ST. JOSEPH'S HEALTH A Member of Trinity Health ST PETER'S HEALTH PARTNERS A Member of Trinity Health	**Effective Date:** January 1, 2024

Category: **H. Quality Improvement**

Title: **1. Quality Management Program**

Applies to:

☐ St. Peter's Health Partners (SPHP)

☐ All SPHP Component Corporations **OR** ☐ Only the following Component Corporations: (Click here for a list)
☐ _____

☐ All SPHP Affiliates **OR** only the following Affiliates: (Click here for a list)
☒ **All Community Health Connections Care Management Agencies**

☐ St. Peter's Health Partners Medical Associates (SPHPMA)

Contents

PURPOSE

The purpose of this policy is to outline the minimum expectations for the evaluation of the quality of Care Management Agency work. A Care Management Agency may have stricter guidelines in terms of quality improvement. In those instances, CMA policies must be followed in addition to this policy.

POLICY STATEMENTS

It is the policy of Community Health Connections that Care Management Agencies strive to provide quality work in a timely manner. It is the expectation that CMA's and the Lead Health Home will review work to ensure compliance and quality of care coordination efforts and Health Home Core Service and provide the training and resources necessary to increase compliance and outcomes.

SCOPE OF AUTHORITY / COMPETENCY

All Care Management Agencies that comprise the Community Health Connections Health Home program.

DEFINITIONS

Chart Audit Tool: Questions that will be reviewed for during Domain Spot Audits. The list of questions and the Access Database tool will be made available to CMAs each year

Compliance Measures: Process-focused reviews conducted to ensure that tasks are completed as required by policy, i.e., assessments are completed within 30 days of enrollment and are updated annually thereafter

Continuous Quality Improvement (CQI): A set process in which areas needing improvement are identified, a change is implemented, the results are evaluated and decisions are made how to proceed based on evaluative data (Plan, Implement, Evaluate, Decide); seeks to create an environment in which work is constantly being monitored and the quality of that work is improving

Domain Spot Audits: topic-specific reviewed conducted for all CMAs each year using the Chart Audit Tool and informing the CMA's formal QMP Report

Health Home Candidate: An individual who is in active Client Search (Outreach) status, but who has not yet been enrolled in Health Home services

Health Home Member: An individual who is enrolled in Health Home services

High Utilizers: Health Home Members who have had four hospital admissions or ED visits in a 12-month period

NYSDOH: New York State Department of Health; the regulating State entity for Health Homes

Quality Measures: Reviews conducted to examine the content of the care coordination work being done, i.e., reviewing Comprehensive Assessments and Plans of Care to ensure that all problems identified in the Assessment are addressed in the Plan of Care

PROCEDURE

A. Domain Spot Audits

1. Each month, the CHC quality staff will formally review charts at each CMA on specific topics. Reviews will be conducted using the CHC Chart Audit Tool, which was developed by the CHC Quality Sub-committee and was provided to each CMA for internal use at any time. The schedule of Domain Spot Audits is available in Attachment A.

2. CMA's are strongly encouraged to conduct regular internal Domain Spot Audits outside of those conducted by the Lead Health Home or the New York State Department of Health in an effort to help prepare the CMA for formal reviews.

3. At the conclusion of each review, each CMA will be provided an overall score, summary of findings and recommendations for improvement.

4. Each topic of the Domain Spot Audits will be conducted twice a year for each CMA.

5. The sample of charts selected for the Domain Spot Audits will be stratified by staff and will work to ensure a representative sample, based on the number of charts available for review.

6. Domain Spot Audits will not look back farther than six months.

B. Quality Management Program Annual Reviews

1. On an annual basis, all contracted Care Management Agencies will undergo a formal review of quality and compliance which will dictate the need for corrective action and general standing with the Health Home program.

2. Community Health Connections (CHC) quality staff will use data from four sources to assess the quality of work done at each Care Management Agency (CMA). These

include Chart Audits, Aggregate Data Analysis, Administrative Reviews and Member Satisfaction Surveys. Each is described in more detail below.

Chart Audits

3. At the time of the CMAs formal review, the results from the most recent Domain Spot Audit will be pulled in to the formal QMP Report.

4. If the CMA did not pass the most recent Domain Spot Audit, the topic will be re-reviewed at the time of the formal QMP Report to account for any changes the CMA made in response to the most recent, non-passing Domain Spot Audit.

Aggregate Data Analysis

5. Because only a sample of charts will be audited during the annual review, CHC will also evaluate aggregate data by CMA. The aggregate data analysis will include the entire census of the CMA at the time and will evaluate compliance measures only. The aggregate data analysis will look at the past year with of Report Card data, distributed to each agency on a month basis. (For more on Report Cards see Section E of this policy.)

Administrative Reviews

6. Not all CMA requirements can be measured via Candidate or Member charts. These administrative requirements will be evaluated via an Administrative Review interview completed at the time of the annual chart audits. The Administrative Review will focus on administrative requirements outlined in CHC policies such as:
   a. staff ratio requirements,
   b. staff training, supervision and qualification requirements,
   c. agency procedures and processes and
   d. safeguards for Candidate / Member protected health information.

   CHC will share the Administrative Review interview tool with agency leadership prior to the interview so agencies will know what is being asked and can prepare or invite the correct staff to participate in the interview process.

Member Satisfaction Surveys

7. Annually, all CMAs must participate in the Member Satisfaction Survey with currently enrolled Members. The survey will be developed by the Quality Sub-committee and approved by CMA leadership.

8. Although the timing of the Member Satisfaction Survey may not occur at the time of the agency's annual review, the most recent surveys will be reviewed and incorporated into the formal CMA annual review. Surveys are conducted in September and October of each calendar year.

9. While it is the responsibility of each CMA to ensure that all enrolled Members have an opportunity to complete the survey, CHC will provide the following to help support this process.
   a. An Access Database for recording surveys received from Members
   b. Paper copies of the survey including translated copies, when needed
   c. A phone number for Member's to call to complete the survey over the phone with a Health Home staff person
   d. Analysis of the results by agency

C. Quality Management Program Annual Review Scoring

1. While all four data sources of the Quality Management Program (QMP) will be considered in an agency's overall performance on the QMP, the threshold for determining the need for Corrective Action and overall rating will be driven primarily by the Chart Audit scores. This is because the Chart Audit component is the most encompassing data source. In other words, it would be nearly impossible for an agency to score well on the Chart Audit, but have poor Aggregate Data, as the Chart Audits takes compliance into account. CHC reserves the right to implement a form of Corrective Action (formal or informal) should any grave deficiencies or concerns be noted in any of the other data sources.

2. The Chart Audit scoring for each Domain reviewed via the Chart Audit component is as follows.

Domain and Item Color-coding		
BLUE (passing)	90-100% Compliance	NO ACTION NEEDED: Blue domains and items are strengths. These areas should be celebrated with staff and no action is required.
GREEN (passing)	80-89% Compliance	MONITOR: Green domains do not warrant action at this time. Compliance and quality in these areas should be monitored to ensure they stay at a Green or Blue level.
ORANGE (failing)	50-79% Compliance	ACTION NEEDED: Orange domains indicate action is needed to address the deficiencies of any Orange or Red items in the domain. These areas should be addressed with the CMA within the next 90-180 days.
RED (failing)	0-49% Compliance	IMMEDIATE ACTION: Red domains indicate action is needed to address the deficiencies highlighted in the report, specifically the Red items within the domain. These deficiencies should be a priority for the CMA to address, ideally within the next 90 days.

3. Upon completion of Quality Management Program (QMP) Annual Review, each CMA will be given a report authored by Health Home leadership staff highlighting the strengths of the agency and the areas needing improvement. In addition, the agency will be given a ranking of High, Middle or Low Performers. These rankings will be assigned based on the percentage of domains passed (green or blue scores in the matrix above).

4. The following matrix shows the threshold of each level of performance as well as the needed action steps by the agency. A more robust description of each ranking is provided in the paragraphs immediately following the matrix.

Agency Ranking	Percentage of Passing Chart Audit Domains	Approximate Number of Passing Domains[1]	Monthly Call Requirements	Ongoing Monitoring
High Performer	70 – 100%	9 to 12 Domains	As requested by the agency	No set requirements
Middle Performer	31 – 69%	5 to 8 Domains	Every other month	Internal / ongoing monitoring by CMA
Low Performer	0 – 30%	0 to 4 Domains	Monthly or more frequent	Formal Corrective Action

High Performer – These agencies passed most Domains in the Chart Audit review and no grave deficiencies were noted among the other data sources of the QMP. This overall success should be celebrated with staff. While agencies should still strive to make improvements in any domains that were identified as failing, CHC will not provide direct oversight or dictate these efforts for improvement. It is assumed the agency has the needed structures and systems in place to make improvements without ongoing monitoring from the Lead Health Home. That said, CHC remains a resource to provide assistance as requested. These agencies will not be required to have set monthly calls with the Lead, however calls can be scheduled at the agency's request. All agencies should strive to fall into this category. If an agency scores as a High Performer for two consecutive years, the formal, annual review will reduce to every other year instead of yearly.

Middle Performer – These agencies passed an acceptable percentage of Domains in the Chart Audit review, however some work is needed to make improvements for the next review and to achieve High Performer status. It is highly recommended that these agencies set up internal systems to make improvements based on the recommendations in the QMP report and monitor the success of those efforts throughout the year via use of the Chart Audit Tool. The agencies will have calls with the Lead Health Home every other month which can be a time to receive technical assistance or support from the Lead on the internally-led efforts for

[1] Numbers are approximates because not all agencies are scored on all Domains. For example, not all agencies provide HH+ or AOT services, so those domains are unscored. This is why percentages are used instead of raw numbers.

improvement. The Lead will be available to these agencies to provide more support as requested.

Low Performer – These agencies failed the majority of the Domains in the Chart Audit review and formal Corrective Action is warranted to make needed improvements. The agency will work closely with the Lead Health Home to ensure there is a plan to improve performance and that routine audits are conducted to ensure movement in a positive direction in failing domains. Both CHC and the Care Management Agency will be expected to conduct reviews throughout the year to ensure progress in being made in needed Domains. These agencies will have calls with the Lead Health Home every month or more frequently as needed to review audit results and tailor the plan as warranted. If an agency scores as a Low Performer for two consecutive years with minimal progress and dedication shown, contract termination may be pursued.

D. Corrective Action

1. Those agencies identified as Low Performer (as described in Section C of this policy), will be placed on formal Correction Action. Formal Corrective Action will include the following activities.
    a. The agency will develop a Performance Improvement Plan (PIP) using the template provided by Community Health Connections (See Attachment B). The PIP will include objectives and timelines for achieving each objective. The Plan will address the current state – trainings or resources needed to make improvement – as well as sustainability plans to ensure that once performance is improved, it does not decline again in the future. This will likely require ongoing plans for routine, internal quality monitoring and auditing.
    b. Both the Lead Health Home and the Care Management Agency will have some responsibility as to the monitoring and oversight of the progress on the PIP. The Care Management Agency is expected to monitor the success of each PIP item by reviewing charts or aggregate data, as appropriate. The Lead Health Home will review charts or data once the timeframe for an objective is reached to ensure adequate improvements were made.
    c. Agencies on Corrective Action will have monthly or bimonthly calls with the Lead Health Home to monitor progress on the activities on the PIP and request and receive and needed technical assistance or supports from the Lead.
    d. While on Corrective Action, the Lead Health Home will not send any new referrals to the agency. This is to help support the agency having time to focus on improvements needed. The timeframe for beginning to send referrals again will be based on progress made and discussions with the agency during scheduled calls.

2. While the need for Corrective Action is largely driven by the overall results of the formal QMP, CHC reserves the right to place any CMA on Corrective Action based on the results of the Domain Spot Audits, as described in Section A of this policy.

3. Failure to improve in the specific PIP objectives within the identified timeframes or consecutive annual rankings as a Low Performer agency may result in contract termination. The Lead Health Home will entertain discussions and concerns prior to this drastic measure. In other words, contract termination will be a last resort and agencies will be given reasonable time and chances to improve prior to this action.

E. Health Home-Provided Quality Data

1. In an effort to help agencies maintain compliance with CHC policies, be prepared for formal audits and improve well-being and outcomes for Members, CHC will provide each CMA monthly data on compliance measures. This data will come in two forms: Report Cards and Actionboards.

2. The Report Cards will show the previous months snapshot of compliance measures and conversion rates, including but not limited to: census by status, conversion rate, number of discharges, and percentage of Plans of Care that are past due. The Report Cards will be cumulative, showing data for each month as it is added to help CMAs identify trends over time.

3. The Actionboards will show Member and Candidate-level data including, but not limited to: Members who have not been seen in the past 30 days, Members whose Plans of Care are past due, Members whose Plans of Care are coming due soon, and Members who do not have a completed HML.

4. In addition to the monthly reports mentioned above, CHC will also supply CMA's with high utilizers as they are identified to help CMAs focus efforts to improve outcomes.

F. Quality Sub-committee

1. Continuous Quality Improvement (CQI) will be addressed by the CHC Quality Sub-committee which focuses on quality related issues across the Health Home. The Mission and Objectives of the sub-committee are included in Attachment C.

2. Each CMA must have at least one staff person represented on this sub-committee, which meets quarterly, at a minimum.

3. The Quality Sub-committee will be led by the CHC Quality staff. These staff will fulfill the Quality Chair and Quality Coordinator roles, as defined by NYS DOH.

4. The topics selected for attention by the sub-committee will largely be driven by the results of the Annual Quality Reviews and Member Incidents and Complaints received. All staff should be empowered to make suggestions to the Quality Sub-committee regarding areas perceived as needing improvement. The topics will be examined Health Home-wide and will not focus on individual agency performance.

5. As appropriate, the Quality Sub-committee will make recommendation to the Staff Development Sub-committee and the CHC Education Specialist regarding needed trainings for staff. These recommendations will be based on Health Home-wide trends.

6. The Sub-committee will prescribe to the following approach for CQI.
   a. *Plan* an area on which to focus an intervention aimed at addressing the are needing improvement,
   b. *Implement* an intervention which will reduce the concern,
   c. *Evaluate* the results of the intervention, and
   d. *Decide* what steps need to be taken next to further alleviate the concern or if it has been sufficiently improved.

References

New York State Department of Health (June 1, 2017). Health Home Quality Management Program.
(https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/quality_management_program_policy.pdf)

Approving Official: Senior Vice President, Population Health, Advocacy		**Effective Date: January 1, 2024**
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Replaces: Quality Improvement: Quality Management Program (May 15, 2018) **Quality Improvement: Quality Management Program (January 1, 2020)**		

ATTACHMENT A: Domain Spot Audit Schedule

Topic	Scope	Included Domains	Months
Engagement Enrollment Opt Outs	• Spot audit sample of recent enrollments and opt outs	Intake / Eligibility / Appropriateness Engagement	January July
Consents	• Spot audit of consents (correct completion of form, electronic consents entered)	Consents	February August
HH+ / AOT	• Spot audit of notes, eligibility forms / Court orders, billing	HH+ AOT Care Transitions	February August
DSE	• Spot audit on current and past DSE (discharge and re-engaged)	Diligent Search	March September
Discharges	• Spot audit of recent discharges	Discharges	March September
Golden Thread	• Select review of Assessments, POC, Notes • Six months of notes / care activities reviewed • Review of consents to ensure collaboration only with consented providers	Assessments Plan of Care Consents (in action) Care Activities / Core Services Transitions of Care HARP	April / May / June October / November / December

ATTACHMENT B: Care Management Agency Performance Improvement Plan

Agency:		**Review:**	
Person Completing Form:		**Form Due:**	

Compliance Improvements						
Item	**Corrective Action Needed**	**Plan of Correction**	**Timeframe For Correction**	**Plan for Ongoing Monitoring / Quality Assurance**	**Person Responsible**	**CHC Use Only**
1						
2						
3						
Quality Improvements						
Item	**Corrective Action Needed**	**Plan of Correction**	**Timeframe For Correction**	**Plan for Ongoing Monitoring / Quality Assurance**	**Person Responsible**	**CHC Use Only**
4						
4						
6						
Infrastructure Improvements						
Item	**Corrective Action Needed**	**Plan of Correction**	**Timeframe For Correction**	**Plan for Ongoing Monitoring / Quality Assurance**	**Person Responsible**	**CHC Use Only**
7						
8						
9						

ST. JOSEPH'S HEALTH
A Member of Trinity Health

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ATTACHMENT C: Quality Sub-committee Mission Statement

Community Health Connections
Quality Sub-committee

Mission Statement:

Implement Health Home-wide projects to improve the quality of the work done at Community Health Connections, which will result in better services provided to Members while also ensuring compliance with State regulations. The quality projects will result in creating more consistency and standardization among the CMA's that comprise CHC.

Sub-committee Objective:

Develop and monitor quality-based initiatives at all the Care Management Agencies. The sub-committee will be tasked with identifying concerns related to quality, developing ways to address the quality concerns, promulgating those methods to the CMA's and monitoring the trends and results as a result of the interventions.

Identify training needs based on quality projects. The sub-committee will likely identify areas in which additional training is needed for Care Coordinators. As identified, those needs should be shared with the Staff Development Sub-committee so that the training needs can be addressed.