



FY2019 Quality Program Description

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I. Overview and Introduction

A. Regional Accountable Entity Overview

In order to provide our members with the best services available, and to ensure that members are receiving whole person care, the Regional Accountable Entity (RAE) was formed. The RAE combines a prepaid inpatient health plan for behavioral health with a primary care case management program under a single Accountable Care Collaborative (ACC) program. The ACC program is designed to affordably optimize Member health, functioning, and self-sufficiency. The primary goals of the Programs are to improve Member health and life outcomes and to use state resources wisely. Regional Accountable Entities (RAEs) work in collaboration with Primary Care Medical Providers (PCMPs) that serve as medical homes, behavioral health providers, and other health providers and Members to optimize the delivery of outcomes-based, cost-effective health care services. The RAE is responsible to:

- Promote the population's health and functioning,
- Coordinate care across disparate providers, interface with LTSS providers, and
- Collaborate with social, educational, criminal justice, recreational and housing agencies to foster healthy communities and address complex Member needs that span multiple agencies and jurisdictions.

The RAE will manage a network of primary care and behavioral health providers to ensure access to appropriate care for Medicaid Members. A critical function of the RAEs is to create a cohesive network of providers that work together seamlessly and effectively to provide coordinated health care services to Members. The RAE is also responsible for:

- Onboarding and activating clients,
- Developing and supporting Health Teams,
- Establishing a value-based payment system, and
- Convening Health Neighborhoods.

Northeast Health Partners is the RAE for Region 2. Northeast Health Partners is comprised of:

- North Range Behavioral Health,
- Salud Family Health Centers,
- Sunrise Community Health, and
- Centennial Mental Health Center

Northeast Health Partners, LLC is an Accountable Care Collaborative organization co-owned by North Range Behavioral Health, Salud Family Health Centers, Sunrise Community Health, and Centennial Mental Health Center. It primarily serves members in Weld, Morgan, Logan, Sedgwick, Phillips, Yuma, Washington, Kit Carson, Cheyenne, and Lincoln counties. This partnership was established to advance the integration of behavioral health and primary care, and to promote Medicaid reform in the State of Colorado. As part of its contract with the Colorado Department of Health Care Policy and Financing (HCPF), it is responsible for managing behavioral health services for Medicaid eligible members. The partnership serves approximately 90,000 members in its 10-county catchment area. The RAE is governed by a Board of Directors, which includes membership from each of the organization's equity partners.

Northeast Health Partners has delegated the administration of the Northeast Health Partners Quality Management (QM) Program to Beacon Health Options. The Beacon Colorado Engagement Center was established in 1995 and is part of a national managed behavioral health organization (BHO), Beacon Health Options (Beacon); which is a privately held company.

II. Framework/Purpose/Scope of the Northeast Health Partners Quality Program

Northeast Health Partners QM Program

Oversight of the QM Program is conducted by the Northeast Health Partners Board. Day-to-day operational oversight of the QM Program is also supported through the Beacon Colorado Quality team and the Beacon



Corporate Quality team. This team works with the Colorado Engagement Center QM Department to provide support in assuring the quality, efficiency and effectiveness of the QM program. Northeast Health Partners will systematically monitor delegated functions via scheduled submissions of documentation and reports that will demonstrate compliance with contract requirements and timelines to the Board.

Additional support of the Engagement Center's QM Program is provided by the Central/Southeast Region QMUMCM Committee and Corporate Quality team, described elsewhere in this document.

The Beacon National QM staff provides ongoing quality management training to Beacon staff. Training focuses on issues pertinent to quality management including the use of quality management tools and processes, performance improvement initiatives and interventions, strategic planning, and outcome management systems. Further training is identified through needs assessments. Annual training for Beacon employees (also provided during initial orientation) includes, but is not limited to:

- Confidentiality;
- Conflict of interest;
- State and federal regulatory requirements
- State and federal regulatory requirements and HIPAA/High Tech Act and expanded HIPAA laws
- Code of Conduct/Fraud and Abuse
- Best Practices
- Contractual requirements
- Security Awareness Training
- Initial Orientation

III. **QM Organizational Structure**

Northeast Health Partners QM Program structure is built on our partnership's considerable experience operating both the Regional Care Collaborative Organization and Behavioral Health Organization programs. This structure has been developed and refined in alignment with the Department's quality strategy as well as our partners' existing nationally and locally established processes and best practices. Our Administrative Services Organization, Beacon Health Options, Inc. (Beacon), is a fully accredited NCQA Managed Behavioral Health Organization that functions in accordance with those high standards. Our QI Program structure is designed to ensure:

- Accountability to Members, the State, providers, and stakeholders
- Collaboration and integration throughout the behavioral and physical health systems
- Enhanced physical health and behavioral health outcomes across populations through an integrated program approach
- Increased opportunities for Member, family, provider, and other stakeholder input
- Committees focused on evaluating problem-prone systems, resulting in improved care processes as well as member satisfaction that are data-driven
- Analytics-based decision making that supports effective interventions and programs
- Sub-region and community needs are addressed
- Provider support is provided and practices are enabled to meet performance goals through evidence-based interventions and education

The Quality Committee structure is integrated to favor outcomes for whole-person care and consistent oversight, measurement, and action across all of Northeast Health Partners functions.

A. Framework of the Beacon QM Program

The Beacon Value Options (BVO) Holdings, LLC Board of Managers is the governing body that assumes overall responsibility for the operations of the Quality Program of Beacon. The Beacon Board of Managers delegates oversight of the Quality program to the Compliance and Quality Committee of the Board of Managers (CQCBOM)



which, in turn, delegates QM program oversight to the Chief Medical Officer and Senior VP of Corporate Quality through the Beacon Quality governance committee structure. This structure includes the active committee/subcommittee participation of the medical, clinical, operations and quality senior leadership as well as department leaders and managers. These committees / sub-committees report Quarterly to the Beacon Central/Southeast Region QMUMCM Committee (QMUMCM) and the Corporate Quality Committee (CQC), and the corporate Quality Department reports sub-committee activities to the CQCBOM quarterly. The Executive Clinical, Medical, Quality and Compliance Oversight Committee receives quarterly updates on all quality activities for purposes of communication and quality integration.

The Quality program is structured to include the participation and collaboration of all staff, the provider network, contracted health plans, clients, state agencies and members. Quality improvements are made through ongoing work with representatives of relevant clinical, departmental and medical systems, specifically mental health and substance use practitioners and administrative staff, and primary care practitioners, consultation with partner health plans/clients, state agencies, subject matter experts and others. The annual Corporate QM Work Plan provides a blueprint for allocating resources needed to continually improve processes and outcomes and is evaluated at least on an annual basis.

Clinical and Service QI activities across the company are aligned with the Beacon program with some Regional variations to meet the needs of their local culture, market and contractual requirements. The framework for the identification of and strategies to address opportunities for improvement begins with the utilizing a disciplined and methodical systematic approach as defined by the Continuous Quality Improvement (CQI) process to measure performance against adopted benchmarks and performance goals. When opportunities for improvement are identified to improve care and service consistent with the Quality and company mission, multidisciplinary teams collaborate on solutions based on the most recent and compelling evidence. The efforts of this disciplined and deliberate framework lead to improved outcomes.

The Beacon Quality Program framework employs a Regional model based on geographic location. In this model, each Region has its own governance and leadership and reports into the Corporate Quality committee structure in terms of companywide governance and oversight. The role of Corporate Quality was expanded to include responsibility for accreditation readiness and medical, clinical and quality standards. The purpose of the Corporate Quality Management (QM) Program Description is to operationalize the Beacon Health Options (Beacon) strategic goals by setting the Quality vision and direction of the organization for its Regional and Engagement centers. However, this Quality Management Program Description (QMPD) describes the framework and process that supports high quality services that are based out of the Colorado Engagement Center.

This QM Program Description provides a clear definition of the authority of the Program, its relationship to both the corporate departments and Regional and Engagement centers, and its accountability to the governing body of the organization. This document describes the corporate program's mission, philosophy, goals, objectives, and committee hierarchy as well as mechanisms used to filter information from a local and regional committee level to a national committee level. The Program Description, along with the attached Work Plan, defines the annual quality activities and goals that the Beacon Colorado QM Program is responsible to operationalize and report up through the relevant committee structure. The program description and work plan are applicable to those health plans and other clients for which quality management activities are delegated. Due to the unique nature of the Colorado Engagement Center operations in conjunction with the State Medicaid contract; the Colorado Engagement Center has chosen not to fully adopt the corporate QM program description.

The QM Program is integrated with the Regional Centers' and Engagement Centers' Quality Management and Clinical Management Programs as well as with the business units and major functional areas within the company. The QM Program receives input from and coordinates its program with the Clinical Departments, as well as Medical Affairs, Provider Quality, Client Partnerships, Operations (Network, Analytics and Strategy Departments), and, stakeholders including clients, members, practitioners, providers, and colleagues.

Mission

The mission of the Beacon QM Program, in collaboration with the Clinical and Medical Affairs functional areas is to



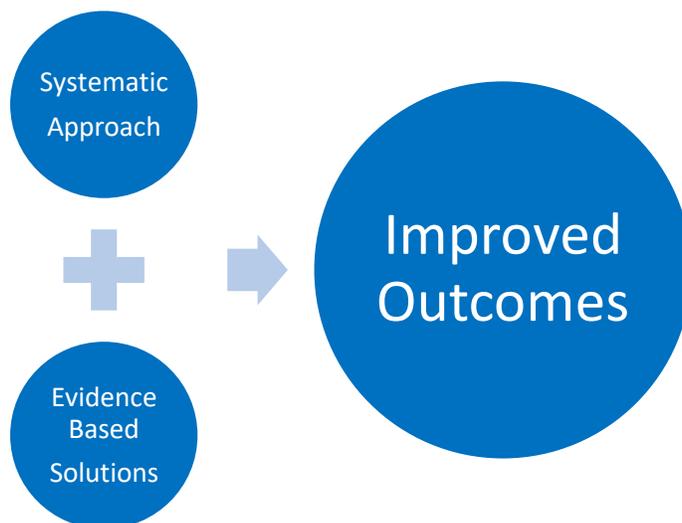
help people live their lives to the fullest potential by transforming the lives of those we serve through promotion, support and facilitation of high quality, cost effective, evidence-based care and service known to improve health outcomes.

Philosophy

The corporate QM program is committed to ensuring that continuous quality/performance improvement occurs within our Regional and local Engagement centers. That improvement goes beyond checking the box that a service was provided to measuring that the service was of a high quality to impact outcomes. By structuring clinical quality and medical affairs operations under the direction of the Chief Medical Officer (CMO), we have created and maintained centralized corporate clinical, medical and quality framework to maximize production of best practice clinical, medical and quality programming. There is consistent and ongoing monitoring for applicability so Beacon can achieve efficiency and effectiveness with improved outcomes for our members.

Scope

The scope of the Beacon QM program encompasses the ongoing assessment, monitoring and improvement of all aspects of care and service delivered to members, including member safety. The diverse populations served represent multiple cultural and linguistic groups and includes pediatric, adult and geriatric individuals with mental health and substance use disorders, as well as individuals with developmental disabilities and other special needs across the United States that have benefit plans coverage. There are commercial, employer group, health plan, Medicare, Medicaid, Dual Eligible and other types of state funded services such as waiver programs provided to members.



Attachment 3, the 2018 Quality Framework describes the structures and processes leading to improved outcomes to support key organizational functions.

Communication about the Quality program process, goals and outcomes, is provided to members using plain language that is easy to understand and can be distributed through face to face meetings, regular mail, e-mail, fax, web and mobile devices. Communication to internal and external stakeholders on the Quality program structure, framework, work plan, and outcomes is provided through face to face meetings, Provider, Member and Stakeholder Advisory Committees and Focus Groups, Beacon website, newsletters, routine network communication blasts and internal communications.

B. Accountability for the Beacon Corporate QM Program

The Vice President of Quality Management is responsible for coordinating, implementing, and providing oversight of the Corporate QM Program. The Vice President of Quality Management works collaboratively with the regional Chief Medical Officers to obtain consultation on any program activities that involve or affect clinical care and patient safety. The Vice President of Quality Management is responsible to:

- Maintain organizational focus on performance improvement
- Educate the company regarding the role of Quality Improvement in the company and their role within the Corporate Quality Program.
- Implement a company-wide planning process
- Facilitate prioritization of initiatives
- Ensure on going understanding and compliance with accreditation requirements
- Conduct barrier analyses and problem-solving related to those areas where performance is below established goals
- Increase awareness of and attention to quality and risk related issues and initiatives
- Ensure efficiency and effectiveness of the company quality committee organizational structure
- Support the training and implementation of quality principles and methods company-wide
- Identify and help close gaps in the scope and assignment of key functions and accountability
- Co-chair the CQC and act as the liaison of the CQC to the EOC

The Corporate Chief Medical Officer (CMO) serves as the Medical spokesperson for the company. He/she is responsible for the medical, clinical and quality operations throughout the company and Engagement Centers, including ensuring the organizational objective to have qualified clinicians accountable to Beacon for decisions affecting consumers/members. He/she establishes medical, clinical and quality policy and sets the agenda for the company. He/she is also responsible for managing the medical loss ratio. He/she acts as the signatory on a variety of documents requiring a Corporate Chief Medical Officer signature.

Although every employee plays an active and evolving role in improving quality at Beacon Health Options/ Northeast Health Partners, specific quality improvement tasks and responsibilities are outlined below (see attachment 2 for the QM organization chart).

C. Northeast Health Partner Quality Management Program

Chief Clinical Officer/Medical Director

Our CCO is responsible for clinical oversight, strategy, and execution. This resource is our external face to the provider community and will work directly with providers as a peer resource to assist with practice performance, transformation and adoption of clinical and operational best practices. The CCO also directs utilization management (UM), and works closely with the Population Health Management and Care Coordination Programs.

Vice President, Quality Management

The Vice President of Quality Management is responsible for the daily Colorado quality operations, objectives and overall success of the quality management and improvement program. Duties include oversight of state and partner audits, compilation, submission and reporting of performance measures, initiation and oversight of improvement projects, initiatives and overall Beacon Health Options and Northeast Health Partners, performance goals, provider quality monitoring efforts, and ensuring compliance with quality-related contractual obligations. The Vice President, Quality Management co-chairs the QI Committee, is an active participant on the Quality of Care Committee (QOCC), and participates in national quality improvement efforts through Beacon's Quality Directors' meetings and the Corporate/Regional Quality Committees. The Vice President, Quality Management also represents Beacon Health Options/ Northeast Health Partners, at state meetings, including the RAE-associated Quality Improvement Committee(s).

Performance Improvement Director



This position provides leadership to the RAE, assures the Quality Program for the RAE supports RAE, RCCO and BHO goals, evaluates performance, develops and leads improvement initiatives and performance goals, co-chairs the QI Committee or sub-committees, leads provider quality monitoring efforts and assures compliance with contractual requirements. The Performance Improvement Director represents the RAE at state-required meetings, co-leads the RAE Learning Collaborative and manages day to day RAE QM activities.

Utilization Management (UM) Director

The UM Director is responsible for the management and operations of all UM functions of the RAE, including working with QM staff to identify and address trends in over and under-utilization. In addition, this position is a member of provides clinical expertise that supports ongoing improvements in RAE performance, and participates in the development and execution of performance improvement projects.

Quality Manager

This position is responsible for timely completion of multiple quality initiatives, projects, and deliverables necessary to meet state requirements and/or partner delegation obligations. This responsibility includes completion of Engagement Center Quality Management Program Documents, assigned aspects of work associated with each initiative, as well as coordination with QM or other Engagement Center departments or partnership staff who may be involved in the initiative/project/deliverable.

Research and Outcomes Analyst

The Research and Outcomes Quality Analyst is responsible for a variety of quality/risk management projects. This includes data gathering, analysis and reporting for quality initiatives and performance measures, performance improvement projects, tracking completion of quality-based Committee recommendations and projects, managing and/or participating in Engagement Center quality initiatives. The Research and Outcomes Analyst is an active participant in the QI Committee.

Quality Management Specialist II

The Quality Management Specialists are responsible for tracking, producing data reports reflecting various types of performance and trending data, such as member satisfaction, treatment record audits and results, coordinating and participating in audits for provider contract compliance, including potential fraud, initial submission and investigation of adverse incidents and quality of care issues, and completing indicator reports for QI Committee and the Board. The QM Specialists are also responsible for assisting with RAE, BHO and RCCO quality initiatives.

Additional local staff providing leadership/support to the QM Program:

Program Integrity/Compliance Officer

The Program Integrity/Compliance Officer is responsible for contract and regulatory compliance and is also available to consult regarding issues related to HIPAA/privacy matters, contract requirements, fraud/abuse identification and other regulatory issues that arise in day-to-day responsibilities of the quality and clinical staff.

Director, Member and Family Affairs

The Director of Member and Family Affairs represents members and family members in community, and works closely with the Beacon Health Options/ Northeast Health Partners Member and Family Affairs (OMFA) Committee. The OMFA Committee includes the member and family advocates for each mental health center and provides education and assistance to members and family members in navigating the mental health system, and addressing complaints and grievances. The Director of Member and Family Affairs serves on the QI Committee and various Member Advisory Boards and Committees.



Director, Information Technology (IT)

The Director of Information Technology supports quality improvement initiatives by providing and submitting data, reports, supporting various IT-related initiatives, and validating the completeness and accuracy of the data used in report production. S/he participates on the Beacon IT Committees to ensure consistency in Beacon Health Options/ Northeast Health Partners data storage, reporting, and security structures.

Consultants

All final determinations on consultant involvement in QM Program activities will be made by partnerships when applicable.

D. Mechanisms to detect over and underutilization

Over- and under-utilization of care is monitored through the comparison of specific performance indicators against established benchmarks to assess when utilization falls outside of defined practice patterns. Examples of these utilization review processes include the following:

- Identifying a minimum number of sessions attended within a defined time period to assure the member is actively engaged in treatment (e.g., mental health and substance use disorder engagement measures)
- Confirming that members at high risk, such as those recently discharged from the hospital, do not miss appointments. This can be addressed on both a system level (e.g., 7, 30, and 90-day ambulatory follow-up measures) and on an individual member level.
- Defining the need of high-risk members for certain types of service interventions (e.g., Intensive Care Management [ICM] or Care Coordination services)
- Monitoring Members who discontinue treatment prematurely
- Frequent crisis and/or inpatient service utilization (inpatient re-admission rates)
- High utilization of emergency department services (e.g., identification of members who have two or more emergency department admissions in a 12-month period) as well as
- Typology reports, quarterly KPI reports and daily ADT feed to identify overutilization of ED services

Northeast Health Partners Medical Management Subcommittee will review under- and over-utilization patterns with the option to recommend a performance improvement plan, targeted provider training or increased monitoring. UM staff may take additional steps, specific to individual providers, to remedy patterns of over- and under-utilization, including meeting with a provider to discuss practice patterns and utilization concerns, recommending specific training programs and/or requiring a corrective action plan.

E. Client Over-Utilization Program (COUP)

Northeast Health Partners will partner with the Department in administering the COUP. As the RAE, we will outreach to all Members identified through the COUP in order to link them to appropriate and available services. We will continue to coordinate care and monitor service utilization for these individuals until utilization patterns are stabilized and clinically appropriate. The Client Overutilization Program (COUP, also known as "Lock-In") is a statewide surveillance and utilization control program that safeguards against unnecessary or inappropriate use of care or services. This program provides a post-payment review process allowing for the review of Medicaid client utilization profiles. It identifies excessive patterns of utilization in order to rectify over-utilization practices of clients. The Client Over-Utilization Program will restrict clients to one designated pharmacy and primary care physician when there is documented evidence of abuse or over-utilization of allowable medical benefits.

F. Mechanisms to assess the quality and appropriateness of care furnished to Members

For behavioral health services Northeast Health Partners, will require an intake and risk assessment to be conducted by a qualified, credentialed clinician. Assessments must meet professional standards of care and result in a diagnostic assessment and a service plan. Furthermore, we will conduct periodic audits of medical record



documentation to ensure care is comprehensive, appropriate and effectively coordinated across providers. Through our provider credentialing process, we will ensure that BH Network clinicians have at least three years of clinical experience beyond the minimum required for licensure or are subject to the clinical supervision requirements within a CMHC. Our UM system will ensure that Members whose treatment is not progressing as expected receive case reviews at regular intervals that re-evaluate diagnosis and treatment approach. Our existing network includes psychologists and psychiatrists who can assist with the assessment of complex cases, such as Members who present with co-occurring disorders, including substance use disorders, medical problems, autism, developmental disabilities, or neurological conditions such as traumatic brain injuries. Members are offered choice about geographic service location, provider's licensure type and clinical specialty, and treatment options.

G. Integration of Quality Management with Organizational Departments

1. Quality Management and the Governing Boards

The quality reporting structure was established to allow the RAE Board to provide direction for the quality program. Through the review of minutes and quarterly/annual quality reports, the Board monitors progress and guides the program. The Board has delegated authority to the QI Committee to implement the quality program, but ultimate approval of all quality activities rests with the Governing Board.

2. Quality Management and Care Management/Member Services

The integration of Quality Improvement and Care Management is assured through structures that support the integration of clinical quality management activities and indicators. Clinical indicators have been established to measure over and underutilization, the timeliness of utilization management decision making, and other aspects of the care management process. Regular audits are done on care managers and network providers' documentation to assure the quality of treatment decisions being made. Patient safety issues identified through the care management process are reported to the QM Department for follow up and investigation. Utilization management inter-rater reliability is assessed annually, at minimum. The results of these quality activities are shared with QI Committee for evaluation and recommendations.

3. Quality Management and Network Management

The integration of Quality Management and Network Management occurs through cross-representation on key committees such as the Provider Network Subcommittee (PNC) and the Quality of Care Subcommittee (QOCC), as well as partnering on provider education, performance improvement support efforts and other collaborations. Provider quality reviews and performance data are evaluated by the QOCC and QI Committee, which includes the Director of Provider Relations, Vice President of Quality Management and the Medical Director. Results and recommendations from these committees are presented to the PNC for review and consideration in the credentialing, re-credentialing and network management processes. Minutes from the LCC and summary reports of adverse incidents and potential quality of care issues are reviewed at the QI Committee meetings. In addition, these two departments work closely with providers to support improvement in performance.

4. Quality Management and Member Rights

Northeast Health Partners values our Members as an integral part of our Quality program. Members are encouraged to participate in the QM program through membership on associated QM/PI committees. They are considered subject matter experts on the down-stream impact of our programs. As part of this belief, Beacon utilizes member input and participation in the quality management program.. Members and families provide input into policy and procedure development via partnership committees and the QI Committee or sub-committees, help create and evaluate member materials, and assist in the collection and evaluation of survey or quality management data. It is Northeast Health Partners responsibility to assure that members are treated in a manner that respects their rights and cultural diversity. Northeast Health Partners informs members of their rights and responsibilities through website materials, the Office of Member and Family Affairs, and through other means.



Policy information regarding member rights and responsibilities is also provided to new employees during orientation.

5. Quality Management and Information Technology

Accurate and timely data are vital to a successful quality program. Northeast Health Partners Quality Management Program is data driven, and interfaces with data management systems and information technology to assure data integrity and accurate reporting. In addition, IT facilitates information-sharing to assure timely member treatment information is available to Care Coordinators across Northeast Health Partners network. Data is a vital aspect of Northeast Health Partners Quality Management Program. The data is not only used for reporting and to track outcomes of Quality initiatives, but it is also vital in identifying opportunities for future systemic interventions based on new or emerging trends, serves as our mechanism by which we monitor over/under utilization and provides population health management data which directs Care Coordination interventions. Data and IT systems also support Performance Improvement Projects, provides information used as the basis for development of new Performance Improvement initiatives and offers both member-level and system-wide detail that enables the Quality team to better support our Care Coordinators, inform our Board of Directors, substantiate our approach to Performance Improvement.

6. Quality Management and Claims

The integration of QM with the Claims functional area has been increasingly realized through the active participation of Claims leadership on the CQC and other national QM Sub-committees. The review of the accuracy and timeliness of claims payment data, coupled with review of how the Claims Department meets the performance expectations for our contract has led to a better understanding of how claims processes impact the entire company. Quick and accurate payment to network providers is a continuous goal.

7. Quality Management and Other Major Functional Areas of Beacon

The interface of QM with the remaining major functional areas (Finance, Legal/Risk Management/Compliance, and Human Resources) of Northeast Health Partners occurs as needed through management meetings or other targeted meetings to share information and address areas of common interest or concern. Increasingly, QM Committees at the corporate and Engagement Center level include representatives of these functional areas. This has resulted from the increasing awareness of the need for improved communication with these departments and the necessity of their input into the processes being developed at all levels of the company. When interventions to improve any process in the company are developed, it is critical to include all functional areas in the decision-making process since invariably all functional areas are impacted by these processes. It is the role of the QM Department staff to constantly increase the consciousness of all functional areas regarding the importance of this communication.

8. Provider Relations

The integration of QM and Provider Relations is a key component to the success of several QM initiatives. QM works in conjunction with Provider Relations on several projects to include but not limited to: practice assessments, practice transformation, hospital transformation, practice and provider trainings, the RAE Learning Collaborative, as well as engaging providers in supporting QM and performance improvement initiatives.

9. Quality Management and Clinical

The integration of QM and Clinical is assured through management and staff representation on key committees including the CQC, and respective subcommittees and workgroups at the corporate level and on local committees. These structures not only support clinical and quality management activities; it also assures that immediate access to exceptional care is provided to all members in a consistent way, utilizing standard



scientifically validated protocols. These departments work together to ensure member care is effectively coordinated, that treatment information is shared across primary care, behavioral and other specialty providers. The Care Management/UM Department also works closely with the Compliance, IT, and Provider Relations Departments to assure that relevant information is shared, and that processes impacting these departments are operating as designed.

IV. **Goals and Objectives**

The goals and objectives of the Quality Program are developed following an evaluation of the critical needs of the partnership, members, contract requirements and overall functions. Annually, the Quality Department completes an annual work plan, an annual program evaluation and an annual program description. These documents are known as the Trilogy Documents.

The QI Committee evaluates the Quality Program and goals each year. The program and goals are then reviewed and subsequently approved by the Board. The goals are reviewed at least semi-annually by the QI Committee so that progress can be assessed. Goals for the new program will need to be established and written to in an annual work plan. In addition to the work plan, annually an evaluation of the Quality Program is completed. The annual evaluation examines the previous year and address program strengths, weaknesses and areas for improvement. The annual evaluation also speaks to a detailed analysis of the work plan goals. Finally, each year a program description is written. The program description is a document written to address the multiple facets of the Quality Management Program. The document addresses key areas of program function to include: program structure, oversight of the Quality Management program and committee structures. The QM department also maintains responsibility for the delivery of State reports for those reports produced by QM.

A. Work plan goals

A detailed work plan will be created based on contractual requirements and evaluation of key measures of performance, and the Board/QI Committee input is garnered. At this time our initial QI Program goals include:

- Assuring the QI and PIAC Committees and subcommittees are fully implemented and that all key functional areas and members of the partnership are represented,
- Ensuring that committee members understand the role of the committees, and the overall goals of the RAE
- Establish a framework for assuring stakeholder and member input, performance review and improvement efforts as we identify and refine goals for the initial year of operation.

V. **Delegated Activities**

Beacon Colorado does not delegate any activities to subcontractors. However, Northeast Health Partners does delegate activities to Beacon Colorado. The following deliverables have been addressed in the Northeast Health Partners Administrative Services Agreement in the Outcomes, Quality and Performance improvement service area.

- Quality Improvement Plan
- Annual Quality Report
- Performance improvement projects
- CG-CAHPS Survey
- QOC Report
- COUP Report
- Coordinate documentation submission and overall RAE EQRO site review process;
- Coordinate/conduct and submit performance improvement projects as required by RAE contract;
- Prepare and coordinate implementation of site visit corrective action plan(s);
- Attend Quality meetings; respond to HCPF/HSAG inquiries;
- Prepare and submit required reports to HCPF that are assigned to the QM Department
- Conduct RAE QM Meetings on a regular basis;
- Conduct mental health center and IPN contract compliance audits as directed by the Board of Directors;
- Conduct PCMP contract compliance audits as directed by the Board of Directors;
- Monitor and manage ongoing performance of Pay for Performance components of the RAE contract and identify and propose to the Board of Directors Quality Improvement measures and program to enhance



- performance and capture of Performance earnings; and
- Prepare and distribute Quality Management Data reports/compliance reports/trending reports that reflect performance of the RAE

VI. **Committee and Sub Committee Structure** (see attachment 1)

Ultimate authority for Northeast Health Partners Quality Management Program rests with the Board. The Board assigns authority for direct oversight of the Quality Management Programs to the Northeast Health Partners Quality Improvement Committee. Quality Improvement Committee is responsible for developing, revising and updating the program description, the program evaluation and the work plan annually. These documents, as well as Quality Improvement Committee recommendations for quality and clinical activities and corrective actions, are subject to review and final approval by the Board.

The Quality Improvement Committee is comprised of community agency providers, members and/or member representatives, and Beacon Colorado staff that represent a variety of cultural/ethnic groups, geographic regions, and a range of disciplines, subspecialties, and areas of practice within Northeast Health Partners catchment area.

The Quality Improvement Committee meets at least quarterly to monitor and evaluate the quality and appropriateness of care, pursue and approve opportunities to improve patient care, and resolve problems. In the course of these meetings, utilization and quality trends are analyzed, deficiencies and barriers to improvement are identified, and solutions are proposed. Interventions are monitored for effectiveness. The Quality Improvement Committee addresses a variety of issues including: performance measurement and improvement activities, cross agency integration, and access issues.

The following is the composition of the FY-2018 Quality Improvement Committee:

- RAE Program Officer (or designee)
- Provider Representatives including:
- PCMP
- Behavioral Health and,
- Other regional/local facility or agency representatives

Beacon Staff:

- Medical Director (Chair)
- Vice President of Quality Management (Co-Chair)
- Quality Analyst
- Director, Member and Family Affairs
- Compliance Officer (ad hoc)
- Clinical Peer Advisor/UM Director
- Quality Manager
- Quality Management Specialist

To assist in the implementation of the goals of the QM Program, Northeast Health Partners has established other committees to work with the Quality Improvement Committee and the Board. These committees were established to ensure that Northeast Health Partners meets member, family member, clinical community, and provider relations needs. The collective input from these committees is shared through the quality structure by cross representation on the committees. The establishment of external committees demonstrates the operation of the organization to our partners. (See attachment 1)

Quality Improvement Committee

Committee Description:

The Quality Improvement Committee (QIC) is granted authority for quality management by the Board. The focus of the QIC is performance and operations, network adequacy, and quality of care. The committee provides guidance



to RAE staff on quality management priorities and projects, approves the quality improvement projects, monitors progress in meeting quality improvement goals and evaluates the effectiveness of the quality management program on no less than an annual basis. The committee is chaired by the Medical Director and co-chaired by the Director of Quality Improvement. The QIC provides ongoing reporting to Board. In addition to the QIC there is an annual Integrated Steering Committee which will evaluate accomplishments and provide direction for the upcoming year.

Membership:

- RAE leadership,
- staff from Northeast Health Partners /Beacon, including
 - Data Analytics
 - IT
 - Quality Management
 - Clinical
 - Provider Relations
- Primary care and behavioral health providers

Frequency:

Quarterly at minimum

Regional Performance Improvement Advisory Committee

Committee Description:

The Regional PIAC comprises Members, family members, partners, providers, hospitals, community agencies and a variety of stakeholders who represent the populations of the region and local communities. The role of this committee is to guide and inform program administration, such as input into performance with a focus on KPIs, population health, program development, quality of care, and service. This committee serves the important function of vetting the annual Performance Improvement Plan, the Performance Improvement Project progress, possible performance improvement initiatives that will directly impact the quality of Member care, Member engagement or Member experience of care. Issues that might arise for discussion within the PIAC include but are not limited to: Member needs around medical care, transportation, community services such as food, peer support, financial assistance, clothing, and cultural and religious considerations.

Membership:

The Regional PIAC is chaired by our Program Officer and co-chaired by the Director of Quality Improvement.

Frequency:

The frequency of this meeting will be determined

Member Advisory Council Subcommittee

Committee Description:

To provide direction in policy and operations, including understanding the member health care experience, promoting health, health advocacy, and Member engagement, identify health care needs relative to communities, evaluate Regional Accountable Entity (RAE) performance in delivering health care to Members.

Membership:

- Family Members
- Members
- Users of health care services
- Northeast Health Partners Staff

Frequency:

To be determined

Coordination of Care Subcommittee: Care Coordination, Health Teams, Transitions, Social Determinants

Committee Description:

To plan, implement and evaluate system effectiveness and address barriers and needs across the region.



The Coordination of Care Subcommittee will ensure that the services and supports offered impact the Member's wellbeing, including Health Neighborhood providers and organizations that support the Social Determinants of Health. The committee will help ensure the delivery of community based, high quality care coordination services to the RAE members.

The Subcommittee will do the following

- Review progress on impacting key social determinant factors identified by the RAE
- Work collaboratively with all the stakeholders engaged in updating and implementing the County Community Health Improvement plans.
- Provide updates and receive feedback on Colorado Opportunity Framework regional efforts
- Review, assess and identify new or changing opportunities to impact the social determinants of health
- Provide updates and progress on Population Health Management Plan goals
- Review with provider partner organizations any regional gaps and ensure that community based care coordination is provided
- Oversee the response for Members with complex needs, specialized and/or high risk needs
- Identify and strategize how to overcome identified barriers to care for Members.

Membership:

- Care coordinators
- Agency and provider staff
- Key stakeholders from varied areas across the region to include but are not limited to:
 - County Department of Human Services Representatives
 - County Public Health representatives
 - Local Judicial District representatives
 - School District representatives
 - Representatives from hospitals across the region
 - Designated RAE representative for Colorado Opportunity Project

Frequency:

The Coordination of Care Subcommittee will meet at least quarterly and report its activities to the Regional Performance Improvement Advisory Committee

Medical Management and Population Health Subcommittee

Committee Description:

The Medical Management and Population Health Subcommittee will focus on evaluating the activities directed at protection and improvement of the health and wellbeing of the Member population. The committee will understand each of the interventions in the Population Health Management Plan to determine if there is a need for additional resources, training, materials, providers support or structural recommendations to ensure effectiveness of outcomes.

The Subcommittee will do the following

- Update and evaluate the process and outcomes of the Adult and Pediatric Population Health Management plans
- Evaluate the use of the Health Needs Survey results and how they inform understanding of Member's needs.
- Provide a continuous feedback loop so that Member and stakeholder voice can be used to refine the plan and enhance interventions to ensure programs achieve objective results.
- Evaluate the established Four Quadrant stratification model and receiving feedback to evolve the model as needed.
- Gather key stakeholder feedback for development and revision of the Population Health Management Plan.

Membership:

- Agency and provider staff
- Key stakeholders from varied areas across the region
- Care coordinators
- County Department of Human Services Representatives
- County Public Health representatives



- Local Judicial District representatives
- School District representatives
- Representatives from hospitals across the region

Frequency: The Medical Management and Population Health Subcommittee will meet at least quarterly and report its activities to the Regional Performance Improvement Advisory Committee

Provider Network Subcommittee:

Committee Description:

Provider Network Sub-Committee, which will report to Quality Committee, has been designed to oversee network development functions and network management activities to ensure that provider receive appropriate technical support and training, as well as, support for practice transformation. The committee will meet periodically and will use available data and reports to ensure the RAE meets or exceeds contract requirements on:

- Network Adequacy;
- Provider support and training; and
- Practice Transformation.

Membership:

- Provider Relations Director
- Representatives from Quality Management, Members Services, and Clinical Departments
- Physical and behavioral health practices
- Members

Frequency:

To be determined

Quality of Care Subcommittee: Utilization Management Oversight, Patient Safety, and Quality Concerns

Committee Description:

The Quality of Care Subcommittee will help ensure the delivery of optimally-integrated, high-quality behavioral health and primary care services to RAE members. To accomplish these objectives, the sub-committee will do the following:

- review the quality of care provided to RAE Members;
- oversee the investigation of adverse incidents and patient safety concerns;
- direct the follow-up on adverse incidents and impose corrective action requirements, when appropriate;
- oversee utilization management (UM) processes and performance metrics;
- prepare and review the UM program description at least annually;
- develop an annual UM plan and specific goals;
- prepare an annual UM program evaluation and;
- identify and address treatment needs for the region.

Membership:

- Chief Clinical Officers and/or Medical Directors of the RAE's partner organizations;
- Beacon's VP/Medical Director
- Clinical Director/UM Director
- Clinical Peer Advisor
- Quality Director



Member Services Subcommittee: Complaints, Grievances and Appeals

Committee Description:

The purpose of the Member Services Subcommittee is to support Advocates who work in the CMHC and FQHC. The subcommittee meets bi-monthly and have standing agenda items on Grievances and Appeals; Rights and Responsibilities, Cultural Competency (Northeast Health Partners will also administer a cultural competency self-assessment annually with our partners to monitor our strategic objectives related to our cultural competency plan); Member Material Review; PIAC updates, Peer Specialists, and Zero Suicide. The group reviews the trends Advocates see related to grievances, services, satisfaction levels (compliments), and access to services. The subcommittee recommends system changes and enhancements to improve satisfaction and performance for our Members. The subcommittee has developed a yearly work plan with measurable goals. As part of the Member Material Review, the subcommittee addresses health literacy and plain language for Member materials. . The group reviews recommendations from audits such as the EQRO to ensure consistency in managing grievances.

Membership:

- Advocates and/or Grievance Coordinator from CMHCs and FQHCs and Hospital provider
- Office of Member and Family Affairs staff
- Clinical and Quality staff upon request
- Department representatives, upon request
- Customer Service Representatives

Frequency: Bi-monthly

State Committees:

Northeast Health Partners will also participate in the statewide Program Improvement Advisory Committee (PIAC), the Operational Learning Collaborative and the Integrated Quality Improvement Committee (IQUIC) and other advisory committees as needed.

VII. Performance Improvement

Northeast Health Partners Quality Management Program monitors and evaluates quality across the entire range of services Beacon Health Options/ Northeast Health Partners provides. Structure, process, and outcome evaluations occur regularly across the system of care; when opportunities for improvement arise, interventions and/or performance improvement projects are implemented. Beacon Health Options/ Northeast Health Partners will manage up to four Performance Improvement Projects designed to achieve significant improvement, sustained over time, in clinical care and nonclinical care areas that are expected to have a favorable effect on health outcomes. These Performance Improvement Projects will be selected in collaboration with the Department of Health Care Policy and Financing (HCPF). One of the determined projects will be an endeavor that addresses physical health. The second Performance Improvement Project will directly address behavioral health.

Performance Measurement

Performance measurement is a core function of the Quality Management program. The primary goal of the Quality Management Program is to continuously improve patient care and overall health outcomes, assuring efficient utilization of services. Through data collection, measurement and analysis, aspects of care and service that demonstrate opportunities for improvement are identified and prioritized for quality improvement activities. Data collected for quality improvement projects and activities are related to key indicators of quality that tend to focus on high-volume diagnoses or services and high-risk diagnoses, services, or special populations. Data is considered to be statistically valid, reliable and comparable over time. Beacon Health Options/ Northeast Health Partners uses the following steps to ensure a systematic approach to process improvement:

- Monitor clinical and service quality indicators
- Identification of opportunities for improvement
- Prioritization of opportunities to improve processes or outcomes of healthcare delivery that are based on risk



- assessment, ability to impact performance and resource availability
- Identification of the affected population within the total membership
 - Identification of the measures to be used to assess performance
 - Establishment of performance goals or desired level of improvement over current performance
 - Collection of valid data for each assessment measure and calculate the level of performance
 - Review and analysis of data from indicators
 - Annual re-measurement data is collected for changes or improvements to the baseline level of performance and reviewed by the quality management committee
 - Periodic interim measurement is recommended especially when the baseline and re-measurement timeframe is a year.
 - Thoughtful identification of interventions that are powerful enough to impact performance; and
 - Analysis of results are used to determine where performance is acceptable and, if not, the identification of current barriers to improving performance.

Beacon Health Options shares the findings with its partners, staff and management team and stakeholders through regular updates, PIAC and other committee meetings.

FY19 Key Performance Indicators

For the first year of the contract, Northeast Health Partners Quality Management Program will also engage in seven Key Performance Indicators (KPIs). In order to best improve performance for these metrics, Northeast Health Partners will participate in the following KPIs:

- Potentially Avoidable Costs
- ED Visits
- Behavioral Health Engagement
- Well Visits
- Prenatal Care
- Dental Visit
- Health Neighborhood

FY19 Behavioral Health Incentive Measures

- Engagement in OP SUD Treatment
- Follow-up within 7 Days of an Inpatient Hospital Discharge for a Mental Health Condition
- Follow-up within 7 days of an ED Visit for Substance Use Disorder
- Follow-up w/in 30 Days After a Positive Depression Screen
- BH Screening or Assessment for Children in the Foster Care System w/in 30 Days of ACC Enrollment

VIII. Member Experience of Care

Northeast Health Partners strives to meet the principals of the Quadruple Aim including developing processes for measuring and tracking Members' experience of care. Our staff assists the Department in administration of the CG-CAHPs and ECHO surveys through offering support to both the Department and the providers who will be participating.

We also gather member experience information via website, share results through the QI Committee, Learning Collaborative, Regional PIAC, the Member Advisory Council, Member Services Subcommittee, and other venues.

Survey data is collected and reviewed by the QI Department and incorporated into the information provided to PIAC members for review and comment. Survey results will be reviewed by Member Services and Provider Relations staff as well. Where there is a need identified for interventions with a particular provider based on survey feedback, quality and provider relations staff will engage that provider, offer assistance, and work to effect changes that will result in better member experience of care.

IX. Population Health Plan

Beacon/ Northeast Health Partners will implement a population health plan to be used in order to guide care



coordination as well as address regional health care needs. In addition, the population health plan will be used to aid the progress in improving the social determinants of health.

X. **Role of Members/Family Members**

Northeast Health Partners values are reflected in our belief that every Member matters. Members and their family should be viewed as resources and active participants in their treatment and recovery. As part of this belief, member and family member committee membership is an opportunity for constructive input and participation in the quality management program.

XI. **Quality of Care**

Beacon Health Options/ Northeast Health Partners undertake a variety of activities aimed at evaluating and improving the quality of care for Health First Colorado members. Beacon Health Options/ Northeast Health Partners is committed to providing the best possible care and ensuring the safety of our Members. Processes to prevent, evaluate, and respond to the safety of Members are fundamental to our QI Program. The system we have in place to respond to quality of care issues has three main parts: identification, investigation, and solution.

XII. **External Oversight**

Annually, Northeast Health Partners will participate in an External Quality Review (EQRO) site audit conducted by Health Services Advisory Group (HSAG). The site review will evaluate compliance with current contract requirements. Northeast Health Partners believes that their dedication to striving for excellence, and commitment to Health First Colorado Members will be demonstrated in the audit results.

XIII. **Learning Collaborative**

In order to ensure the Quality Management program is effectively serving Members and providers, Northeast Health Partners will participate in multi-disciplinary statewide advisory committees and learning collaboratives for the purposes of monitoring the quality of the Program overall and guiding the improvement of program performance. Northeast Health Partners participates in the following learning collaboratives:

- Wellness activities.
- Provider payment models.
- Health Promotion and Population Health Stratification and Management.
- Member engagement.
- Health Neighborhood and Community development.
- Provider support and practice transformation.
- Data analytics.
- Care Coordination, including cross-agency, cross-system activities.
- Health information initiatives and technologies.
- Strategies used to address social determinants of health and alignment with the Colorado Opportunity Framework Project.
- Transitions of care, including hospital discharge and LTSS Members transitioning to the community and,
- ad hoc learning collaboratives to monitor specific program activities

XIV. **Confidentiality**

Northeast Health Partners and Beacon adhere to confidentiality standards set forth by Beacon and employees routinely maintain as confidential all information collected relating to:

- Past and present members, including identity, as well as personal information
- Organizational planning and development
- Financial Status of the organization

Northeast Health Partners and Beacon maintain Personal Health Information (PHI) on a confidential basis in



accordance with all applicable regulatory (e.g. HIPAA/42CFR, part 2, HITECH) and accreditation requirements and ensures that all such information obtained during the utilization management process is used solely for the purposes of utilization management, quality management, disease management, discharge planning, case management, and claims payment. Confidential information is made available during the course of the relationship between the member and CCM as well as between the CCM and provider. All Beacon employees, including those at Beacon are required to complete HIPAA training and sign a statement of confidentiality at the time of employment and annually thereafter.

All Beacon employees, providers and delegated entities are expected to safeguard the confidentiality of UM and treatment record information related to both enrolled and dis-enrolled members. Non-clinical personnel have limited access to clinical screens in order to protect the confidentiality of members. Information from the system is sorted and reported at regular intervals to provide staff, clients and providers with feedback on utilization data and trending analysis in aggregated numbers on members accessing the behavioral healthcare delivery system at Beacon.

Beacon maintains information systems to collect, maintain, and analyze information necessary for utilization management that incorporates adequate safeguards to ensure the confidentiality and security of UM and treatment records as well as a plan for secure storage, maintenance, tracking and destruction of member-identifiable clinical information.

All requests for authorizations for release of information are directed to management staff and are reviewed and responded to in accordance with Beacon policy and according to Engagement Center contracts.

Members are entitled to receive copies of any information pertaining to them, on request, subject to limits placed by state and federal guidelines, and an evaluation of any potential risk of harm to the member entailed by such release of information. Engagement Center management staff may also consult with the National Legal Department as needed.

Confidential information may include but not be limited to:

- Personal Health Information (PHI);
- Certification of mental health treatment;
- Claims processing information;
- Utilization review;
- Peer review;
- Response to congressional inquiries (made at the request of the member);
- Appeals; and
- Quality assurance

All PHI is kept strictly confidential. Individuals engaged in quality improvement activities maintain the information used in such activities. All written reports, records or any work product or communication related to quality improvement activities are considered privileged and confidential information. Except when specific reference is necessary to meet the goals of the QM program, reference to individual providers or members are redacted to safeguard the person's identity.

Periodic re-training efforts reinforce the importance of confidentiality. All members and providers who participate on Beacon committees must also demonstrate their understanding of Beacon confidentiality policies and procedures by signing confidentiality statements prior to committee participation. Participating provider contracts are explicit in regard to treatment record confidentiality requirements.

XV. **Regulatory Compliance**

It is the policy of Beacon to comply with all laws governing its operation. The strategy for implementing regulatory changes includes notification and analysis, implementation, and training. Beacon Legal and Compliance Departments and Northeast Health Partners actively participate in the process.



The State of Colorado and Beacon Legal Department provide information, oversight and guidance regarding regulatory changes. This includes:

- Identification of changes in laws and regulations
- Determination of how upcoming changes affect business operations
- Evaluation of the scope and implementation effort required
- Development of summary information (i.e. regulatory alert)
- Distribution of regulatory alert to key contacts
- Development of more detailed information for the divisions affected by the change
- Coordination of a meeting of the Beacon' Compliance Committee to discuss actions required for implementing the changes.

The Board or directors, the Compliance Oversight Group and Beacon have primary responsibility for implementing changes that affect Northeast Health Partners operations. For changes that affect multiple Engagement Centers and corporate departments, the National Compliance Department leads the implementation including:

- Identifying other key contacts within the Engagement Center
- Routing implementation questions to Legal Department
- Coordinating implementation activities with other compliance contacts
- Identifying training requirements, affected staff, and formats/methods
- Monitoring implementation of changes

The National Legal and Compliance Department takes the lead role in establishing and maintaining the Beacon Regulatory Compliance Program. The National staff provides ongoing information, updates and support and is responsible for overseeing the progress of the implementation.

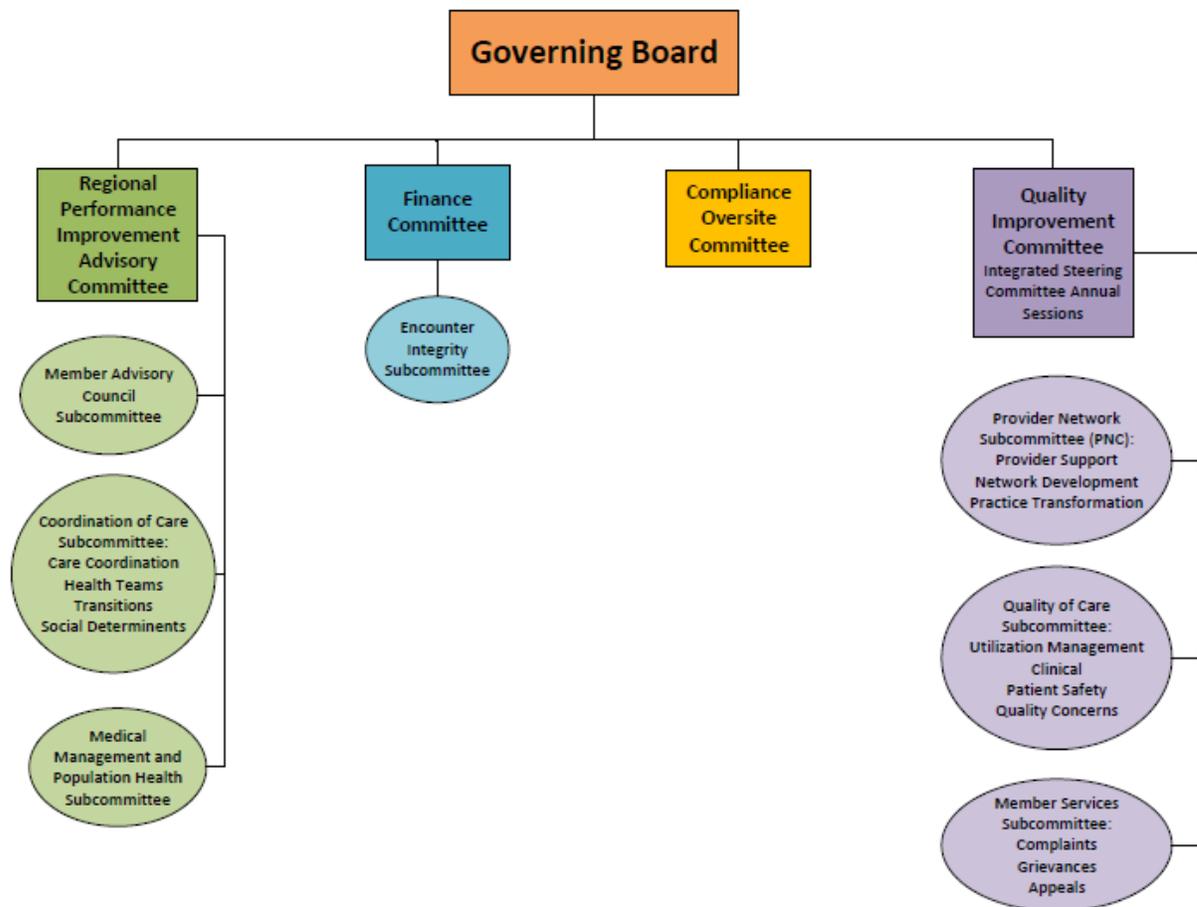
Staff training for the Colorado Engagement Center is the responsibility of the Engagement Center with assistance from Beacon Legal and Compliance Department.

The Vice President of Quality Management and the Compliance Officer are responsible for tracking and ensuring compliance with State and Federal laws and regulations applicable to the Quality Management Program. Tracking and compliance are addressed with the support and assistance of the Board, the Compliance Oversight Committee, QIC and the Beacon Legal and Compliance Department.

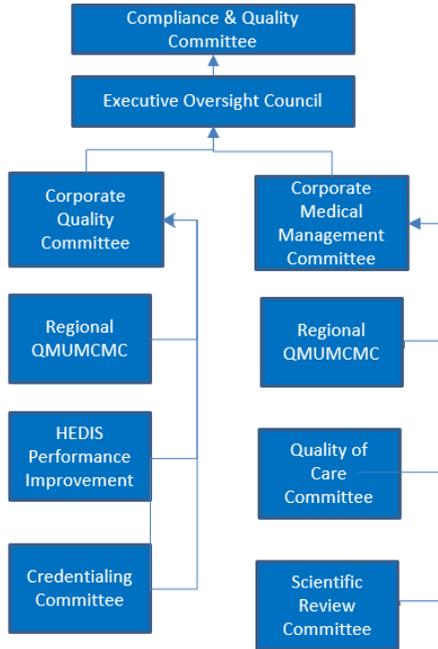
Attachments:

Attachment 1: Committee Structure

Regional Accountable Entity Committee Structure

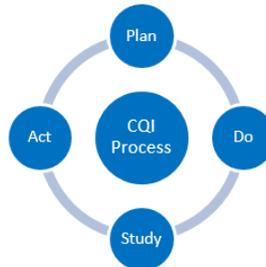


Attachment 2: 2018 Quality Framework



**Beacon Health Options
2018 Quality
Framework**

BEACON QI MODEL



PDSA

- SHARED SERVICES
 - UM
 - NETWORK/CR
 - AIC
 - KNOWLEDGE MANAGEMENT
- MEMBER SERVICES
- REGIONAL CLINICAL/QUALITY, OPS, CLIENT PARTNERSHIPS
- CONTRACTS MANAGEMENT
- CLIENTS
- IN ALL SUPPORT FUNCTIONS:
 - IT
 - FINANCE
 - ADMINISTRATION

SAMPLE CORE PERFORMANCE INDICATORS

UM:
Readmission Rates
Consistency of UM Decision Making
Days/1000
CLINICAL:
CM Outcomes
Population Assessment
Engagement Rates
NETWORK:
Time to Access
Linguistic Access
Provider Satisfaction
MEMBER SERVICES:
Telephonic Abandonment Rate
Telephone Turn Around Time
QUALITY IMPROVEMENT:
Performance Improvement (HEDIS BH Quality Metrics)
Member Satisfaction
Accreditation Readiness
PROVIDER PARTNERSHIPS
Provider Profiler
CLIENT PARTNERSHIPS
Client Satisfaction
CONTRACTS MANAGEMENT, REPORTING & CLAIMS:
Timeliness of Reports
Responsiveness of Requests
Claims Processing Rates