

DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2018

Yearly Planned Activities								
Activity	Objective/Description	Requirement/Planned Activity	Performance Target/Goal	Reporting	Primary	Time Frame		Approval
						Start	Finish	
QUALITY IMPROVEMENT PROGRAM STRUCTURE								
*2018 QI Program Description-Scope	The QI Program Description will be annually reviewed and updated according to national and state standards and guidelines with an emphasis on the QI program scope, goals, objectives and structure. This document will clearly outline how the QI program is organized and how it uses its resources to meet program objectives. This will include functional areas and their responsibility and the reporting relationship between the QI Department and the Quality Management Committee (QMC).	Annually Program must include: <ul style="list-style-type: none"> • Program Structure • How patient safety is addressed • How designated physician is involved • How BH practitioner is involved • Oversight of QI functions by QMC • Annual work plan • Objectives for serving a culturally and linguistically diverse membership • Objectives for serving members with complex health needs, including behavioral health 	Objective: <ul style="list-style-type: none"> • All requirements must be met • Reviewed and updated annually • Submitted for review to the QMC and BOD 	Annually	QI Director	1/2018	3/2018	QMC Board of Directors
*2018 Annual QI Work Plan	The QI Work Plan schedule is developed after review of previous year's QI Work Plan and Evaluation. The revised Work Plan schedule is crafted after review of annual HEDIS and CAHPS results, along with the overall goals and objectives of QI in the health plan. The work plan is a dynamic document that is frequently updated to reflect progress on DHMP QI activities throughout the year. All yearly objectives must be measureable and analyzed annually during the Program Evaluation.	Work Plan must address: <ul style="list-style-type: none"> • Quality of Clinical Care • Quality of Service • Safety of Clinical Care • Member's Experience • QI Program Scope • Yearly Objectives and planned activities • Time Frame in which each activity is to be achieved • The staff member responsible for each activity • Monitoring of previously identified 	Objective: <ul style="list-style-type: none"> • All 9 requirements must be met • Yearly objectives must be measureable • Submitted to and reviewed by the QMC and BOD 	Annually	QI Director	1/2018	3/2018	QMC Board of Directors

DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2018

		issuesEvaluation of the QI Program						
*2017 QI Program Evaluation Report (includes all indicators for the present year.)	The Program Evaluation report is written annually to evaluate the results of QI initiatives in measurable terms trended over time and compared with performance objectives as defined in the QI Work Plan.	Evaluation includes: <ul style="list-style-type: none"> • A description of completed and ongoing QI activities that address quality and safety of clinical care and quality of service • Trending of measures to assess performance in the quality and safety of clinical care and quality of service • Analysis and evaluation of the overall effectiveness of the QI program, including progress toward influencing network-wide safe clinical practices 	For all goals not met: <ul style="list-style-type: none"> • QI must conduct a root cause or barrier analysis to identify the underlying causes and recommend changes to improve. • Analysis must include organizational staff with direct experience of processes that have presented barriers to improvement. Evaluation Summary must include and address: <ul style="list-style-type: none"> • Analysis and overall effectiveness • Completed and ongoing activities • Trending of QI measures/results 	Annually	QI Director	1/2018	3/2018	QMC Board of Directors
QI PROGRAM OPERATIONS								
Quality Management Committee	DHMP's Quality Management Committee (QMC) acts to plan and coordinate organization-wide improvements in quality and safety of clinical care and service to members.	Committee functions include: <ul style="list-style-type: none"> • Analyzes and evaluates the results of QI activities • Ensures practitioner participation in the QI program through planning, design, implementation or review • Review and make recommendations on policy decisions • Identifies needed actions • Ensures follow-up, as needed 	Objective: <ul style="list-style-type: none"> • Committee demonstrates quality oversight activities and participation of required members by presenting clear and accurate records of minutes • Provides oversight to working subcommittees and determines final opportunities for selection for reporting requirements. 	Bi-Monthly	QI Director QI Project Admin	Ongoing	Ongoing	QMC

DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2018

Medical Management Committee	DHMP's Medical Management Committee (MMC) acts as a working sub-committee to the QMC. The MMC assists the QMC in overseeing and ensuring quality of clinical care, patient safety, State/CMS/NCQA reporting requirements and program operations provided throughout the organization.	The MMC is responsible for assisting the organization in providing oversight, critical evaluation, and delegation of actions and selection of opportunities while maintaining a constructive relationship with medical staff and approving/overseeing policies and procedures.	Goals: <ul style="list-style-type: none"> • Providing strong support and oversight to an initiative to improve Continuity and Coordination of Care • Works in collaboration with the QMC • Works in collaboration with the Network Adequacy Committee • Ensure all regulatory and NCQA requirements are reported in a consistent, accurate and reliable manner 	Bi-monthly	Medical Director Director Health Management	Ongoing	Ongoing	QMC
Network Adequacy Committee	The Network Management Committee (NAC) is tasked with establishing, maintaining and reviewing network standards and operational processes.	The scope of the NAC responsibility includes: (1) Network development and procurement; (2) Provider contract management, including oversight; and (3) Periodic assessment of network capacity.	Goals: <ul style="list-style-type: none"> • Develop standard work, policies and procedures for network management. • Review network capacity and develop plans to address opportunities for improvement. • Review provider interest in network participation and evaluate against DHMP network needs. • Review provider terminations and determine continuity of care concerns. • Review new regulatory legislation and contractual requirements and implement, as appropriate. • Review Quality of Service Concerns and develop plan to address, as necessary 	Monthly	Director of Provider Relations	Ongoing	Ongoing	MMC

DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2018

Medicare Star Ratings Workgroup	Key plan and ACS representatives work together to identify opportunities and implement interventions to improve our Medicare Star ratings.	Committee functions include: <ul style="list-style-type: none"> Evaluate & identify opportunities Intervention approval and support Resource allocation Review results to evaluate effectiveness 	Objective: Committee analyzes and targets specific Stars measures for improvement. Interventions are then reviewed with ACS provider network and/or DHMP departments for approval and support. Metrics are set up to evaluate effectiveness.	Quarterly	Clinical Project Manager QI Director	Monthly	Ongoing	QI Director
Collaborative QI Workgroups	QI health plan representatives sit on several collaborative workgroups led by ACS leadership.	Workgroups QI participates in includes: <ul style="list-style-type: none"> Cancer screening Pediatric Preventive Health Diabetes Perinatal Care Asthma Transition of CarePeds CMMI Immunizations Patient Experience Committee 	Objective: Established active partnership and collaboration in QI work group activities with Ambulatory Care Services (ACS) on several QI interventions in chronic disease management, prevention, screening, annual visits.	Monthly	QI Intervention Managers	Ongoing	Ongoing	QI Director
QUALITY OF CLINICAL CARE								
*2018 Healthcare Effectiveness Data and Information Set (HEDIS) Annual Analysis	HEDIS is a quality requirement program which determines how well health plans perform on a variety of quality processes and outcome variables. HEDIS consists of 94 measures across 7 domains of care which allow for comparison of quality performance nationally across health plans.	Procedure: <ul style="list-style-type: none"> HEDIS data is collected annually through surveys, medical charts, pharmacy data, lab reports and insurance claims for hospitalizations, medical office visits and procedures. Data validation prior to submission date Meet submission deadline ***Data from the HEDIS project is analyzed to determine areas of intervention and improvement. 	Objective: Evidence of annual analysis includes: <ul style="list-style-type: none"> Presentation to the QMC Qualitative and quantitative analysis to identify opportunities for improvement must be documented in the QMC meeting minutes. Increase medical record compliance by improving coding and documentation. To measure effectiveness of intervention; analysis will be 	Annually	QI HEDIS Project Manager QI Director	12/2017	6/2018	QMC

DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2018

			accomplished by comparing previous year results with current year results.					
*HEDIS Impact: Breast Cancer Screening	Every month a list will be drawn from the data warehouse, and run against claims and the active member's list. All Commercial and Medicare women 50+ years old, who are in need of a mammogram, will be sent a mailer reminding them to schedule an appointment. ✓ Affects member experience	DHMP's QI Department: QI will coordinate and advertise employee days and locations of BCS screenings (mobile van) on the Pulse and Frontlines. <ul style="list-style-type: none"> • Conducts monthly data pull • Defines eligible participants • Distributes member list to PDI for mailing 	Commercial Current HEDIS 2017: 71.25% (33.33 th percentile) Commercial HEDIS 2018 Goal: 72.76% (50 th percentile) Medicare Current HEDIS 2017: 71.25% (33.33 th percentile) Medicare Goal HEDIS 2018: 72.22% (50 th percentile)	Annually	QI Int. Managers	1/2018	12/2018	QMC HEDIS
QI LEAN Management	Use LEAN practices and tools to identify and research new quality improvement targets. Implement QI strategies (interventions or process improvements) based on findings.	Objectives including utilizing the use of: <ul style="list-style-type: none"> • A3 problem solving • PSDA cycle • Chart(s) • Visual Management Boards • Weekly QI team huddle 	Objective: <ul style="list-style-type: none"> • Increase collaboration in LEAN efforts • Improve quality of data • 	Ongoing	QI Team	01/2018	12/2018	QI Director
*Bone Density Screening (OMW)	To improve HEDIS rates for the measure, Osteoporosis Management in Women who had a Fracture.	Create monthly list of women 67-85 years of age who had a fracture in the last 3 months and who have not had either a bone mineral density test or a prescription for a drug to treat for osteoporosis since the fracture. Provide to ACS for follow up, as appropriate.	Current Medicare 2017 HEDIS Rate (2016 data): 18.18% (10 th percentile) Goal Medicare 2018 HEDIS Rate : 25% (25 th percentile) Compliance in 22 of 43 women.	Monthly	Int. Manager	01/2018	12/2018	QMC

DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2018

<p>*Improving Diabetic Retinal Exams (CDC)</p>	<p>To improve HEDIS rates for the Diabetic Retinal Exam component of the HEDIS CDC measure.</p> <p>Quality will target members for outreach who meet the following criteria: (1) the member is 18-75 years of age, (2) the member has been diagnosed with diabetes (type 1 and type 2), (3) the member has not had a retinal exam performed in the last year.</p>	<p>Create monthly list of members 18-75 years of age that have not had a retinal exam in the last year. Provide to ACS Eye Clinic Navigators to outreach and schedule the exam.</p>	<p>Current Medicare 2017 HEDIS Rate (2016 data): 68% (3 stars) Needed 49 additional members to reach most recent 4 star cut point.</p> <p>Goal Medicare 2019 HEDIS Rate (2018 Data): >=96% (4 stars) Compliance in 1173 of 1222.</p>	<p>Annually</p>	<p>QI Intervention Manager</p>	<p>Monthly</p>	<p>Monthly</p>	<p>QMC</p>
QUALITY OF CLINICAL CARE								
<p>Improving Perinatal Health: HEDIS documentation and coding education</p>	<p>DHMP QI HEDIS Program Manager and QI Intervention Manager provide guidance and education on appropriate coding and documentation at the Denver Health Hospital and Ambulatory Care Clinics.</p>	<p>Procedure:</p> <ul style="list-style-type: none"> QI participates in the perinatal workgroup on a monthly basis. QI provides guidance and education on appropriate coding and documentation for PPC HEDIS compliance. 	<p>Commercial Current Prenatal 2017 HEDIS Rate: 96.28%(90th percentile)</p> <p>Commercial Prenatal Goal 2018: 97.26% (95th percentile)</p> <p>Commercial Current Postpartum 2017 HEDIS Rate: 80.17% (50th percentile)</p> <p>Commercial Postpartum Goal 2018: 82% (66.67th percentile)</p>	<p>Monthly</p>	<p>QI HEDIS Program Manager QI Int. Manager</p>	<p>1/2018</p>	<p>12/2018</p>	<p>QMC</p>

DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2018

<p>*Improving Well-Child Visits: HEDIS Rates</p>	<p>To improve the Commercial HEDIS Rates for Well-Child Visits in the First 15 Months of Life (W15), Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life (W34), and Adolescent Well-Care Visits (AWC)</p> <p>✓ Affects member experience</p>	<p>The following interventions will be ongoing in 2018:</p> <ul style="list-style-type: none"> • Healthy Heroes Birthday Cards, with amendment • SBHC Targeted Lists • SBHC Enrollment Increase • Improving Medical Record Documentation for HEDIS specifications: Provider Education 	<p>Commercial W15 (6+ visits) Current HEDIS 2017 Rate: 81.15% (25th percentile) Goal - HEDIS 2018: 82.81% (50th percentile)</p> <p>Commercial W34 Current HEDIS 2017 Rate: 77.99% (25th percentile) Goal - HEDIS 2018: 79.3% (50th percentile)</p> <p>Commercial AWC Current HEDIS 2017 Rate: 43.21% (25th percentile) Goal – HEDIS 2018: 45% (33.33th percentile)</p>	<p>Annually</p>	<p>QI Director, HEDIS Program Manager QI Int. Manager</p>	<p>1/2018</p>	<p>12/2018</p>	<p>QMC</p>
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DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2018

<p>*Improving Well-Child Visits: Healthy Heroes Birthday Cards</p>	<p>Commercial children 2-19 years of age who still require an annual well child visit for the year will receive a birthday card informing them to come for their annual visit.</p> <p>Healthy Heroes includes a checklist of developmental topics the provider will cover in the well-child visit as a way of engaging the member to participate in care.</p> <p>✓ Affects member experience</p>	<p>Procedure:</p> <ul style="list-style-type: none"> • QI pulls list from BI portal monthly • QI cleans data and separates per LOB • QI forwards list to the printer to send out reminder cards 	<p>Goal: Engage children who have not gone in for their annual well child visit through the healthy hero birthday cards</p> <p>WCC Counseling for Physical Activity Current HEDIS 2017 Rate: 63.50% (50th percentile) Goal HEDIS 2018: 67.38% (75th percentile)</p> <p>WCC BMI Current HEDIS 2017 Rate: 91.24% (95th percentile) Goal HEDIS 2018: 95% (95th percentile)</p> <p>WCC Counseling for Nutrition Current HEDIS 2017 Rate: 80.05% (75th percentile) Goal HEDIS 2018: 89.95% (95th percentile)</p>	<p>Quarterly</p>	<p>QI Intervention Manager</p>	<p>1/2018</p>	<p>12/2018</p>	<p>QMC</p>
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DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2018

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QUALITY OF CLINICAL CARE								
*Improving Well-Child Visits: School-Based Health Centers Targeted Lists	Twice a year, QI receives a list of all Commercial members enrolled in the SBHC program. QI runs the list against active members and targets all members in need of a well-child visit. 2nd Quarter Objective: Increase the % of Commercial members with a well-child visit by providing targeted lists to SBHCs HCPs ✓ Affects member experience	Procedure: <ul style="list-style-type: none"> SBHC sends enrollment lists to QI runs the list against active members to determine who is in need of well-child visit Send list back to clinic so HCPs can complete well visit in SBHC. Provide updated list on monthly basis back to clinic so they are not providing services to children who may have completed well visit elsewhere and as way to track who receives a visit and where. 	Goal: Assist clinics in targeting students enrolled in a SBHC to complete an annual well child visit. 50%+ completion of visits for total eligible population	Quarterly	QI Int. Manager School-Based Health Center Administrative Contacts	10/17	5/18	QMC
*School Based Health Clinics (SBHC) - Well Child Visit Incentive Program	As part of the Denver Health Managed Care network, children who are members of Denver Health Medicaid Choice or any Denver Health Medical Plan, Inc. plan, have access to the Denver Health School-Based Health Centers (SBHC). These children can receive health care services at one of the many SBHCs with no cost sharing to the member. ✓ Affects member experience	Procedure (Well Child Visits): QI will reward clinics for every well-child visit completed between 50% and 75% completion of visits for the total eligible population.	Well Child Visits: Goal for SBHC Clinics: 50-75% completion of visits for the total eligible population WCC Counseling for Physical Activity Current HEDIS 2017 Rate: 63.50% (50 th percentile) Goal HEDIS 2018: 67.38% (75 th percentile)	Monthly	QI Int. Manager School Based Health Center Dr. Sonja O'Leary	9/2017	5/2018	QI Director QMC

DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2018

			<p>WCC BMI Current HEDIS 2017 Rate: 91.24% (95th percentile) Goal HEDIS 2018: 95% (95th percentile)</p> <p>Commercial AWC Current HEDIS 2017 Rate: 43.21% (25th percentile) Goal – HEDIS 2018: 45% (33.33th percentile)</p>					
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*Previously monitored **TBD; awaiting 2017 claims submissions through end of Feb 2018 ***Collecting HEDIS baseline data in 2018 for Elevate product

DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2018

<p>D-Special Needs population Measurable Goals and Health Outcomes for the Model of Care</p>	<p>The SNP beneficiary specific performance measures are collaboratively developed in conjunction with DHMP and the DHHA Ambulatory Quality Committee (ACQIDC). This SNP-MOC specific set of goals reflect process, impact and outcome measures.</p>	<p>Procedure:</p> <ul style="list-style-type: none"> • DHMP Health Management department produces an annual SNP MOC program evaluation responsible for the operations of the SNP MOC HRAT, ICP and ICT facilitation. • The results of the MOC annual program evaluation, updated program description, and work plan will be reviewed and approved annually by the QMC • Final approval is provided by the DHMP Board of Directors • SNP MOC evaluation content is then distributed to the Denver Health Ambulatory QI Committee (ACQIDC) 	<p>Current 2017 # and % of member for who outreach attempts were completed for HRA completion, initial or annual: 88% 2018 Goal: 90%</p> <p>Current 2017 # and % of members for whom an Individual Care Plan with identified goals was completed, initial or annual: 38% 2018 Goal: 44.2%</p> <p>Current 2017 rate of emergency department encounters/1000 members: ** 2018 Goal: **</p> <p>Current 2017 rate of inpatient admissions/1000 members: ** 2018 Goal: **</p> <p>Current 2017 average length of stay index for inpatient admissions: ** 2018 Goal: **</p> <p>Current 2017 rate of 30-day all cause readmissions: 8.5% 2018 Goal: 8.2%</p> <p>Current 2017 % of patients with pharmacotherapy management of COPD Exacerbation- Systemic Corticosteroid: 71.4% 2018 Goal: 72.14%</p>	<p>Annually</p>	<p>Director of Health Management</p> <p>DHMP Medical Director</p> <p>QI Director</p>	<p>1/2018</p>	<p>5/2018</p>	<p>QMC</p> <p>DHMP Board of Directors</p>
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DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2018

			<p>Current 2017 % of patients with pharmacotherapy management of COPD Exacerbation- Bronchodilator: 91.1% 2018 Goal: 91.1%</p> <p>Current 2017 % of patients with colorectal cancer screening up to date: 57.9% 2018 Goal: 60.25%</p>					
Complex Case Management: Population Assessment	Complex Case Management annually assesses member populations and subpopulations to ensure needs are being met in an appropriate manner.	<p>Assessment must consider and include the following:</p> <ul style="list-style-type: none"> • Relevant characteristics of specific populations • DHMP’s total covered population, not just members identified for complex case management • Needs of individuals with disabilities and serious and persistent mental illnesses 	<p>Goals:</p> <ul style="list-style-type: none"> • Assesses the characteristics and needs of its member population and subpopulations • Reviews and updates its complex case management processes to address member needs, if necessary • Reviews and updates its complex case management resources to address member needs, if necessary 	Annually	Director of Health Management	11/2018	1/2019	MMC QMC

DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2018

QUALITY OF SERVICE								
Complex Case Management: Measuring Program Effectiveness	Complex Case Management annually measures the effectiveness of its complex case management program using three measures.	For each measure, Complex Case Management: <ul style="list-style-type: none"> • Identifies a relevant process or outcome • Uses valid methods that provide quantitative results • Sets a performance goal • Clearly identifies measure specifications • Collects data and analyzes results • Identifies opportunities for improvement, if applicable 	Goals: Member Satisfaction: <ul style="list-style-type: none"> • 100% of the respondents (former CCM members) will indicate a high level of satisfaction with the program by answering each of the CCM satisfaction survey questions with a rating of either 4 or 5 (on a scale from 1 to 5, with 5 being extremely satisfied). Develop a dashboard for tracking <ul style="list-style-type: none"> • Analyze data for high cost and high utilizers along with utilization data. 	Annually	Director of Health Management	11/2018	12/2018	MMC QMC
Population Health Management (PHM) Strategy: Monitoring Member Participation Rates	The Health Management Department has a population health strategy for meeting the care needs of its member population.	<ul style="list-style-type: none"> • The strategy describes goals and populations targeted for each of the four areas of focus, Keeping members healthy, Managing members with emerging risk, Patient safety or outcomes across settings, and Managing multiple chronic illnesses, the programs and services offered to members, activities that are not direct member interventions, how member programs are coordinated, and how members are informed about PHM programs. 	2018 PHM Participation Goal: <ul style="list-style-type: none"> • Establish baseline data for the four avenues of the population health strategy <u>Keeping members healthy</u> Goal: Decrease A1c levels by 2% in members who have a pre-diabetes A1c reading between 5.7 – 6.4 Target Population: Members identified as pre-diabetes with an A1c reading between 5.7 – 6.4. <u>Managing members with emerging risk</u> Goal: Improve portion of days covered (PDC) rates by 2% from baseline in members who take	Annually	Director of Health Management	12/2018	1/2019	QMC

DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2018

			<p>antidepressant medications for depression.</p> <p>Target Population:</p> <ul style="list-style-type: none"> – Members who are <80% PDC with medications for depression management. – Members who are prescribed antidepressant medications for depression. <p><u>Patient safety or outcomes across settings</u></p> <p>Goal: Improve medication adherence and knowledge in members who have 8 or more prescriptions and <80% PDC rates for all medications.</p> <p>Target Population: Members with =/> 8 prescriptions and < 80% PDC rates</p> <p><u>Managing multiple chronic illnesses</u></p> <p>Goal: For members with diabetes and high BMI: lower A1c by 2% or to <9 or lower BMI by 5% or to <25 for members who exceed both measures.</p> <p>Target Population:</p> <ul style="list-style-type: none"> – Members with controlled diabetes – Members who have a BMI >25 				
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DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2018

<p>*2018 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Annual Analysis</p>	<p>Assess member satisfaction with quality of clinical care and services provided in practice settings through the CAHPS member satisfaction survey.</p> <p>✓ Affects member experience</p>	<p>DHMP's QI Department:</p> <ul style="list-style-type: none"> • Sends CAHPS surveys out annually to members via random sample. • Validates data before submission • Meets CAHPS submission deadline • Analyzes survey results to determine areas of intervention and improvement 	<p>Evidence of annual analysis includes:</p> <ul style="list-style-type: none"> • Presentation to the QMC • Qualitative and quantitative analysis to identify opportunities for improvement must be documented in the QMC meeting minutes. 	<p>Annually</p>	<p>QI Clinical Project Manager QI Director</p>	<p>Ongoing</p>	<p>Ongoing</p>	<p>QMC</p>
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*Previously monitored **TBD; awaiting 2017 claims submissions through end of Feb 2018 ***Collecting HEDIS baseline data in 2018 for Elevate product

DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2018

Cultural and Linguistic Appropriate Services (CLAS)	<p>To deliver culturally and linguistically appropriate services to Denver Health membership.</p> <p>✓ Affects member experience</p>	Objective: <ul style="list-style-type: none"> Ongoing to reduce REL related disparities in health based on available data. Ensure appropriate literacy levels in member materials Improvement of REL membership data 	Goal: <ul style="list-style-type: none"> Reduce health care disparities as it relates to REL Improve collection of REL membership data 	Annually	QI Int. Managers	1/2018	Ongoing	QMC Denver Health Diversity Committee
QUALITY OF SERVICE								
Monitoring Network Availability of Practitioners	<p>DHMP conducts an annual assessment to ensure that it maintains an adequate network of primary care, behavioral health and specialty care practitioners. We monitor effectiveness of the network in meeting needs and preferences of our membership.</p>	Analysis includes: <ul style="list-style-type: none"> Collecting member complaint data related to cultural, racial, ethnic and linguistic preferences Performance against the number and geographical distribution standards for primary care, behavioral healthcare and specialty care 	Goals: Meet urban, suburban and rural provider availability standards set in the Access to Care and Services Policy	Annually	Director of Provider Relations	9/2018	10/2018	QMC
*Commercial Quality of Care Concerns (QOCC)	<p>DHMP Medical Director and QI RN appropriately investigate potential QOCC's.</p>	Timeframe requirements: <ul style="list-style-type: none"> Acknowledgment letter: 2 business days. Expedited Response: 72 hrs. Standard Response: 30 business days. Extension letter: 15 business days. 	Goal: <ul style="list-style-type: none"> 100% Timeframe Compliance 	Quarterly	QI Director RN Case Manager	Ongoing	Ongoing	QMC
*Medicare Quality of Care Concerns (QOCC)	<p>DHMP Medical Director and QI RN appropriately investigate potential QOCC's.</p>	Timeframe requirements: <ul style="list-style-type: none"> Acknowledgment letter: N/A Expedited Response: 24 hrs. Standard Response: 30 calendar days. 	Goal: <ul style="list-style-type: none"> 100% Timeframe Compliance 	Quarterly	QI Director RN Case Manager	Ongoing	Ongoing	QMC

DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2018

		<ul style="list-style-type: none"> Extension letter: 14 calendar days. 						
Monitoring Accessibility of Services	DHMP has established mechanisms to ensure access to primary and specialty care services, along with behavioral health services. DHHA Appointment Center services are responsible for meeting established standards.	Assessment incorporates: Self-reported access data from practitioners captured via Secret Shopper Studies, supplemented with an analysis of complaints related to access.	Goals: <ul style="list-style-type: none"> Meet urban, suburban and rural standards set in the Access to Care and Services Policy 	Annually	Director of Provider Relations	1/2018	2/2018	QMC
*Adoption and Distribution of Clinical Practice and Preventive Health Guidelines	DHMP is accountable for adopting and disseminating clinical practice guidelines relevant to its members and providers for the provision of non-preventive acute and chronic medical services and for preventive and non-preventive behavioral health services. Guidelines are adopted from recognized sources or from involvement of board-certified practitioners from appropriate specialties.	CPG's must be updated annually or when the following circumstances exist: <ul style="list-style-type: none"> New scientific evidence or national standards are published prior to the annual review date National guidelines change prior to the annual review date 	Objective: Adoption and dissemination by: <ul style="list-style-type: none"> Establishing the clinical/scientific basis for the guidelines Review guidelines annually, with updates as needed Distributing guidelines to appropriate practitioners 	Annually	QI Director QI RN	Ongoing	Ongoing	QMC
*Evaluating Utilization Management Criteria	Utilization Management conducts an annual review of the UM criteria and the procedures for applying them, and updates the criteria when appropriate.	DHMP's UM Department has: <ul style="list-style-type: none"> Written UM decision-making criteria that are objective and based on medical evidence Written policies for applying the criteria based on individual needs Written policies for applying the criteria based on an assessment of the local delivery system Involvement of appropriate practitioners in developing, 	Objective: Criteria must consider at least the following when applying criteria to a given individual: <ul style="list-style-type: none"> Age Comorbidities Complications Progress of Treatment Psychosocial situation Home environment, when applicable 	Annually	Director of UM Medical Director	2/2018	3/2018	QMC MMC

DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2018

		adopting and reviewing criteria						
*Monitoring Consistency of Applying UM Criteria	Utilization Management monitors and reviews application of UM criteria to ensure consistency in applying criteria. If reports show there was an inconsistency, action is taken to improve the consistency of reviewer determinations.	DHMP's Utilization Management Department annually: <ul style="list-style-type: none"> Evaluates consistency of health care professionals making UM decisions by applying criteria consistently and appropriately Acts on opportunities to improve reliability of criteria application when identified 	Goal: <ul style="list-style-type: none"> 85% Accuracy Rate for Criteria Application 	Annually	Director of UM Medical Director Pharmacy Director	11/2018	12/2018	MMC
*Monitoring of Formulary and Pharmaceutical Management Procedures	Formulary and pharmaceutical management procedures are presented to the Pharmacy and Therapeutics Committee on an annual basis for review and discussion. Minutes from the P&T meeting are presented and reviewed at the QMC on a bi-monthly basis. Review of updated formulary and pharmaceutical management procedures is documented in the P&T minutes.	DHMP's Pharmacy Department annually: <ul style="list-style-type: none"> Review the procedures Review list of pharmaceuticals Updates the procedures and pharmaceuticals, as appropriate 	Goal: <ul style="list-style-type: none"> Must present and review all pharmaceutical management procedures annually to address areas for improvement 	Annually	Pharmacy Director	10/2018	11/2018	P&T – approval QMC - review
QUALITY OF SERVICE								
Quality of Service Concerns (QSC)	The Grievance and Appeals Department appropriately investigates potential Quality of Service Concerns. ✓ Affects member experience	Timeframe requirements: <ul style="list-style-type: none"> Acknowledgment letter: 5 business days. Standard Response: 30 business days. Extension letter: 15 business days. Expedited: 72 hours 	Goal: <ul style="list-style-type: none"> 100% Timeframe compliance 	Quarterly	Director of Member Services	Ongoing	Ongoing	QMC
Member Annual Communication Requirements	The Marketing Department strives to ensure timely distribution of member communications and materials to promote DHMP membership understanding of current health plan	Members receive: <ul style="list-style-type: none"> Information about the quality program goals and outcomes as related to member care and service 	Goals: <ul style="list-style-type: none"> Must provide evidence of annual communication to all members 	Annually	Director of Marketing	1/2018	12/2018	Outreach Committee

DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2018

	topics related to patient care and service.	<ul style="list-style-type: none"> Pharmaceutical restriction and preference information, including formulary. 						
Member Communication Requirements Upon Enrollment and Annually Thereafter	<p>The Marketing Department focuses on timely distribution of member communications and materials to promote DHMP membership understanding of their health plan design and benefits</p> <p>✓ Affects member experience</p>	<p>Members are provided the following information, including but not limited to:</p> <ul style="list-style-type: none"> Member rights and responsibilities statement Subscriber information PHI use and disclosure information The process for members to self-refer to case management How to access staff An affirmative statement about incentives 	<p>Goals:</p> <ul style="list-style-type: none"> Must provide evidence of communication to all commercial members upon enrollment and annually thereafter 	Annually	Director of Marketing	1/2018	12/2018	Outreach Committee
Practitioner and Provider Communication Requirements	<p>The Marketing Department provides timely distribution of practitioner and provider communications and materials to promote DHMP practitioner and provider understanding of current health plan topics related to patient care and service.</p>	<p>Practitioners and Providers are provided the following information, including but not limited to:</p> <ul style="list-style-type: none"> Member rights and responsibilities statement The process for the practitioner to refer members to case management Disease Management Program information Clinical practice and preventive health guidelines (to appropriate practitioners) How to obtain UM criteria How to access staff An affirmative statement about incentives 	<p>Goal:</p> <ul style="list-style-type: none"> Must provide evidence of communication to all network practitioners and providers upon contracting and annually thereafter Must provide evidence of annual communication to all network practitioners and providers 	Annually	Marketing Manager	1/2018	12/2018	Network Adequacy Committee

DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2018

		<ul style="list-style-type: none"> Information about the quality program goals and process outcomes related to member care and service Pharm restriction and preference information, including formulary. 						
Yearly Planned Activities								
						Time Frame		
Activity	Objective/Description	Requirement/Planned Activity	Performance Target/Goal	Reporting	Primary	Start	Finish	Approval
QUALITY OF SERVICE								
Physician and Hospital Directory Usability Testing	The Marketing department evaluates DHMP's web-based physician and hospital directory for health literacy, ability for member understanding and usefulness of information to members and prospective members.	Evaluation considers: <ul style="list-style-type: none"> Font size Reading level Intuitive content organization Ease of navigation Directories in additional languages, if applicable to membership 	Goals: <ul style="list-style-type: none"> There must be a documented process demonstrating how usability testing is performed and how testing frequency is determined. Reports indicating initial usability testing was performed before and after any upgrades to functionality or design that directly affects how members use the site. 	Annually	Marketing Manager	3/2018	4/2018	QMC
Assessing Member Understanding of DHMP Procedures	The Marketing department has a systematic and ongoing process for assessing new member understanding of DHMP key policies and procedures. ✓ Affects member experience	Assessment includes: <ul style="list-style-type: none"> Monitoring new member understanding of DHMP procedures Implementing procedures to maintain accuracy of marketing communication Acting on opportunities for improvement 	Goals: <ul style="list-style-type: none"> There must be evidence of a systematic and ongoing process for assessing new-member understanding of DHMP operations and policies. If DHMP finds that new members have enrolled without an accurate understanding of key DHMP policies and procedures, DHMP must initiate 	Annually	Director of Marketing	Quarterly	Quarterly	QMC

DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2018

			a quality improvement process to correct the possibility of future misrepresentation.					
*Ongoing Monitoring of Network Practitioners and Providers Site Quality	Credentialing and Provider Relations has policies and procedures to ensure the quality, safety and accessibility of the offices of all network practitioners meet DHMP's office-site standards. This is achieved by setting performance standards and thresholds for office sites and a clear process for ongoing monitoring of office site quality.	Provider Relations and Credentialing: <ul style="list-style-type: none"> Sets performance standards and thresholds for office site quality Establishes a documented process for ongoing monitoring and investigation of member complaints related to practice sites 	Goals: <ul style="list-style-type: none"> Conduct site visits of offices within 60 calendar days of determining that the complaint threshold was met Deliver corrective action plans within 30 calendar days of site visit Repeat site visits are conducted 6 months after delivering corrective action plans to assure compliance 	Quarterly	Director of Provider Relations	Ongoing	Ongoing	Cred. Cmte.
*Ongoing Monitoring of Practitioner Sanctions, Complaints and Quality Issues	DHMP has policies and procedures for ongoing monitoring of practitioner sanctions, complaints and quality issues between re-credentialing cycles; Appropriate action against practitioners is taken when poor quality concerns are identified. .	Ongoing review and monitoring by: <ul style="list-style-type: none"> Collecting and reviewing Medicare and Medicaid sanctions Collecting and reviewing sanctions or limitations on licensure Collecting and reviewing complaints Collecting and reviewing information from identified adverse events 	Goals: <ul style="list-style-type: none"> Review sanction information within 30 calendar days of its release Implementing appropriate interventions when instances of poor quality are identified 		Medical Director	Ongoing	Monthly	Cred. Cmte.
*Monitoring Member Services' Telephonic Performance	The Member Services Department has a process for monitoring and evaluating telephonic metrics against established thresholds.	Reporting categories: <ul style="list-style-type: none"> Service level Average delay to answer Abandonment rate Call volume 	Goals: <ul style="list-style-type: none"> Service level: at or above 80% Time to answer: 30 seconds or less. Abandonment rate: 5% or less. 	Monthly	Director of Member Services	Ongoing	Ongoing	QMC

DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2018

<p>*Continuity and Coordination of Medical Care</p>	<p>DHMP uses information at its disposal to facilitate continuity and coordination of medical care across its delivery system.</p>	<p>Annual identification of opportunities to improve coordination of medical care by:</p> <ul style="list-style-type: none"> • Collecting data on member movement between practitioners and across settings • Conducting qualitative and causal analyses of data to identify improvement opportunities • Identifying and selecting at least opportunities for improvement • Acting on at least 3 opportunities for improvement and measuring effectiveness 	<p>Goals:</p> <ul style="list-style-type: none"> • Identify and select at least 4 opportunities to improve the coordination of medical care • Measure the effectiveness of improvement actions taken for at least 3 opportunities 	<p>Annually</p>	<p>Director of UM</p>	<p>1/2018</p>	<p>12/2018</p>	<p>QMC MMC</p>
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DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2018

<p>*Continuity and Coordination Between Medical Care and Behavioral Healthcare</p>	<p>DHMP will conduct an assessment of continuity and coordination of care efforts between medical health care providers and behavioral health care providers (Denver Health and Cofinity providers).</p>	<p>Annual identification of opportunities to improve coordination of medical and behavioral healthcare by:</p> <ul style="list-style-type: none"> • Collecting data on opportunities for collaboration between medical care and behavioral healthcare • Conducting qualitative and causal analyses of data to identify improvement opportunities • Identifying and selecting at least 2 opportunities for improvement • Measuring effectiveness on 2 opportunities implemented 	<p>Goals:</p> <ul style="list-style-type: none"> • Identify and select at least 2 opportunities to improve collaboration between medical and behavioral healthcare • Measure the effectiveness of improvement actions taken for at least 2 opportunities 	<p>Annually</p>	<p>Director of UM Director of Health Management</p>	<p>1/2018</p>	<p>12/2018</p>	<p>QMC MMC</p>
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*Previously monitored **TBD; awaiting 2017 claims submissions through end of Feb 2018 ***Collecting HEDIS baseline data in 2018 for Elevate product

DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2018

<p>*Monitoring Satisfaction with Complex Case Management</p>	<p>Complex Case Management annually evaluates satisfaction with its complex case management services to identify opportunities to improve member satisfaction.</p> <p>✓ Affects member experience</p>	<p>Satisfaction data is collected through the following methods:</p> <ul style="list-style-type: none"> • Obtaining survey feedback from members • Analyzing member complaints for tracking/trending 	<p>Goals: Members: 100% of the respondents (former CCM members) will indicate a high level of satisfaction with the program by answering each of the CCM satisfaction survey questions with a rating of either 4 or 5 (on a scale from 1 to 5, with 5 being extremely satisfied).</p>	<p>Annually</p>	<p>Director of Health Management</p>	<p>11/2018</p>	<p>12/2018</p>	<p>QMC</p>
<p>*Open Shopper Study</p>	<p>Denver Health Medical Plan, Inc. (DHMP) has Access Standards which measure clinic and provider performance for availability of and access to care. To assure appointment availability meets these standards, the Quality Improvement (QI) Department conducts an “Open Shopper” study biannually to determine clinic compliance with access standards for our commercial lines of business (DHMP HMO and DHMP POS). The main purpose of the study is to determine what percent of clinics within the Denver Health system meet our access standards; what percent of high-volume providers within the expanded Cofinity Network meet our access standards; and what percent of behavioral health providers who serve our members meet our access standards</p> <p>✓ Affects member experience</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Semi-annually, call all DHMP HMO outpatient clinics (n=9) and a random sample of POS provider clinics (n=50) to assess compliance with DHMP Primary Care Access Standards for routine appointments, urgent after-hours care and acute care access. • Semi-annually, call all Behavioral Health providers who see 2 or more of our members to assess compliance with DHMP Behavioral Health Access Standards for routine appointments, urgent after-hours care and acute care access. 	<p>Goals:</p> <ul style="list-style-type: none"> • Emergency Care: 24 hours a day, 7 days a week -Met 100% of the time • Emergency Care-Behavioral Health Non-life Threatening: Within 6 hours- Met 100% of the time • Urgent Care-Medical and Behavioral Health: Within 24 hours-Met 100% of the time • Primary Care-Routine Symptoms Non-urgent : Within 7 calendar days- Met ≥ 90% of the time • Primary Care-Access to Afterhours Care: Office number answered 24 hrs./7 days a week by answering service or instructions on how to reach a physician -Met ≥ 90% of the time • Specialty Care-Non-Urgent: Within 60 calendar days- Met ≥ 90% of the time 	<p>Semi-Annually</p>	<p>QI Director</p>	<p>1/2018</p>	<p>7/2018</p>	<p>QMC</p>

DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2018

			<ul style="list-style-type: none"> • Routine Behavioral Health Care: Within 10 business days - Met ≥ 90% of the time • Preventive Visits/Well Visits: Within 30 calendar days- Met ≥ 90% of the time 					
*Monitoring Member Satisfaction	DHMP monitors member satisfaction with our services and identifies areas of potential improvement. To assess member satisfaction with our services, DHMP annually evaluates member complaint and appeal data to analyze tracking and trending. ✓ Affects member experience	Aggregate member complaints and appeals by reason, showing rates related to: <ul style="list-style-type: none"> • Quality of Care • Access • Attitude and Service • Billing and Financial Issues • Quality and Practitioner Office Site. 	Goals: Evidence of monitoring includes: <ul style="list-style-type: none"> • Annual reporting to the QMC • Root-cause analysis provided to identify opportunities for improvement. 	Annually	Director of Member Services	1/2018	3/2018	QMC
*Monitoring Satisfaction with the Utilization Management Process	DHMP continually assesses member and practitioner satisfaction with our Utilization Management process to identify areas in need of improvement. ✓ Affects member experience	Components of the process: <ul style="list-style-type: none"> • Collecting and analyzing data on member and practitioner satisfaction to identify improvement opportunities • Taking action designed to improve member and practitioner satisfaction based on assessment of the data 	Goals: <ul style="list-style-type: none"> • Members: Of the surveyed members (CAHPS) who required an authorization for services, 90% or more reported being either “Somewhat or Very Satisfied” with the authorization process (question 31A). • Practitioners: 90% of the surveyed providers will indicate a high level of satisfaction with the UM program by answering each of the Provider UM Satisfaction questions with a rating of either 4 or 5 (on a scale from 1 to 5, with 5 being extremely satisfied).” 	Annually	Director of UM	12/2018	1/2019	QMC

DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2018

*Monitoring Satisfaction with Disease Management	The Health Management Department annually evaluates satisfaction with its disease management services to identify opportunities to improve member satisfaction. ✓ Affects member experience	Satisfaction data is collected through the following methods: <ul style="list-style-type: none"> Obtaining member survey feedback Analyzing complaints and inquiries 	Goals: <ul style="list-style-type: none"> Members: 95% of the respondents (former DM members) will indicate a high level of satisfaction with the program by answering DM survey questions with a rating of either 4 or 5 (on a 1-5 scale, with 5 being extremely satisfied). 	Annually	Director of Health Management	12/2018	1/2019	QMC
QUALITY OF SERVICE								
Monitoring Member Services' Benefit Information for Quality and Accuracy	The Member Services Department has a quality improvement process in place to assess the quality and accuracy of plan benefit information provided to members telephonically and online.	Components of the process: <ul style="list-style-type: none"> Collecting data on quality and accuracy of information provided Analyzing data against standards or goals Determining the cause of deficiencies, as applicable Acting to correct identified deficiencies 	Goals: <ul style="list-style-type: none"> Telephone: 85% accuracy Online: 85% accuracy 	Quarterly	Director of Member Services	Ongoing	Quarterly	QMC
Monitoring Pharmacy Benefit Information for Quality and Accuracy	The Pharmacy Department has a quality improvement process in place to assess the quality and accuracy of pharmacy benefit information provided to members telephonically and online.	Components of the process: <ul style="list-style-type: none"> Collects data on quality of service and accuracy of pharmacy benefit information provided both telephonically and online Analyzes data results Acts to correct identified deficiencies. <p>Results are presented to Compliance Committee and QMC for review and feedback.</p>	Goals: <ul style="list-style-type: none"> Telephone: 85% accuracy Online: 85% accuracy 	Semi-annually	Pharmacy Director	01/2018	12/2018	QMC Compliance Committee

DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2018

*2016 Utilization Management Program Evaluation	The Utilization Management Program Evaluation is conducted annually to review activities from the prior year and measure performance on initiatives to support clinical excellence. A summary of these results is presented to the MMC & QMC that covers overall program effectiveness, performance outcomes, improvement opportunities and changes to the program.	Evaluation includes: <ul style="list-style-type: none"> • Completed and ongoing activities • Quantitative and Qualitative Analysis • Evaluation of effectiveness 	Presentation to QMC must include: <ul style="list-style-type: none"> • Committee discussion and input on program summary • Actions, if applicable • Committee approval of 2018 UM Program 	Annually	Medical Director	01/2018	02/2018	QMC MMC
SAFETY OF CLINICAL CARE								
Patient Safety Initiatives	The Quality Improvement Department works collaboratively with Utilization/Case Management, Pharmacy, and Behavioral Health and Wellness Departments to provide clinical quality monitoring> Identification of performance improvement opportunities related to member safety are reviewed and implemented. ✓ Affects member experience	Process: The Quality Improvement Department facilitates evaluation of quality of care concerns and any corrective action plan that results. QI implements and provides organizational support of ongoing safety and quality performance initiatives that relate to care processes, treatment, service and safety in clinical practice. If opportunities are identified to decrease medical errors, the Quality Improvement Department will work collaboratively with the patient safety committee of the hospital to identify opportunities for improvement and preventive approaches.	Objectives: <ul style="list-style-type: none"> • Encourage organizational learning about medical and health care errors • Incorporate patient safety education across organization • Implement corrective, preventative and general medical error reduction educational programs to reduce the possibility of patient injury in conjunction with patient safety committee. • Involve patients in decisions about their health care and promote open communication about medical errors and consequences which occur as a result • Collect and analyze data, evaluate care processes for opportunities to reduce risk and initiate actions 	Annually	Director of QI	Ongoing	Ongoing	QMC

DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2018

			<ul style="list-style-type: none"> • Review and investigate serious outcomes where a patient injury has occurred or patient safety has been impaired under the quality of care concern process. • Report internally what has been found and the actions taken with a focus on processes and systems to reduce risk • Distribute information to members and providers via newsletter and/or website to help promote and increase knowledge about clinical safety • Focus existing quality improvement activities on improving patient safety by analyzing and evaluating data related to clinical safety • Annually review and evaluate clinical practice guidelines against practice guidelines to ensure and improve safe practices 					
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*Previously monitored **TBD; awaiting 2017 claims submissions through end of Feb 2018 ***Collecting HEDIS baseline data in 2018 for Elevate product

DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2018

*Pharmaceutical Patient Safety Issues	<p>The Pharmacy Department has information about member pharmaceutical use that may not be available to pharmacists or practitioners. This represents an opportunity to provide patient safety information to practitioners and patients likely to be affected by drug recalls and withdrawals for patient safety reasons.</p> <p>✓ Affects member experience</p>	Objectives: <ul style="list-style-type: none"> Identifying and notifying members and prescribing practitioners affected by Class II recall or voluntary drug withdrawals from the market for safety. An expedited process for prompt identification and notification of members and prescribing practitioners affected by Class I recall. Results are presented to Compliance Committee annually and MMC for review and feedback semiannually. 	Goals: 100% Compliance for: <ul style="list-style-type: none"> Class I: Affected members and providers notified no later than seven days of the Food and Drug Administration (FDA) notification. Class II: Affected members and providers notified within thirty days of the FDA notification. Class III: Affected members and provider notified within sixty days of FDA notification. 	Annually & Semi-annually	Pharmacy Director	Ongoing	Ongoing	MMC - Semiannually Compliance Committee - Annually
SAFETY OF CLINICAL CARE								
*Monitoring Privacy and Confidentiality	<p>The Compliance Department has a process for identifying, reporting and taking action on impermissible uses or disclosure of sensitive information.</p> <p>✓ Affects member experience</p>	The Compliance Department implements procedures for: <ul style="list-style-type: none"> Identifying impermissible uses or disclosure of sensitive information Reporting impermissible uses or disclosures of sensitive information Providing education and safeguards in the event of impermissible uses or disclosure of sensitive information 	Goals: <ul style="list-style-type: none"> Annual formal reporting as evidence of ongoing monitoring of privacy and confidentiality. If instances of impermissible use or disclosure exist, there must be substantive discussion by the Compliance Committee on how to improve protections. Actions to improve protections may include, but are not limited to: <ul style="list-style-type: none"> Education and training Process/procedural revisions Progressive discipline 	Annually	Compliance Director	Ongoing	Ongoing	Compliance Committee Board of Directors