

Dept. Section	Structure	Regulations	Objective	Requirement	Risk/Goal	Responsible Party	Reports To	Reporting Frequency	Year														
									January	February	March	April	May	June	July	August	September	October	November	December			
Quality Improvement Program Structure	Governance - Quality Program	Regulations	<p>*2023-2024 QI Program Description</p> <p>This document will clearly outline how the QI program is organized and how it uses its resources to meet program objectives. This will include: <ul style="list-style-type: none"> • Organizational area and their responsibility and the reporting relationship between the QI Department and the Quality Management Committee (QMC) </p>	<p>Objective:</p> <p>The QI Program Description will be annually reviewed and updated according to national and state research and guidelines, with an emphasis on the QI program scope, goals, objectives and structure.</p>	<p>Requirement:</p> <p>Annual Review of the QI Program Structure <ul style="list-style-type: none"> • Review patient safety is addressed • How designated activities is involved • How all practitioners 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 </p>	<p>Risk/Goal:</p> <p>Review and updated annually <ul style="list-style-type: none"> • Submitted for review to the QMC and BOB </p>	Q Manager / Manager	QMC Board Of Directors	Annually														
			<p>*2023 QI Work Plan</p> <p>The QI Work Plan which is developed after review of previous year's QI Work Plan and Evaluation. The review Work Plan schedule is pulled after review of annual HEDIS and CAPRS results, along with the overall goals and objectives of the health plan. The work plan is a dynamic document that is frequently updated for effect progress on QMAP QI activities throughout the year. All yearly objectives must be measurable and evaluated annually through the Program Evaluation.</p>	<p>Objective:</p> <p>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 • QI's Objectives and planned activities • Time Frame in which each activity is to be achieved • The staff member responsible for each activity </p>	<p>Requirement:</p> <p>Review and updated annually <ul style="list-style-type: none"> • Submitted to and reviewed by the QMC and BOB </p>	Q Manager	QMC Board Of Directors	Annually															
			<p>*2022-2023 QI Program Evaluation Report (includes all indicators for the present year)</p> <p>The Program Evaluation report is written annually to evaluate the results of QI initiatives in measurable terms, resolve client care and compare with performance objectives as defined in the QI Work Plan.</p>	<p>Evaluation includes:</p> <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 practice 	<p>Risk/Goal:</p> <ul style="list-style-type: none"> • All goals not met • QI conducts a root cause or barrier analysis to identify the underlying causes and recommend changes to improve clinical care and quality of service • 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 	Q Manager / Manager	QMC Board Of Directors	Annually															
			<p>G & A Dept (Part of QI Program Eval)</p> <p>The Program Evaluation report uses valid methodology, the organization annually analyzes technological and behavioral health complaints and appeals for each of the five required categories:</p> <ol style="list-style-type: none"> 1. Access to care 2. Customer Service/Member Satisfaction 3. Billing/Financial 4. Care Coordination 5. Quality of Care - Grievance 	<p>Evaluations is included in the QI Program Eval. The G&A Eval includes:</p> <ul style="list-style-type: none"> • Member complaint and appeal data are correctly classified, processed and completed within regulatory timeframes • Staff are able to investigate and close cases within KPI goals 	<p>Goal:</p> <ul style="list-style-type: none"> • 95% of all submissions to be processed within timeframes • KPI goal at 50% of cases closed within 7-14 days (grievance) 	G & A Manager	QMC Board of Directors	Annually															
			<p>G & A Dept (Part of QI Program Eval)</p> <p>The G & A Program Evaluation is part of the QI Program Eval. It evaluates primary complaints and appeals for each of the five required categories:</p> <ol style="list-style-type: none"> 1. Access to care 2. Customer Service/Member Satisfaction 3. Billing/Financial 4. Care Coordination 5. Quality of Care - Grievance 	<p>Evaluations is included in the QI Program Eval. The G&A Eval includes:</p> <ul style="list-style-type: none"> • Member complaint and appeal data are correctly classified, processed and completed within regulatory timeframes • Staff are able to investigate and close cases within KPI goals 	<p>Goal:</p> <ul style="list-style-type: none"> • 95% of all submissions to be processed within timeframes • KPI goal at 50% of cases closed within 7-14 days (grievance) 	G&A Manager	QMC Board of Directors	Annually															
<p>UM AND G&A Dept System Controls Oversight Report</p> <p>QMAP has UM review systems to protect data from being altered outside of prescribed protocols. QMAP has developed policies and procedures and conducts audits for system controls specific to UM control and appeal notification and response dates.</p>	<p>Evaluation includes:</p> <ul style="list-style-type: none"> • Identifying all modifications to receipt and decision notification dates that did not meet the organization's policies and procedures for date modifications • Analyzing all instances of date modifications that did not meet the organization's policies and procedures for date modifications • Auditing on all findings and implementing a corrective action 	<p>Goal:</p> <ul style="list-style-type: none"> • All changes done by trained staff within policy guidelines 	G&A Manager	QMC Board Of Directors	Annually																		
Quality Management Operations	Work Groups	Regulations	<p>Quality Management Committee</p> <p>QMAP Quality Management Committee (QMC) sets in place and coordinate operations to make improvements in quality and safety of clinical care and service to members.</p>	<p>Committee functions include:</p> <ul style="list-style-type: none"> • Analyzes and evaluates the results of QI activities • Encourages member participation in the QI program through planning, design, implementation or review • Identifies medical actions • Reviews follow-up, as needed <p>Meets: Bi-Monthly</p>	<p>Objective:</p> <ul style="list-style-type: none"> • Committee demonstrates quality oversight activities and participation of required members by presenting clear and accurate results of inquiries • Provides oversight to working subcommittees and determines final requirements for action for reporting requirements. 	Q Manager QI Project Manager	QMC	Bi-Monthly															
			<p>Medical Management Committee</p> <p>QMAP 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, and CHC/CHCA reporting requirements and program operations provided throughout the organization.</p> <p>Meets: Bi-Monthly</p>	<p>Committee functions include:</p> <ul style="list-style-type: none"> • The MMC is responsible for assisting the organization in providing oversight, critical evaluation, and dialogue of actions and selection of opportunities while maintaining a constructive relationship with medical staff and approval/renewal policies and procedures 	<p>Goal:</p> <ul style="list-style-type: none"> • Providing strong support and oversight to an initiative to improve Continuity and Coordination of Care • Reviewing and updating the current medical plan dashboard • Works in collaboration with the QMC • Works in collaboration with the Network Adjudication Committee • Review all regulatory and NCCA requirements are reported in a consistent, accurate and reliable manner 	MAT Mgr.	QMC	Bi-Monthly															

Dept. Section	Structure	Quality	Regulations	Objective	Required	Target/Gol	Responsible Party	Reports	Reporting Frequency	January	February	March	April	May	June	July	August	September	October	November	December					
* Performance - HEDIS			Improving Adolescent Well Care Visits	To improve the Medicaid, CHIP, rates for Adolescent Well Care Visits	The following interventions will be ongoing in Healthy Heroes Birthday Cards, with emphasis on: <ul style="list-style-type: none"> SBIC Targeted List (as COVID-19 pandemic allows) SBIC Enrollment Increase (as COVID-19 pandemic allows) Reported: Validated Rates to QMC Annually	MY 2022 to increase performance of Adolescent Well Care Visits to 46.2% to 10th Percentile (Medicaid), 52.42% or 10th Percentile CHIP	PH Project Managers	QMC	Annually																	
				Children 2-19 years of age who still require an annual well child visit for the year will receive a birthday card offering them to come for their annual visit. 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.	Prevalence: <ul style="list-style-type: none"> HQ pulls list from BI portal monthly HQ cleans data and separates age COB HQ forwards list to the printer to send out birthday cards Goal HEDIS MY2022: 56.96% (25th percentile) Current HEDIS MY 2020 Rate: 58.62% (20th percentile) Goal HEDIS MY2022: 62.62% (20th percentile) QCC Counting by Nation: Current HEDIS MY2020 Rate: 55.72% (25th percentile) Goal HEDIS MY2022: 71% (20th percentile) Key area for Exchange due to small sample size	Engage children who have not gone in for their annual well child visit through healthy hero birthday reminder cards	PH Project Managers	QMC	Annually																	
				Each year, CH receives a list of all MCD and CHIP members enrolled in the SBIC program. CH runs the list against active members and targets all members in need of a well child visit. Objective: Increase the % of MCD and CHIP members with well child visit by providing targeted data to SBIC's HCA	Prevalence: <ul style="list-style-type: none"> SBIC tracks enrollment and which members are in need of a visit via ERIC report - SBIC Care Coordinators submit to SPY members who complete Annual Wellness visit at appropriate SBIC CHMP tracks completed visits via claims Goal: <ul style="list-style-type: none"> 62 COVID-19 pandemic allows, assess status in targeting students enrolled in a SBIC to complete an annual well child visit 100% of eligible population receive well visit through SBIC 	62 COVID-19 pandemic allows, assess status in targeting students enrolled in a SBIC to complete an annual well child visit	PH Project Managers	QMC	Annually																	
				The overall goal of Care Management and Care Coordination is to help members regain optimum health or improved functional capacity, in the right setting, and in a cost-effective manner. In 2022-2023, CHMP successfully implemented quality improvement initiatives for Care Coordination activities, including: <ul style="list-style-type: none"> Development and implementation of the Foster Care Program Expansion of the Controlling Blood Pressure Program to all of our business Changes to the adult complex care population definition which allowed the CM team to better target members with poor utilization patterns and multiple chronic conditions Adults with 3 or more "at-risk" conditions and 125,000 or more costs Development of a Complex Care dashboard to track members in the complex care population https://www.hca.wa.gov/our-work/complex-care	Prevalence: <ul style="list-style-type: none"> SBIC tracks enrollment and which members are in need of a visit via ERIC report - SBIC Care Coordinators submit to SPY members who complete Annual Wellness visit at appropriate SBIC CHMP tracks completed visits via claims Goal: <ul style="list-style-type: none"> 62 COVID-19 pandemic allows, assess status in targeting students enrolled in a SBIC to complete an annual well child visit 100% of eligible population receive well visit through SBIC 	Engage children who have not gone in for their annual well child visit through healthy hero birthday reminder cards	Director of Health Plan Care Management	QMC	Annually																	
Care Management Program Description, Evaluation, and Workplan			Care Management Updates	<ul style="list-style-type: none"> Development and implementation of the Foster Care Program Expansion of the Controlling Blood Pressure Program to all of our business Changes to the adult complex care population definition which allowed the CM team to better target members with poor utilization patterns and multiple chronic conditions Adults with 3 or more "at-risk" conditions and 125,000 or more costs Development of a Complex Care dashboard to track members in the complex care population https://www.hca.wa.gov/our-work/complex-care	<ul style="list-style-type: none"> SBIC tracks enrollment and which members are in need of a visit via ERIC report - SBIC Care Coordinators submit to SPY members who complete Annual Wellness visit at appropriate SBIC CHMP tracks completed visits via claims Goal: <ul style="list-style-type: none"> 62 COVID-19 pandemic allows, assess status in targeting students enrolled in a SBIC to complete an annual well child visit 100% of eligible population receive well visit through SBIC 	<ul style="list-style-type: none"> Engagement of a live ADT feed in the Guiding Care D Medical Management Platform by end of SFY 2023-2024 for inpatient admissions and emergency room visits Identification of a rising risk population by end of SFY 2023-2024 Development of outcomes based dashboard for members engaged in CM services by end of SFY 2023-2024 Integration of HSA data by end of SFY 2023-2024 Integration of CD data into CHMP, Clinical Risk Stratification tool by end of SFY 2023-2024 Integration of population health module in guiding care started by end of SFY 2023-2024 	Director of Health Plan Care Management	QMC	Annually																	
							The Care Management program maintains a program description and performs an annual program evaluation. Each year, CHMP completes a Program Evaluation, and uses the findings in that evaluation to evaluate and refine the Care Program Description. Both documents are brought to QMC for review and approval.	Prevalence: <ul style="list-style-type: none"> SBIC tracks enrollment and which members are in need of a visit via ERIC report - SBIC Care Coordinators submit to SPY members who complete Annual Wellness visit at appropriate SBIC CHMP tracks completed visits via claims Goal: <ul style="list-style-type: none"> 62 COVID-19 pandemic allows, assess status in targeting students enrolled in a SBIC to complete an annual well child visit 100% of eligible population receive well visit through SBIC 	Engage children who have not gone in for their annual well child visit through healthy hero birthday reminder cards	Director of Health Plan Care Management	QMC	Annually														
							The CHMP CM team has made strides in the past few years to start evaluating outcomes related data for members engaged in CM programs and services. The CM department now has several areas of data available through Guiding Care tableau reports, and the next step is the development of dashboards and other tools which can evaluate the impact of CM services on member cost, utilization, and condition specific outcomes.	Prevalence: <ul style="list-style-type: none"> SBIC tracks enrollment and which members are in need of a visit via ERIC report - SBIC Care Coordinators submit to SPY members who complete Annual Wellness visit at appropriate SBIC CHMP tracks completed visits via claims Goal: <ul style="list-style-type: none"> 62 COVID-19 pandemic allows, assess status in targeting students enrolled in a SBIC to complete an annual well child visit 100% of eligible population receive well visit through SBIC 	Engage children who have not gone in for their annual well child visit through healthy hero birthday reminder cards	Director of Health Plan Care Management	QMC	Annually														

Dept. Section	Structure	Objective	DOWNS HEALTH MEDICAL PLAN, INC. DOWNS & DOWNS HEALTH (MIDWISCONSIN) QUALITY IMPROVEMENT PLAN (QIP) Goal/Goal	Responsible Party	Reports To	Reporting Frequency	January	February	March	April	May	June	July	August	September	October	November	December			
Management	Care	Health Equity Strategic Plan	To establish a health equity strategy plan to address health inequities experienced by DHPM MDC and DHP members	<p>Business Health Equity Plan to include baseline data, strategic goals, community resources, partnerships and any other measures.</p> <p>Partnerships to achieve health equity for oral and ethnic minorities, people with disabilities, sexual and gender minorities, individuals with limited English proficiency, and rural populations.</p>	Manager of Population Health	QMC	Annually														
		MLR Metric Workgroup	To improve performance and meet state targets on 07/22/23 Medical Loss Ratio (MLR) metrics	<p>Identify problems and interventions to close the performance gap between DHPM's current MLR performance and the MLR goal performance set annually by DHP during the measurement year (2023).</p>	Manager of Population Health	QMC	Annually														
		Cultural and Linguistic Appropriate Services (CLAS)	To deliver culturally and linguistically appropriate services to DHP member membership.	<p>Objective:</p> <ul style="list-style-type: none"> •Ongoing efforts to reduce REL related disparities in health based on available data •Ensure appropriate literacy levels to member material and improve of REL membership data <p>Reports: QMC, Annually</p>	PH Project Managers	QMC	DH ASC QIC	Annually													
		*Continuity and Coordination of Medical Care	DHPM uses information as it is required to facilitate continuity and coordination of medical care across its delivery system.	<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 2 opportunities for improvement • Acting on at least 3 opportunities for improvement and measuring effectiveness <p>Reports: QMC, MMC, Annually</p>	Director of Care Mgmt.	QMC	MMC	Annually													
		*Continuity and Coordination between Medical Care and Behavioral Healthcare	DHPM will conduct an assessment of continuity and coordination of care efforts between medical health care providers and behavioral health care providers (Dental Health and Chiropractic providers).	<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>Reports: Annually MMC, QMC</p>	Director of Provider Relations	MMC	QMC	Annually													
		Adoption and Distribution of Clinical Practice and Preventive Health Guidelines	DHPM is accountable for adopting and implementing 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.	<p>DPDs must be updated annually or when the guideline evidence or national standards are published prior to the annual review date.</p> <p>National guidelines change prior to the annual review date</p>	Q Manager	MMC	Annually														
		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.	<p>DHPM's UM Department has:</p> <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 individualists •Involvement of appropriate practitioners in developing, adopting and reviewing criteria <p>Reports: MMC, QMC</p> <p>QMC reports via Meeting Minutes to QMC</p>	Director of Utilization Mgmt.	MMC	Medical Director	Annually													
		UM Annual Eval	DHPM annually evaluates & updates the UM program, based on the performance of its program plan.	<p>Evaluation includes:</p> <ul style="list-style-type: none"> •Assessing the impact of the UM early workflow •Assessing daily operations against key performance indicators •Assessing results of annual DR testing •Optimizing Internal Criteria Policies to ensure best practice and benefits are being met •Identifying opportunities for improvement and implementing interventions if applicable •Measuring effectiveness of interventions, if applicable 	Director of Utilization Management	QMC	Annually														
		UM Dept Criteria for UM Decisions	DHPM uses written criteria based on clinical evidence to make utilization decisions, and specifies procedures for appropriately applying the criteria.	<p>Objective:</p> <ul style="list-style-type: none"> •UM decision-making criteria are objective and based on medical evidence. •Written policies for applying the criteria based on individualists. •Involvement of appropriate practitioners in developing, adopting and reviewing criteria. <p>Annually reviews the UM criteria and the</p>	Director of Utilization Management	QMC	Annually														

Dept. Section	Structure	Regulations	Objective	Requirements	DOWNS HEALTHCARE PLAN, INC. CHWPs & DENVER HEALTH (OH MEDICAL BOARD) HEALTH PLAN (OH HEALTH) Quality Improvement team 2022-2023	Risk/Goal	Responsible Party	Reports	Reporting Frequency	January	February	March	April	May	June	July	August	September	October	November	December	
Credentiaiting & Provider Network	Quality Of Service	Physician and Hospital Directory Usability Testing	At least every three (3) years (18 months), the Physician Credentialing Department evaluates DHMP with board physician and Hospital directory for health, licensure, understandability and usefulness to members and prospective members.	Requiring members: Refreshing need Refreshing need organization Ease of navigation Ease of use in additional languages, if applicable to membership Testing notes: Other: There are significant changes to member demographics.	Goals: • There must be a documented process describing how usability testing is performed. • There must be evidence indicating initial usability testing was performed when there were significant changes to member demographics or to the layout or design.	Director of Provider Relations	QMC	At least every 3 years														
			Ongoing Monitoring of Network Practitioners and Provider 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 use 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 Performance and Credentialing: 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. Reports: QMC, CC Quarterly	Goals: • Conduct site visits of offices within 90 calendar days of determining that the complaint threshold was met. • Deliver corrective action plans within 30 calendar days of last visit. • Repeat site visits are conducted 6 months after delivering corrective action plans to assure compliance.	Director of Provider Relations	Credentialing & Committee	Quarterly														
Credentiaiting & Provider Network	Quality Of Service	Ongoing Monitoring of Practitioner Sanctions, Complaints and Quality Issues	Ongoing Monitoring of Practitioner Sanctions, Complaints and Quality Issues Understanding Committee DHMP has policies and procedures for ongoing monitoring of practitioner actions, complaints and quality issues between credentialing cycles. Appropriate action against practitioners is taken when poor quality concerns are identified.	Sanction Data is collected through the following methods: • Soliciting survey feedback from members • Analyzing member complaints for misdiagnosing. Reports: SMC Annually	Goals: • Review sanction information within 30 calendar days of release. • Implementing appropriate interventions when instances of poor quality are identified.	Medical Director of Provider Relations	QMC															
			Monitoring Accessibility of Services DHMP has established mechanisms to ensure access to primary and specialty care services, along with behavioral health services. DHMP Appointment Center services are responsible for meeting established standards.	Assessment incorporates: Self-reported access data from practitioners captured via network analytics analysis, supplemented with an analysis of complaints related to access.	Goals: • Meet urban, suburban and rural standards set in the Access to Care and Services Policy. Reports: Network Analytics to SMC and to QMC Annually via Network Committee Minutes	PR manager	NMC	Annually														
Operations - Marketing Health Plan Services	Quality Of Service	Assessing Member Understanding of DHMP Procedures	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.	Assessment includes: • Educating new member understanding of DHMP procedures. • Implementing procedures to maintain accuracy of marketing communication. • Asking for opportunities for improvement. Reports: QMC Annually	Goals: • There must be evidence of a systematic and ongoing process for assessing new members' understanding of DHMP operations and policies. • A DHMP team that new members have enrolled without an accurate understanding of key DHMP policies and procedures. DHMP must initiate a quality improvement process to correct the possibility of future	Marketing manager and	QMC	Annually														
			Monitoring Health Plan Services' Telephonic Performance The Health Plan Services Department has a process for monitoring and evaluating telephonic quality and metrics against established benchmarks and thresholds.	Reporting categories: • Service Level • First to answer • Calls abandoned • Call volume • Quality of member	Goals: • Service level: at or above 80% • First to answer: 20 seconds or less for Medicare • First to answer: 2 minutes or less Medicare • Abandonment rate: 5% or less	Health Plan Manager of Health Plan Services Lead	QMC	Quarterly														
Operations - Marketing Health Plan Services	Quality Of Service	Monitoring Satisfaction with Complex Case Management	Monitoring Satisfaction with Complex Case Management Complex Case Management annually evaluates satisfaction with its complex case management services to identify opportunities to improve. Member experience.	Satisfaction data is collected through the following methods: • Soliciting survey feedback from members. • Analyzing member complaints for tracking/trending.	Goals: • Members: 100% of the respondents will indicate 80% satisfaction with the program.	Director of Health Plan Medical Management	QMC MMC	Annually														
			Monitoring Member Satisfaction with the Information they Receive DHMP provides members with the information they need to fully understand and use health plan benefits.	Aggregate member complaints and updates by: • Quality of Care • Access • Attitude and Service • Billing and Financial Issues.	Goals: • Evidence of monitoring includes: • Annual reporting to the QMC. • Review case trends provided to identify opportunities for improvement.	Director of Health Plan Services	QMC	Annual (report updates)														
Operations - Marketing Health Plan Services	Quality Of Service	Providing Members with Information	Providing Members with Information DHMP provides members with the information they need to fully understand and use health plan benefits.	Collecting data on quality and accuracy of information provided in practice settings: • Analyzing data against standards or goals. • Determining causes of deficiencies, as applicable. • Asking for member identified deficiencies, as applicable.	Goals: • Self-identify 80% accuracy • Deliver 90% accuracy	Marketing, HPS, CM	broas															
			RY2024 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Annual Analysis Health member transition with clarity of direct care and services provided in practice settings through the CAHPS member satisfaction survey.	CAHPS surveys are: • Conducted quarterly. • Validated data before submission. • Member CAHPS communication available. • Analyzing survey results to determine areas of improvement and improvement. Reports: Find results to QMC Annually	Results of annual analysis include: • Presentation to the QMC. • Qualitative and quantitative analysis to identify opportunities for improvement must be documented in the QMC meeting minutes.	Q Project Manager Q Manager	QMC	Annually														
Health Plan	Service	Monitoring Member Services' Benefit Information for Quality and Accuracy	Monitoring Member Services' Benefit Information for Quality and Accuracy The Health Plan 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: • Collecting data on quality and accuracy of information provided. • Analyzing data against standards or goals. • Determining the cause of deficiencies, as applicable. • Asking for member identified deficiencies. Monitoring: Monthly	Goals: • Telephone: 90% accuracy • Online: 95% accuracy	Manager Health Plan Services Health Plan Services Lead	QMC	Quarterly														

Dept. Section	Structure	Regulations	Objective	Requires	Comps/Goal	Responsible Party	Reports To	Reporting Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Operations - Marketing Standards	Quality of Care	Pharmacy Benefit Information for Quality and Accuracy	The Pharmacy Department has a quality improvement process in place to assure the quality and accuracy of pharmacy benefit information provided to members telephatically and online	<ul style="list-style-type: none"> Components of the process: <ul style="list-style-type: none"> •Calls to data on quality of service and accuracy of pharmacy benefit information provided to members telephatically and online •Analyses data results •Acts to correct identified deficiencies. Measured: Quarterly Report: MMC Yearly 	<ul style="list-style-type: none"> Goals: Rate <ul style="list-style-type: none"> •Telephone: 90% accuracy •Online: 90% accuracy. 	Pharmacy Director	MMC	Yearly												
			Patient Safety Initiatives	Complete the annual State requirement for both Medicaid and CHIP for serious reportable events occurrence.	<ul style="list-style-type: none"> •Complete data on serious reportable and severe events for members. •Investigate and perform root-cause analysis 	<ul style="list-style-type: none"> Goal: All events are investigated and presented timely. •Track and trend any facility with repeat event cases for 	Director Utilization Mgmt.	QMC	Annually	x			x						x	
Regulatory	Quality of Care	Quality of Care - Grievances	DMH Medical Clinics and RH appropriately investigate potential quality grievances	<ul style="list-style-type: none"> Timeline requirements: <ul style="list-style-type: none"> •Acknowledgment letter: 2 business days. •Expedited: 48 hr (24 hours or other) •Standard Response: 15 business days. •Release letter: 14 business days. 	<ul style="list-style-type: none"> Goal: <ul style="list-style-type: none"> •100% Timeliness Compliance •Quality Grievance has been investigated and reviewed with Medical Director. •Report substantiated grievances to QMC for review and possible tracking. 	<ul style="list-style-type: none"> Medical Director 	QMC	Quarterly		x			x						x	
			Pharmaceutical Safety Issues	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 issues.	<ul style="list-style-type: none"> Objectives: <ul style="list-style-type: none"> •Identifying and notifying members and prescribing practitioners affected by Class II recall or voluntary drug withdrawal from the market for safety. •An expedited process for prompt identification and notification of members and prescribing practitioners affected by Class I 	<ul style="list-style-type: none"> Goal: <ul style="list-style-type: none"> •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. 	Pharmacy Director	MMC	Ad Hoc											
Regulatory	Safety Of Clinical Care	Monitoring Privacy and Confidentiality Safety Clinical PH	The Compliance Department has a process for identifying, reporting and taking action on impermissible use or disclosure of sensitive information.	<ul style="list-style-type: none"> The Compliance Department implements procedures for: <ul style="list-style-type: none"> •Identifying impermissible uses or disclosure of sensitive information •Reporting impermissible uses or disclosure of sensitive information •Providing education and safeguards in the event of impermissible use or disclosure of sensitive information 	<ul style="list-style-type: none"> Goal: <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 protection. Actions to improve protection may include, but are not limited to: <ul style="list-style-type: none"> •Education and training •Process/procedural reviews •Progressive discipline. 	Privacy Officer	Board Of Directors	Annually						x						