

Section 7 - Quality Assurance, Performance Improvement, and Compliance

7.1 Quality Assurance, Performance Improvement (QAPI) Plan and Compliance

The goals of the QAPI plan are to systematically monitor, evaluate and improve the quality and appropriateness of care provided or coordinated and to maximize member satisfaction. The following areas are reviewed annually:

- The quality of services provided to members;
- The management of care including availability, access and continuity, and early identification of problems;
- The identification and correction of operational and clinical practice issues;
- Outcomes in clinical and non-clinical areas as appropriate.

The Quality Improvement Committee (QIC), a multidisciplinary group comprised of Healthfirst clinical leadership, staff, and community providers, maintains oversight of the Healthfirst quality program. The QIC's primary responsibilities are to promote initiatives and programs related to quality management and performance improvement, and ensure that Healthfirst has a rigorous quality oversight process. The Member Advisory Council, one of several sub-committees of the QIC, is a focus group that meets regularly to obtain feedback from members regarding the care and service they receive as Healthfirst members. QIC activities are reported to the Board of Directors.

7.2 Quality Assurance Performance Improvement (QAPI)

An annual work plan is designed to conduct and/or monitor activities in support of the QAPI plan. Activities include a review of clinical operations to comply with regulatory requirements and business and operational goals. Sources of data include record reviews, incidents, hospitalizations and nursing home admission data, high-risk/high-volume utilization data, and other customer service and provider performance data reports. Data is reported to the Quality Improvement Committee (QIC) and its sub-committees as appropriate.

7.4 How Licensed Home Health Agencies are Evaluated

Healthfirst uses standardized and evidence-based tools to evaluate the quality of a Licensed Home Care Services Agency's (LHCSA) care for our members. Healthfirst evaluates the quality of agencies using their Overall Quality Rating (OQR), a numerical score on a scale of 1.0 to 5.0 that summarizes the agency's weighted average performance on select quality measures. The quality measures used to determine OQR (as well as their cut points and target rates) are informed by the New York State Department of Health (NYS DOH) Managed Long Term Care (MLTC) Quality Incentive Program, which is updated on a yearly basis.

Healthfirst's detailed methodology for calculating OQR is available upon request. Note that evaluation of an agency against a quality measure is contingent on the agency meeting the minimum membership size for that measure.

Where eligible, agencies are evaluated on the following domains for quality:

- Uniform Assessment System for New York (UAS-NY), including select quality and functioning measures obtained from UAS-NY reassessments completed by members
- Member Satisfaction, including select measures obtained from the Healthfirst Member Satisfaction Survey, which is a proxy for the NYS DOH IPRO survey
- Substantiated Member Complaints, including select measures obtained from Healthfirst's Appeals and Complaints department capturing substantiated same-day and standard complaints filed by members during the program year

Healthfirst will review agency OQRs throughout the program year (July-June), and share this information with eligible agencies on a quarterly basis. Eligible agencies will also have access to their quality data and OQRs through Healthfirst reporting tools. Reports detailing the final performance of all eligible agencies will be available in September following the end of the program.

Healthfirst will factor agency OQRs in new member agency assignment decisions, where LHCSAs with higher OQRs will be given more weight and consideration. Healthfirst will also engage eligible agencies falling at or below the Minimum Quality Rating (MQR) for the LHCSA network. Agencies will only be evaluated against

the MQR if they have enough valid quality measures that they can be evaluated on. Agencies will be notified if they are below the MQR and additional support resources will be furnished to support OQR improvement. For agencies consistently falling below the MQR, Healthfirst may take other actions deemed necessary, including but not limited to:

- Reduction or discontinuation of Healthfirst member assignment to agency
- Reduction or discontinuation of quality incentive bonus payments/deductions
- Removal from the Healthfirst network

For additional information, please email QualityRatings@healthfirst.org.