

## UNIVERSITY OF UTAH HEALTH PLANS - QUALITY IMPROVEMENT WORKPLAN (Fiscal Year 2008)

Approval Signature \_\_\_\_\_ (Quality Medical Director) Date: \_\_\_\_\_  
 (Represents approval by the Quality Improvement Committee - Governing Body)

| ACTIVITY / AIM  | TYPE<br>* | PLAN<br>** | BACKGROUND   | GOAL  | METHODS   | DATE<br>*! | LEAD                                   |
|---|-----------|------------|--|---|---|------------|--|
| <p>Blood Pressure Control -Diabetes</p> <p>Aim: To improve blood pressure control with members who have both hypertension and diabetes.</p> | CQI       | HU         | <p>In 2007, UUHP was awarded a grant to improve blood pressure control with members who have both hypertension and diabetes. Most interventions will be implemented in conjunction with the Health Plan Work Group.</p> <p>In 2006, HEDIS added blood pressure control to the comprehensive diabetes care measure (&lt;130/80 mm Hg and &lt;140/90 mm Hg). The percentage of our members with readings below these indicators was 43.07% and 66.91%, respectively.</p> | <p>Improve blood pressure control with members who have both hypertension and diabetes</p>    | <p>Member education</p> <ol style="list-style-type: none"> <li>1. Develop one or more member interventions to reduce hypertension among members with diabetes in coordination with the health plan work group</li> <li>2. Explore focused disease management intervention with highest risk members with both diabetes and hypertension.                             <ol style="list-style-type: none"> <li>a. Self-help materials and tools (e.g., blood pressure cuffs)</li> <li>b. Case management</li> </ol> </li> <li>3. Explore community outreach to members with diabetes and hypertension                             <ol style="list-style-type: none"> <li>a. Focused community health fair - invite by geographical area (zip code). Provide a meal, free BP cuffs/take their BP, provide HbA1c test, and ensure PCP relationship</li> </ol> </li> </ol> <p>Provider involvement</p> <ol style="list-style-type: none"> <li>1. Distribute provider guidelines for hypertension care in coordination with the health plan work group</li> <li>2. Explore CME availability at U                             <ol style="list-style-type: none"> <li>a. November 07 cardiology dept. CME / conference</li> <li>b. CME at community clinics</li> </ol> </li> <li>3. Post the BP guidelines on UUHP website</li> <li>4. Distribute BP guidelines at provider luncheons</li> </ol> | 6/30/08    | <p>Elbel/Day/Serrano/ QI Committee</p> |
| <p>Diabetes HbA1c improvement</p> <p>Aim: To ensure that at least 83% of Healthy U members with diabetes have a HbA1c test in 2008.</p>     | CQI       | HU         | <p>Our HbA1c testing rate declined from 81% in 2003 to 71% in 2005. Over the same period the State Medicaid average also declined by 7% from 83% to 76%. In 2006, we set a goal to improve our administrative rate by 2 standard deviations from 51% to 54%. We met our goal and improved the administrative rate to 59%. In addition, the overall HEDIS rate improved significantly from</p>  | <p>Goal: Improve the 2008 HEDIS HbA1c test rate up to two standard deviations (1 - 3.8%).</p> | <p>Member education</p> <ol style="list-style-type: none"> <li>1. Postcard / Magnet reminder</li> <li>2. At home test kits</li> <li>3. Personal phone calls for those who have not received test</li> <li>4. IDX pop up reminders with check list for special needs members</li> <li>5. Explore targeted incentives</li> <li>6. Continue reminder calls</li> <li>7. Staff training/education – Q&amp;A</li> <li>8. Case manage top 1-10% of members (based on</li> </ol>  | 6/30/08    | <p>Elbel/Day/Serrano/ QI Committee</p> |

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|  |           |            | 71% to 82% (p<.0002).<br><br>Our goal in FY 2008 is to improve the overall HEDIS rate by up to two standard deviations (i.e., 1 - 3.8%).   |  | utilization)<br>9. Continue diabetes program design sub-committee<br><br>Provider involvement<br>1. Physician Input<br>2. Explore Chart Stickers and electronic alerts (comm. Clinics EMR)<br>3. Provider education on benefits (maybe use member grid)<br><br>Future ideas:<br>1. Pay for performance<br>2. Geographic analysis coupled with education  |            |                                       |
| Care Coordination Barrier Survey<br><br>Aim: Identify and address the perceived barriers to communication between medical and mental health providers to improve care coordination and care. | CQI       | HU         | Although there is consensus that care coordination rarely occurs between medical and mental health providers, there is limited research about the barriers to communication between the disciplines (i.e., reasons for not coordinating care). In October 2006, we conducted a study to determine these barriers. The top three shared barriers were 1) nothing in the chart from the other provider, 2) no time, and 3) no contact information for the other provider. We have assembled a team of stakeholders from the U Health Plan, U Community Clinics, Valley Mental Health, and the Bureau of Managed Care/Medicaid to design provider, member, and policy level interventions to address the identified barriers. | Implement at least three interventions to address identified care coordination barriers. | 1. Implement CME 8/9/07 (diabetes / depression) and address contact information barrier<br>a. Diffuse contact information materials to providers not attending the CME.<br>b. Explore additional provider meetings / interactions to improve contact opportunities / sharing of contact information.<br>2. Conduct baseline measurement by October 1, 2007.<br>a. Design data collection protocol (including inter rater reliability process) and training, standard data collection elements and tools, and a description of data collection procedures and data analysis plan.<br>3. Continue monthly stakeholder meetings to identify and implement provider, member, and policy interventions.<br>4. Conduct first measurement against baseline by March 1, 2008.<br>5. Determine additional improvement measurement tools.<br>a. Member (e.g., CAHPS care coordination questions).<br>b. Provider (e.g., re-peat survey questions). | 6/30/08    | Elbel/Day/Smart/Stakeholder Committee |
| Fraud and Abuse Prevention and control Program Refinements.<br><br>Aim To implement additional claims system edits improving our fraud   | ASQI      | HU<br>UUHP | We formalized a fraud and abuse compliance program in 2004 by creating and implementing a fraud and abuse prevention and detection plan. We continue to communicate the plan to health plan members, providers, and staff. Part of our prevention and detection program includes the use of claims system edits to prevent and detect  | Implement additional fraud and abuse system edits.                                       | 1. Determine and implement appropriate claims system edits<br>2. Update policies and procedures<br>3. Communicate new policies and procedures to staff.<br>4. Integrate updates into annual staff training and new hire training.  | 6/30/08    | Wilson/Reynolds/Elbel/Ops Committee   |

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| and abuse prevention and detection capabilities.  |           |            | fraud and abuse. In FY 2008, we will implement additional edits to improve our program.   |  |  |            |                        |
| <p>Member Satisfaction</p> <p>Aim: To maintain a high level of member satisfaction as measured by the percentage of adult members rating the health plan as an 8, 9, or 10 on the CAHPS survey.</p> | ASQI      | HU<br>UUHP | <p>In 2005, 71.9% of members ranked the health plan as an 8, 9, or 10, exceeding both the State (62.3%) and National Average (70%). Our goal in FY 2007 was to increase by a minimum of 1 standard deviation, which equaled 2%. We did not meet this goal; however, we did maintain our level of service with a 71.3% satisfaction rating.</p> <p>In FY 2008 our goal is based on the 2006 child CAHPS survey score, in which 87% of members ranked the health plan as an 8, 9, or 10. Because our score already exceeds the state and national averages of 85.0% and 80.1% respectively, our goal is to maintain service satisfaction within 2 standard deviations of the state average.</p> | Maintain service satisfaction to our customers within two standard deviations of the state Medicaid average. | <p>Employee Skills, Training, and Tools</p> <ol style="list-style-type: none"> <li>1. Impact Training – complete modules online and in-person</li> <li>2. Monthly review for dept from Impact Training.</li> <li>3. Monthly Training for Claims/Cust Serv Reps. (4hrs mo)</li> <li>4. Revise call monitoring form and increase amount of call monitoring</li> <li>5. System flag to notify employees of members with special needs (i.e., only talk to a certain Case Manager)</li> <li>6. Provider Database – searchable</li> <li>7. Searchable provider directory on website</li> </ol> <p>Provider Network Improvements</p> <ol style="list-style-type: none"> <li>1. Gather specific information from CAHPS comments, HPR's, employees and HR. What are the top issues? North and South, wait times, lack of Specialists, etc</li> <li>2. Compile the information</li> <li>3. Take action</li> </ol> <p>Benefit Education</p> <ol style="list-style-type: none"> <li>1. Monthly staff training specific to benefits (HUM and UHCP)</li> <li>2. Make HUM preventive benefits more visible, (i.e., member handbook)</li> <li>3. Attend Medicaid Policy meeting, communicate agenda and minutes with staff</li> <li>4. Information about CHEC on the website</li> <li>5. New CHEC letters and reminder calls</li> </ol> <p>Other</p> <ol style="list-style-type: none"> <li>1. Add a function in the ACD system to tell callers, while on hold, their position in the queue</li> <li>2. Yearly calendar of big events, so we can all plan and manage changes too.</li> <li>3. Callbacks - when call created CSR</li> <li>4. Offer a confirmation number (CSR #)</li> <li>5. Reduce CSR turnaround time</li> </ol> | 6/30/08    | Wilson / Ops Committee |

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|   |           |            |  |  | 6. Complete appeals database so that online data populates appeals database   |            |                          |
| <p>Provider Satisfaction</p> <p>Aim: : To improve the percentage of providers rating the health plan as an 8, 9, or 10 on UUHP's internally developed survey.</p> | ASQI      | HU<br>UUHP | <p>In FY 06 we developed and administered a baseline provider satisfaction survey. Fifty nine percent of providers ranked the health plan as an 8, 9, or 10 (10 = high satisfaction). The top reasons for a score less than 8 were timeliness of payment, timeliness of corrections, and responsiveness of staff to concerns.</p> <p>In FY 07 we improved to 71.2%. The top reasons for a score less than an 8 were timeliness of payment, responsiveness of staff to concerns, and accessibility of staff.</p>  | Increase the percentage of providers rating the health plan as an 8, 9, or 10 by up to 2 standard deviations (1-8%). | <p>Provider Relations Role - Contracting / Reimbursement</p> <ol style="list-style-type: none"> <li>1. On-site visits / face to face</li> <li>2. EOB's online</li> <li>3. Improve EOB format (especially with adjustments)</li> <li>4. EDI – electronic EOB and EFT</li> <li>5. Call-backs - when call created CSR</li> <li>6. Increase reimbursement - UHCP</li> <li>7. Provider Communication / education about our processes for reviews, etc.</li> <li>8. Review St Marks policy (non par areas)</li> <li>9. Claims Turn around time – manage perception, education/communication</li> <li>10. Online provider application</li> <li>11. Contract / fee schedule audit</li> <li>12. Provider luncheons</li> <li>13. Medicare cross-over claims</li> </ol>  | 6/30/08    | Davis / Ops Committee    |
| <p>Employee Satisfaction</p> <p>Aim: To increase employee satisfaction as measured by the annual employee satisfaction survey.</p>                                | ASQI      | HU<br>UUHP | <p>The organizational behavior / improvement literature suggests there is a correlation between improved employee morale / satisfaction, and improved customer service.</p> <p>In 2006, our overall employee satisfaction score improved to 4.15. This was an improvement from our 2005 score of 3.85.</p> <p>The people goal is based on the results of the Employee Survey conducted each year by the U of U Hospitals and Clinics. Results for the 2007 survey are not yet available (available in September each year).</p> <p>Our goal continues to be to maintain employee satisfaction rating of 4 or above (scale of 1 to 5 with 5 being extremely satisfied).</p> | Maintain an overall score of 4 or above  | <ol style="list-style-type: none"> <li>1. Dept build out, including plants, pictures, paint, etc.</li> <li>2. Research 4, 10hr shifts (longer customer service hours and/or some time off phones for paperwork, emails, CSR's etc.)</li> <li>3. Increased recognition in rounding for “extra-specialness”</li> <li>4. Mid-year evaluations with more specific ways to move from one score to another.</li> <li>5. Better communication about providers; contracts, status, etc.</li> <li>6. Organize the tools and resources folder</li> <li>7. Research Interqual for Medicare Advantage product and/or next budget year.</li> <li>8. Thank you card in-service (thank you cards from managers and staff)</li> <li>9. Maximize use of employees' skills and abilities even if outside their job description</li> <li>10. Increase staff involvement in policy, problem solving, and goals.</li> <li>11. Increase communication regarding letters/mailers and compilation in tools and resources.</li> <li>12. Continue R&amp;R Team</li> <li>13. Monthly in-services from each department area in staff</li> </ol> | 09/01/08   | Peters on/ Ops committee |

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|   |           |            |   |  | meetings.<br>14. Continue rounding / one-on-ones.<br>15. Check into recycling – environmentally responsible<br>16. R&R Team give behavior standard nominations to managers.  |            |                                  |
| HIPAA Administration Simplification Act compliance<br><br>Aim: To be fully compliant with the HIPAA Administrative Simplification provisions. | ASQI      | HU<br>UUHP | UUHP is fully compliant with the Privacy Act. New and existing employees receive required training annually, all members receive a notice of privacy practices, and UUHP maintains P & Ps to protect private information. UUHP is finalizing EDI and code set transaction requirements in the following areas:<br>1. 835 – Health Care Claim Payment/Advice Transaction: Currently in internal testing phase. To be completed Q208.<br>2. 270/271 – Health Care Eligibility/Benefit Inquiry and Information Response. Q408<br>3. 276/277 – Health Care Claim Status Request and Response. Q408<br>4. 278 – Health Care Services Review—Request for Review and Response: UUHP does not require prior-authorization and verified with The CMS that this transaction did not apply but will implement it after all other transactions so that providers can requests courtesy pre-authorizations electronically if desired.<br>5. 837 – Encounter Transaction used to send encounter data to Utah Department of Health. All claims, including COB, can now be submitted electronically - completed Q405. | 100% compliant with the 835 HIPAA transaction by 6/30/08 | 1. Complete internal system testing - late August 2007<br>2. Develop documentation for internal staff - late August 2007<br>3. Educate internal staff on changes to existing process via staff meeting - late August 2007<br>4. Complete pre notification testing with University Physicians and University Hospital - mid October 2007<br>5. Train responsible staff on new procedures for testing, implementing and maintaining trading partners for 835/EFT - mid October 2007<br>6. Go live with University Physicians and University Hospital - early November<br>7. Notify external trading partners of ability to begin testing 835/EFT - early November<br>8. Update department web site with information on 835/EFT - early November<br>9. Notify UHIN of change from internal testing to external testing - early November<br>10. Begin pre notification testing with external trading partners - mid November<br>11. Go live with external trading partners - early December<br>12. Continue testing and go lives with external trading partners as they are ready - on going | 6/30/08    | Wilson /Reynolds / Ops Committee |

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| <p>Community Involvement</p> <p>Aim: To participate at least three activities offered by the LifeCare Bank of Utah that support low-income seniors and/or individuals with disabilities.</p> | ASQI      | HU<br>UUHP | <p>In FY 2007 we focused our goal on general community activities. In FY 2008 we'll focus our goal on community activities that support individuals who may also be our customers (people with disabilities).</p> <p>The goal will be to participate at least three activities sponsored by the LifeCare Bank. The LifeCare Bank, a program of Community Services Council provides a variety of services at no cost designed to help low-income senior citizens and disabled individuals by maximizing their independence and security, and combating isolation. LifeCare services are designed to enable elderly and disabled citizens to remain in their own home and in the community. Volunteer opportunities include painting homes, sponsoring spring and fall yard clean-ups, assisting individuals with on-going contacts, delivering food boxes, helping with minor home repairs, and helping seniors get free prescriptions.</p> | UUHP will participate in at least 3 community activities in FY 2008. | <ol style="list-style-type: none"> <li>1. Promote more legislative advocacy.</li> <li>2. Support activities offered by the LifeCare Bank.</li> </ol> | 6/30/08    | Reynolds/<br>Ops<br>Committee |