



Healthy Blue



Provider Bulletin

September 2022

Quality Management

The goal of Healthy Blue is continuous, measurable improvement in the delivery of and access to high quality healthcare. We follow regulatory and accrediting body requirements to monitor and evaluate the quality, safety, and appropriateness of the medical and behavioral healthcare services offered in our health network.

Healthy Blue maintains a comprehensive Quality Management (QM) program to objectively monitor and systematically evaluate the care and service provided to members. The scope and content of the program reflects the demographic and epidemiological needs of the population served. Studies are planned across the continuum of care and service, with ongoing proactive evaluation and refinement of the program. In this way, we can define high-volume, high-risk, and problem-prone conditions.

Purpose:

- Establish quality as a cornerstone of corporate culture.
- Be an instrument of change through improvement of care and service.
- Provide a mechanism and forum for interdepartmental participation in the QM program.
- Integrate and coordinate quality improvement in care and service.
- Demonstrate quantifiable improvement in care and service.
- Ensure coordination of Population Health Management Strategy and QM program.
- In 2022, Healthy Blue Performance Improvement Projects (PIPs) is focusing on member satisfaction and decreasing member readmission rates throughout the state.

Responsibilities:

- Establish processes and structure that ensures accreditation compliance.
- Analyze, review, and make recommendations regarding the planning, implementation, measurement, and outcome of clinical/service quality improvement studies.
- Review and approve all member and provider surveys prior to their submission to the Nebraska Department of Health and Human Services, Division of Medicaid and Long-Term Care (MLTC).
- Coordinate communication of QM activities throughout the Plan.
- Review HEDIS[®] (Healthcare Effectiveness Data and Information Set) and CAHPS[®] (Consumer Assessment of Healthcare Providers and Systems) data and action plans for improvement.
- Review and approve the annual QM program description and work plan.
- Determine and describe the program's overall effectiveness.
- Ensure the adequacy of resources, committee structure, practitioner participation, and leadership involvement in the QM program and determine whether to restructure or change the QM program for the subsequent year based on its findings.
- Annually, provide data to MLTC's Quality Committee, which meets annually to review data and information relevant to the Nebraska State Quality Strategy.
- Incorporate recommendations from all staff and Managed Care Organization (MCO) committees, the results of PIP, other studies, improvement goals, and other interventions into the QM program, the Quality Program Description, the Quality Work Plan, and Quality Program Evaluation.

HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

<https://provider.healthybluene.com>

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- Complete PIP as suggested by MLTC throughout the year and report findings and results annually.
- Assure inter-departmental collaboration, coordination, and communication of quality improvement activities.
- Monitor accessibility and availability with CLAS (Culturally and Linguistically Appropriate Services) and Health Disparity program.

What if I need assistance?

To learn more about our quality initiatives, please refer to your provider handbook. To contact the QM department about quality concerns or to make recommendations for areas of improvement, call **833-388-1406** (TTY 711) Monday through Friday, 7 a.m. to 8 p.m. CT.



Email is the quickest and most direct way to receive important information from Healthy Blue.



To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (<https://bit.ly/3oXHYBP>).