr. Dir. Of Population Health	Tailored Plan	12/1/2022	6/30/2023

⁹ All counties served by Alliance are deemed Urban.

Area of Focus ¹	Project/Performance Area	Summary	Target/Frequency	Primary CQI Subcommittee	Responsible Party	Contract	Start Date	Anticipated Completion Date
Quality of Clinical Care		measures outlined in the State's Quality Strategy Appendix A based on age, race, ethnicity, sex, primary language, county, and disability status where feasible. Using this data and data from the EQRO-developed annual health equity report, the committee will identify disparities and recommend quality improvement activities as indicated.				State-Funded Medicaid Direct		
Member Experience Quality of Service Safety of Clinical Care Quality of Clinical Care	Population Health Management Impact Evaluation	Annually, Alliance evaluates the effectiveness of Population Health initiatives. Evaluation includes one clinical measure (process or outcome based), one cost/UM measure, and member experience data from at least two programs. Evaluation will include quantitative and qualitative analyses of results. This information will be used to identify opportunities for improvement.	Annually	Care Management	Sr. Dir. Of Population Health	Tailored Plan State-Funded Medicaid Direct	12/1/2022	6/30/2023
Member Experience Quality of Service Quality of Clinical Care	LTSS Program Effectiveness Report	Alliance monitors TBI and Innovations Performance measures, outcome targets, and information related to transitions of care. These measures are reported out through the Care Management Subcommittee. This data is used to assess for quality and appropriateness of care provided to beneficiaries needing LTSS. Data includes assessment of	Annually	Care Management	SVP of Population Health and Care Management	Tailored Plan	12/1/2022	6/30/2023

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		transitions of care and a comparison between services received and those set forth in the members treatment/service plan. The Care Management subcommittee reviews effectiveness report for opportunities for improvement.						
Safety of Clinical Care	Prevention, Detection, and Remediation of Critical Incidents	Alliance Incidents Team provides reporting as prescribed in the Contract.	Per contract reporting requirements	Member Experience	SVP QM	Tailored Plan	12/1/2022	Ongoing
Member Experience						State-Funded		
						Medicaid Direct		
Member Experience	Consumer and Family Advisory Committee (CFAC)	QM partners with CFAC to obtain feedback regarding QMIP, member experience, and member processes. This feedback will be gathered through monthly CFAC meetings. The Director of Community and Member Engagement will liaise with CFAC and CQI as an active member on each committee. Feedback will also be gathered via annual member satisfaction surveys.	Monthly Meetings and Annual Surveys	CQI Leadership	Director of Community and Member Engagement	Tailored Plan	12/1/2022	Ongoing
Quality of Service						State-Funded		
Quality of Clinical Care						Medicaid Direct		
Safety of Clinical Care		Information gathered is communicated to the appropriate CQI Committees and used to identify opportunities for improvements and develop						

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		interventions/actions/programs as appropriate. Alliance will submit rosters if/when updates are made.						
	Monthly Quality Management Director Forum (QMDF)	SVP of QM or a selected delegate will attend monthly QMDF meetings.	Monthly		SVP of QM	Tailored Plan State-Funded Medicaid Direct	7/1/2022	Ongoing
	EQR Participation	Alliance will comply with annual external quality review. Timeline will be defined by EQRO and Department.	Annually	CQI Leadership	Project Management	Tailored Plan Medicaid Direct	TBD	TBD
Member Experience Quality of Service Quality of Clinical Care	Survey Administration	Alliance will participate and support survey process as required by the Department. Timeline to be determined by Department Surveys include: <ul style="list-style-type: none"> • Consumer Assessment of Healthcare Providers and System Plan Survey (CAHPS) • Provider Survey • Consumer Perceptions of Care • National Core Indicators (NCI) • Other Surveys, ad hoc 	Annually	Member Experience	SVP of QM	Tailored Plan State-Funded Medicaid Direct	TBD	TBD

Area of Focus ¹	Project/Performance Area	Summary	Target/Frequency	Primary CQI Subcommittee	Responsible Party	Contract	Start Date	Anticipated Completion Date
	Provider Supports	Alliance implements a provider support plan inclusive of practice transformation and provider supports. See attached Provider Support Plan addendum for additional details.	Annually	Provider Quality	Senior Director of Network Evaluation Senior Director of Practice and Payor Transformation	Tailored Plan State-Funded Medicaid Direct	7/1/2022	6/30/2022
	QAPI Report	Quarterly QAPI Update on Activities outlined in the QAPI.	Quarterly	CQI Leadership	SVP of QM	Tailored Plan State-Funded Medicaid Direct	10/1/2022	6/30/2023
	PIP Progress Report	Quarterly PIP Update on activities outlined in the PIP	Quarterly	CQI Leadership	SVP of QM	Tailored Plan State-Funded Medicaid Direct	10/1/2022	6/30/2023
	Member Appeals and Grievances Report	Quarterly report on the appeals and grievances received and processed by the PIHP including the total number of appeal and grievance requests filed with the PIHP, the basis for each appeal or grievance, the status of pending requests, and the disposition of any requests that have been resolved.	Quarterly	Member Experience	Manager of Grievances, Appeals, and Incidents	Tailored Plan State-Funded Medicaid Direct	7/1/2022	6/30/2022

Area of Focus ¹	Project/Performance Area	Summary	Target/Frequency	Primary CQI Subcommittee	Responsible Party	Contract	Start Date	Anticipated Completion Date
Member Experience	Quality Measures Report (Annual)	Report of quality calculated measures using state-provided template stratified per contract requirements submitted annually.	100%	CQI Leadership	SVP QM	Tailored Plan	12/1/2022	6/30/2023
Quality of Service						State-Funded		
Safety of Clinical Care						Medicaid Direct		
Quality of Clinical Care								
Member Experience	Quality Management Program Evaluation	Annual evaluation of: <ul style="list-style-type: none"> • QMIP • QM Goals and Objectives • QM Workplan • Major Program Accomplishments • Progress of PIPs • Progress of Quality Improvement Efforts • Assessment of adequacy of resources, structure, and physician involvement • Identification of opportunities and recommendations for change 	Annual	CQI Leadership QMC	SVP-QM	Tailored Plan	4/1/2023	8/31/2023
Quality of Service						State-Funded		
Safety of Clinical Care						Medicaid Direct		
Quality of Clinical Care								