DENVI MEDIC	ER HEALTH PAL PLAN			DENVER HEALTH MEDICAL Commercial, Medicare and Elevate Q Work Plan 2024						Á	luary Febr	Mary Lin	ril May	une july	July ote	hiber of the control	get heet
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Section	Structure	Regulations	Objective	Requirement/ Planned Activity		Responsible Party		Frequency					//				
	cture	NCQA QI 1A *2024 QI Program Description	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: Program Structure How patient safety is addressed How designated physician is involved How BH practitioner is involved Oversight of Q'functions by GMC Annual work plan Objectives for serving a culturally and linguistically diverse membership Objectives for serving members with complex health needs, including behavioral health	Objective: -All requirements must be met -Reviewed and updated annually -Submitted for review to the QMC and BOD	QI Manager/ Manager	QMC Board Of Directors	Annually Q1. March sent to QMC for review and then Board appproval.		х	x						
lity Program	ent Program Struct	NCQA QI 1B *2024 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 carded after review of annual HEDIs and CAIPS 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 measurable and analyzed annually during the Program Evaluation.	Work Plan must address:  -Quality of Clinical Care -Quality of Clinical Care -Quality of Clinical Care -Safety of Clinical Care -Member's Experience -QI Program Scope -Yearly Objectives and planned activities -Yime Frame in which each activity is to be achieved -The staff member responsible for each activity -Monitoring of previously identified issues Evaluation of the QI	Objective:  -All 9 requirements must be met  -Yearly objectives must be measurable  -Submitted to and reviewed by the QMC and BOD	Qi Manager	QMC Board Of Directors	Annually Q1. March sent to QMC for reveie and the Board of Directors appproval.		x	x						
* Governance -Quality	Quality Improveme	NCQA QI 1C *2023 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.	Evolution includes:  *All 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:  *QI conducts 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 Summay must include and address:  *Analysis and overall effectiveness  *Completed and ongoing activities  *Trending of QI measures/results	Qi Manager/ Manager	QMC Board Of Directors	Annually Q1. March sent to QMC for review and then Board of Directors appproval.		x	х						
sd	perations	NCQA QI 1D 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:  *Analyzes and evaluates the results of QI activities  *Ensures practitioner participation in the QI program through planning, design, implementation or review  *Identifies needed actions  *Ensures follow-up, as needed Meets: Bi- Monthly	Objective:  *Committee demonstrates quality oversight activities and participation of required members by presenting dear and accurate records of minutes  *Provides oversight to working subcommittees and determines final opportunities for selection for reporting requirements.	QI Manager QI Project Manager	<b>QMC</b>	Bi-Monthly odd months, January, March, etc.	х	x		x	x	x	x		
tees - Work Groups	ment Program Op	NCQA QI 1D Medical Management Committee	DHMP's Medical Management Committee (MMC) acts as a working sub-committee to the QMC. The MMC assists the QMC is overseeing and sensuring quality of clinical care, patients safety, State/CMS/NCQA reporting requirements and program operations provided throughout the organization.  Meets: Bi-Monthly Reports: Bi-Monthly QMC	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:  *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 MoMC  *Works in collaboration with the Network Adequacy  Committee  *Fixure all regulatory and NCQA requirements are reported in a consistent, accurate and reliable manner	MAT Mgr.	QMC	Bi-Monthly even months, February, April, etc.	x	x		x	x	x	x		

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	Structure	Regulations	Objective	Requirement/ Planned Activity	Performance Target/Goal	Responsible Party		Frequency								
* Commit	Quality Improve		The Network Management Committee (NMC) is tasked with establishing, maintaining and reviewing network standards and operational processes.  Meets: Monthly, Reports: GMC Bi-Monthly	The scope of the NMC responsibility includes: (1) Network development and procurement; (2) Provider contract management, including oversight; and (3) Periodic assessment of network capacity.	<ul> <li>Develop standard work, policies and procedures for network</li> </ul>	Director of Provider Relations	дмс	Bi- Monthly	x	x	x	x	х	r.	x	

	perations	NCQA QI 1D Credentialing Committee	Reviewing the credentials, character, licensure status and elgibility for CMS participation for practioners/providers under consideration for plan participation and re-credentialing.	Thee Scope of the Credentialing Committee is to ensure that all Plan practitioners and providers are credentialed and recredentialed in a consistent manner and to demonstrate compliance with NCQA and internal Plan criteria and standards. Meets: At least Monthly Reports: QMC Quarterly	Review credentials, licensure, participation status with CMS and Character of participating or potential participating providers.     2. Ensuring the review and approval of files are complete.     3.Ensuring Member safety by reviewing provider (QOC) (HAI)s( HAC) and sanctions.     4. Makes recommendation for ( CAP)	Medical Director	QMC	Quarterly	x		×	×		x	
ees - Work Groups		NCQA PHM 3A Medicare Star Ratings Workgroup	Ker plan and ACS representatives work together to identify opportunities and implement interventions to improve our Medicare Star ratings.  Meets: Monthly  Reports: QMC Quarterly.	Committee functions include:  *Evaluate & licentify 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. Interventions and data are reported up through the Medicare Stars Program Leadership Committee for review and feedback. All targeted metrics are set up to evaluate effectiveness	Population Health Manager, MCR Stars Analyst	<b>QMC</b>	Quarterly	х		x	x		x	
* Committe	Š	NCQA PHM3A Collaborative QI Workgroups	QI health plan representatives sit on several collaborative workgroups led by ACS leadership. Meets: Monthly Reports: QMC Quarterly	Workgroups QI participates in includes:  *Cancer screening *Pediatric health  *CVD  *Integrated Behavioral Health  *Diabetes *Perinatal Care *Asthma  *Transition of Care  *Immunizations	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.	Pop Health Manager	<b>QMC</b>	Quarterly	x		x	×		x	
		NCQA PHM3A QI LEAN Management	Use LEAP practices and tools to identify and research new quality improvement targets. Implement QJ strategies (interventions or process improvements) based on findings.  Meets: Ad Hoc Reports: QMC Quarterly	Objectives including utilizing the use of:  A3 problem solving  *PSDA cycle  *Chart(s)  *Visual Management Boards  *Weekly QI team huddle	Objective:  *Increase collaboration in LEAN efforts  *Improve quality of data	QI Manager QI Team	QMC	Quarterly 2024 beginning Q1.	x		x	×		×	
s -Improvement	Clinical Care	NCQA PHM2A, 2C *HEDIS MY2023 Healthcare Effectiveness Data and Information Set (HEDIS) Annual Analysis	HEDI's is a quality requirement program which determines how well health plans perform on a variety of quality processes and outcome variables. HEDI's consists of more than 90 measures across 6 domains of care which allow for comparison of quality performance nationally across health plans.	Procedure:  +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  Reports:  Validated Rates to QMC Annually	Cristanan of annual analysis instrudes.	QI Project Manager QI Manager, HEDIS Supervisor	<b>QMC</b>	Quarterly 2024 beginning Q1, March, updates/status/ barriers are commnicated. Annual review of measure data presented in					x		

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EDIS Metric ects	e Quality Care	Breast Cancer	Every month a list will be drawn from the data warehouse, and run against claims and the active member's list. All Commercial,	QI will coordinate with WMC staff to post the locations and schedules of BCS screenings (mobile van (WMC)) on the Pulse. Create monthly mailing list of all Commercial, Exchange and Medicare women 50+ years old. PH Project Manager:  -Conducts monthly data pull  -Defines eligible participants  -Distributes member list for mailing	82.3%	PH QI Project Managers	<b>QMC</b>	Annually			x		
erformance - HE Proje	Quality Of Clinical Car	*Bone Density Screening (OMW)	To improve HEDIS rates for the measure, Osteoporosis Management in Women who had a Fracture.		"Medicare Current HEDIS MYZ021: NA (less than 30 in universe) Goal Medicare MY 2022 HEDIS Rate: 64% (4star cut point)"	PH Manger PH Project Managers	<b>QMC</b>	Annually		x			

Metrics - * F	Quality Of Clinica	Retinal Exams	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 is the last year	18-7's years of age that have not had a dilated retinal exam in the last year. Provide to ACS Eye Clinic Navigators and Primary Care navigators to outreach and schedule the exam. Support ACS Primary Care Clinics in the increased usage of Eye Cameras at DH clinics  Reports: Validated Rates to QMC Annually		PH QI Project Managers	дмс	Annually		x			
* Performance - HEDIS I Improvement Projects	Quality Of Clinical Care	* Improving Perinatal Health: HEDIS documentation and coding education	provide guidance and education on appropriate coding and documentation at the Denver Health Hospital and Ambulatory Care Clinics	prenatal timeliness and Postpartum Care  Meets: Monthly		PH /QI Project Managers	QMC	Annually			x		
ent Projects	ical Care	NCQA PHM2A, *Improving Well- Child Visits: HEDIS Rates	To improve the Commercial HEDIS Rates for Well- Child Visits the First 30 Months of Life (W30) and Child and Adolescent Well-Care Visits (WCV) for children ages 3-21.	amendment -SBHC Targeted Lists -SBHC Enrollment Increase Reported: Validated Rates to QMC Annually	COMMERCIAL HEDIS MY 2022 W30 Rate: 0-15: 77.8% 15-30: 91.9% Goal HEDIS MY2024 Rate 0-15: 80.8% 15-30: 94.9% Current HEDIS MY2022 WCV Rate: 63.7% Goal HEDIS MY2023: 66.7%	PH QI Project Managers	QMC	Annually				x	

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Section	Structure		Objective	Requirement/ Planned Activity	Performance Target/Goal	Responsible Party		Frequency					
ovem	Clin	NCQA PHM2A, *Improving Well- Child Visits: Healthy Heroes Birthday Cards	Commercial and Exchange children 2-19 years of age who still require an annual well child visit for the year will receive a birthday card informing then 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.		Goal: Engage children who have not gone in for their annual well child visit through healthy hero birthday reminder cards Commercial WCC Counseling for Physical Activity Current HEDIS MY2022 Rate: 86.1% Goal HEDIS MY2024: 89.1% WCC BMI Goal HEDIS MY2024: 96.7% WCC Counseling for Nutrition Current HEDIS MY2024: 96.3% No call HEDIS MY2024: 92.3% No rates for Exchange due to small sample size	PH QI Project Managers	<b>QMC</b>	Annually			х		
HEDIS Metrics -Improvem	cal Care Quality Of	*Improving Well- Child Visits: School- Based Health Centers Targeted Lists	OI receives a list of all Commercial members enrolled in the SBHC program. OI runs the list against active members and targets all members in need of a well-child visit.  Objective: Increase the % of Commercial members with a well-child visit by providing targeted lists to SBHCs HCPs	•SBHC creates list of enrolled members by LOB in DHHA EPIC system	Goal: Assist clinics in targeting students enrolled in a SBHC to complete an annual well child visit. >50% of eligible population receive well visit through SBHC	PH/QI Project Managers	<b>QMC</b>	Annually			х		
Performance - H	Quality Of Clinic	Medicare Chronic Care Improvement Program (CCIP)	CMS requires a 3 year CCIP project that focuses on promoting effective management of rhronic disease, slowing disease progression, reducing complications and utilization. In addition, the program should improve care and health outcomes for enrollees, address potential health disparities and produce best practices. For the new three-year cycle beginning January 2021 DHMP has chosen to focus on control of high blood pressure in those MCR members who have a diagnosis of hypertension		The 2022 and of the Controlling Plant Brown Advanced to the Controlling Plant Brown	PH Manager and PH/QI Project Managers	QMC	Annually		x			

*	*Colore	rectal Cancer	Objective: To develop interventions to increase the number of FIT	Procedure: DHMP will collaborate with DHHA ACS and	"Colorectal Cancer Screening (COL) Commercial Current HEDIS MY2022:	PH/QI Project Managers	QMC	Annually					
		ning: FIT kit	kits completed by DHMP MCR members in 2024.	vendor, LGC to conduct mailing of FIT kits to MCR members		Population Health	•	· ·		4 1			
		~		who had not completed colorectal cancer screening.	Commercial HEDIS MY2024 Goal: 59.2% Exchange Current HEDIS MY2022:	•				4 1			
	mailing	ng initiative		Reports: Validated Rates to QMC Annually QMC Annually"	48.7% Exchange HEDIS MY2024 Goal: 51.7%	Manager				4 1			
					Medicare Current HEDIS MY2022: 74.7% Medicare HEDIS MY2024 Goal:					4 1			
					77% (4-Star cut point)					4 1			
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Section	Structure		Objective	Requirement/ Planned Activity	Performance Target/Goal	Responsible Party		Frequency						
Population Health	Care	*Care Management Updates	DHMP developed an internal comprehensive care management program in 2021. DHMP continues to collaborate with ACS in the provision of care management and quality improvement services and programs for patients and Members. In addition, care management was identified as an area of operational excellence for Denver Health in 2018 and additional focus and resources have been allocated to help develop a comprehensive and robust care management system that spans across DHMP and ACS for seamless coverage to patients and Members. A dashboard with operational metrics is part of this initiative with regular review by leadership teams.	and revise the Care Management Program Description. Both	•All requirements must be met •Reviewed and undated annually	DHMP Medical Director Director of Care Mgmt QI Manager	<b>QMC</b>	Annually	x					
Care Management I	Qualit	*Promote and improve health outcomes for D- SNP members with chronic conditions	The D-SNP beneficiary specific performance measures are collaboratively developed in conjunction with DHMP and the DHHA Ambulator, Care Quality Committee (QIC). This SNP-MOC specific set of goals reflect process, impact and outcome measures.		Promote and improve coordination of care and appropriate delivery of services through the direct alignment of the HRAT, ICP and ICT-III *Improving or maintaining member physical health-76% Performance Goal *Initial HRA completion w/in 90 days of enrollment -> *75% Completion Goal *Annual HRA completion w/in 365 days of initial HRA -> *75% Completion Goal *Promote and improve care transitions across all health care settings and		QMC Board Of Directors DH ACS QIC	Annually		x	x			
					Promote and improve health outcomes for D-SNP members with chronic conditions.  *Poliabetes Care – Blood Sugar Controlled >= 74%  *Controlling High Blood Pressure >= 80%  Promote appropriate utilization of services:  *Rate of emergency department visits/1000 members- 110.70 Performance Goal  *Rate of acute inpatient admissions/1000 members- 32.16 Performance Goal									

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Section	Structure	Activity/ Regulations	Objective	Requirement/ Planned Activity	Performance Target/Goal	Responsible Party	Reports To	Reporting Frequency						
면		NCQA PHM 2B Complex Case Management: Population Assessment	Complex Case Management annually assesses member populations and subpopulations to ensure needs are being met in an appropriate manner.	Relevant characteristics of specific populations     DHMP's total covered population, not just members identified for complex case management	Goals:  "Use multiple data sources, when available, including administrative claims and utilization management data to assess 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	Director of Care Mgmt.	<b>QMC</b>	Annually	x	x				
opulation Health	of Care	NCQA PHM 6A Complex Case Management: Measuring Program Effectiveness	Complex Case Management annually measures the effectiveness of its complex case management program using three measures.	•IllIdentifies a relevant process or outcome	Goals:  Member Satisfaction:  Member Satisfaction will indicate 80% satisfaction with the complex case management program.	Director of Care Mgmt.	<b>QMC</b>	Annually	x	x				

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Care Management (	Quality	NCQA PHM1-6 *Population Health Management (PHM) Strategy: Program Monitoring  NCQA QI 4B *Behavioral Health	The Population Health Management Team has a population health strategy for meeting the care needs of its member population.  Follow up for positive depression screening are an ACS strategic quality indicator	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.  Procedure:  Tracking the completion of "depression screening and follow	2024 PMM Goals: Establish programming for each of the four population health target areas.  *Keeping members healthy  *Managing members with emerging risk  *Ananaging Multiple Chronic Illnesses  The Population Health team has developed the 2024 Population Health Management Strategy for the MCR, COMM and Exchange lines of business.  The first step of the strategy is to identify the most often occurring comorbid, disease processes of DMP's members. The Strategy then then outlines the strategic PH Plan, PH Goal and specific programs that will support these members and also the overall population health strategy.  Goals:  Overall CHS goal is 70% completion	Population Health Team DHMP Medical Director  Director of Care Management	QMC ММС	Annually	х х				
		Services	Ongoing monitoring of CM behavioral health related activities PIP 2019 -thru current year Reports: QMC Annually	up visit if positive" at Primary Care visits at DH ACS Tracking of key Case Management team BH related activities	Year 1 tracking to establish baselines and determine goals				x				
		Cultural and Linguistic Appropriate Services (CLAS)	To deliver culturally and linguistically appropriate services to Denver Health membership.	Objective:  *Ongoing effort to ensure culturally and linguistically appropriate member facing materials and to improve collection of REL membership data to support that work Reports: QMC Annually	Goal:  -Provide culturally and linguistically appropriate materials and services -Improve collection of REL membership data	PH QI Project Managers	<b>QMC</b>	Annually	x				
		NCQA QI3A-C *Continuity and Coordination of Medical Care	coordination of medical care across its delivery system.	Annual identification of opportunities to improve coordination of medical care by:  **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 4 opportunities for improvement  **Acting on at least 3 opportunities for improvement and measuring effectiveness Reports: MMC bi-montly	Goals:	Director of Care Mgmt., Director of Provider Relations, Manager of Provider Relations, Manager of Pop Health (PH), Clinical Pharmacist PH, NCQA Project Manager	ммс	Bi-Monthly	х			x	
		NCQA QI4A-C *Continuity and Coordination of Medical Care and Behavioral Health Care	DHMP uses information at its disposal to facilitate continuity and coordination of medical and behavoral health care across its delivery system.	Annual identification of opportunities to improve coordination between medical and behavioral health care by:  *Collecting data on opportunities for collaboration between medical care and behavioral healthcare  *Conducting activities to improve the coordination of behavioral healthcare and general medical care  *Identifying and selecting at least 2 opportunities for improvement  *Acting on at least 2 opportunities for improvement and measuring effectiveness Reports: MMC bi-monthly	Goals:  - identify and select at least 2 opportunities to improve the coordination of medical care and behavioral health care  - Measure the effectiveness of improvement actions taken for at least 2 opportunities  - improve the rates of ALC control for members with SPMI  - Greater utilization of our mail channels to ease barriers surrounding med refills. Outreach members (identified through pharmacy claims) who are overdue for an antidepressant medication refill to engage members and improve medication adherence.	Director of Care Mgmt, Manager of PH, Clinical Pharmacist PH	ммс	Bi-Monthly					
ulation Health	Care	FMC Follow Up After Emergency Department Visit for People with Multiple High-Risk Conditions	Objective: To develop interventions to improve the rate of follow up after emergency department visit for members with multiple high-risk conditions	Procedure: The Care Management team will work with key members of the QI, Population Health, and IS teams to develop a mechanism to identify members who have had a recent ED visit. The Care Management and Population Health teams will work internally and with DHHA and external providers to support members in following up with their PCP. The CM team will use the MCR Member Dashboard to identify and remedy care gaps.  Reports: Validated Rates to QMC Annually	Goals: improve FMC rates from 47% in HEDIS MY2022 (1 star) to 62% in HEDIS MY2024 (4 Star)	Director of Care Mgmt., Manager of Population Health, Manager of Quality Improvement	<b>QM</b> C	Annually					
Management Population Health	Quality of G	CBP Controlling Blood Pressure	Objective: To develop interventions to improve the rate of members whose blood pressure is in control	Procedure: The Care Management team has a CBP program to support members with accessing necessary care and resources for managing their blood pressure, as well as support with scheduling appointments with a provider or Pharm D for blood pressure checks. Care Managers provide support and education to members for managing their diet, medications, and lifestyle to reduce blood pressure. Care Management will coordiate with Population Health to engage internal and external stakeholders to support members with obtaining annual readings and with accessing necessary supports and resources to get members' blood pressure in control. The CM seam will use the MCR Member (pashboard to interify and	Goals: Improve CBP rates from 69% in HEDIS MY2022 (3 star) to 77% in HEDIS MY2024 (4 Star)	Director of Care Mgmt., Manager of Population Health, Manager of Quality Improvement	<b>QM</b> C	Annually CCIP report due end of year Dec. 2024.					
Care		HBD Care for Older Adults Pain Assessment	Objective: To develop interventions to improve the rate of members with in control HbA1C reading	Procedure: The Care Management team has a Diabetes Management program to support members with accessing necessary care and resources for managing their diabetes. Care Managers provide support and education to members for managing their died, medications, and lifestyle to improve A1c contol. Care Management will coordate with Population Health to engage internal and external stakeholders to support members with obtaining annual A1c labs and with accessing necessary supports and resources to get members 'A1c in control. The CM team will use the MCR Member Dashboard to identify and remedy care gaps. Reports: Validated Rates to NOM Annually.	Goals: Improve HBD rates from a 3 star to a 4 star rating in 2023	Director of Care Mgmt., Manager of Population Health, Manager of Quality Improvement	<b>QM</b> C	Annually					
		COA Care for Older Adults Pain Assessment	Objective: To develop interventions to improve the rate of members who have had a pain assessment	Procedure: The Care Management team will develop an internal process to complete a plain assessment for members aged 666 in the DSNP and McK Select Programs Reports: Validated Rates to QMC Annually	Goals: Improve COA rates from a 2 star to a 3 star rating in 2023	Director of Care Mgmt., Manager of Population Health, Manager of Quality Improvement	<b>QMC</b>	Annually					

	DCD	Objective: To develop interventions to reduce the number of 30-	Procedure: The Transitions of Care team is responsible for	Goals: Goals: Improve PCR rates from 69% in HEDIS MY2022 (3 star) to 77%	Director of Care Mgmt	QMC	Annually				
	PCR	day plan all cause readmissions in 2023	following Medicare Select and Medicare Choice DSNP	in LIEDIS MAY2024 (4 Short)	Manager of Population						
	Plan All Cause		members who are admitted to an inpatient setting outside of								
			DHHA, and Medicare Choice DSNP members who are admitted		Health, Manager of Quality	'					
	Readmissions		to DHHA. The Transitions of Care team offers support to		Improvement						
			discharge planners to ensure a safe discharge plan is in place								
			for the member and then follows the member for 30 days upor	n							
			program enrollment (outreach for enrollment occurs after								
			discharge to a home setting). The DHMP Population Health								
			team will be working with DHHA to evaluate their Transitions								
			of Care interventions for DHMP members admitted at a DHHA								
			facility								

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Structure Regulations Objective Regulations																	Commercial, Medicare and Elevate Quali				
Activity/ Projections Objective Regulations																	2024				Dept.
PAdoption and Distribution of Clinical Protection and												Reporting	Reports To						Activity/		Section
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The Distribution of Distributi							-					Annually	OMC		Ol Manager	Objective	CPG's must be undated annually or when the following	DHMP is accountable for adopting and disseminating clinical	**		
Clinical Practice and processors are sequentially and the processors of the sequential processors are sequentially and the processors of the sequential processors are sequentially and the sequential to the sequential processors are sequentially and the sequential to				ш							024		QIVIC	nager	-	Adoption and dissemination by:			•		
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Utilization Management Criteria  Monitoring Consistency of Applying UM Criteria  Monitoring of Portion and Pharmacutical management personal to sudden beautiful and sudden in stated and sudden in the sudden in stated and sudden in stated an			+	Н		-	+	+				Annually	MMC	lization	Director of Utilization	Objective:	DHMP's UM Department has:			0	0 -
Management Criteria  Output Description  Outpu				ш								Aimidully	· · · · · · · · · · · · · · · · · · ·	iizacioii		Criteria must consider at least the following when applying criteria to a given	<ul> <li>Written UM decision-making criteria that are</li> </ul>	criteria and the procedures for applying them, and updates the	_		
Criteria  - Written policies for applying the criteria based on induction less plant for the stand on induction less plant for the stand of programs are posted based on induction and engagement must be designed by a plant of the stand of programs are posted to the programs and programs are posted to the programs and posted to programs are posted to the programs and posted to programs are posted to the programs and posted to programs are posted to the programs and posted to programs are posted to the programs and posted to program are posted to the program ar				ш										or	Medical Director			criteria when appropriate			44
Monitoring of Formulary and pharmaceutical management procedures are presented to the Pharmacy and Therapeutics Committee on a minual basis for review and discussion. Minutes from the P&T meeting are presented and reviewed at the QMC on a bi-monthly and pharmaceutical management procedures annually to address areas for improvement annually to				ш												Comorbidities					i i
Monitoring of Formulary and pharmaceutical management procedures are presented to the Pharmacy and Therapeutics Committee on a minual basis for review and discussion. Minutes from the P&T meeting are presented and reviewed at the QMC on a bi-monthly and pharmaceutical management procedures annually to address areas for improvement annually to				ш			x														Ĕ
Monitoring of Formulary and pharmaceutical management procedures are presented to the Pharmacy and Therapeutics Committee on an annual basis for review and discussion. Minutes from the procedures annually to address areas for improvement  Procedures  Procedures  Procedures  Procedures  Procedures  Procedures  The Utilization Management procedure activities from the prior year and measure performance on initiatives to support clinical excellence. A summary of these results is presented to the MMC & Gullation of effectiveness, performance outcomes, improvement opportunities and changes to the program.  Member Annual  Member Committee in the MAC & Gullation and materials to promote DHMP  Information about the quality program goals and outcomes as whits provide evidence of annual communication to all  Member Annual  Member				ш												Psychosocial situation	on an assessment of the local delivery system				e ge
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Pharmaceutical Management Procedures are presented and review at the CMC on a bi-monthly basis. Review of updated formulary and pharmaceutical management procedures is documented in the P&T minutes.    Possible of the procedures   Procedur				ш								BI- IVIONTINIY	IVIIVIC	ector	Pharmacy Director	Must present and review all pharmaceutical management	Reporting Categories.		_		
Management Procedures basis. Review of updated formulary and pharmaceutical management procedures is documented in the P&T minutes.    2021 Utilization Management Program Evaluation is conducted anually to review activities from the prior year and measure performance on initiatives to support clinical excellence. A unmarry of these results is presented to the MMC & QMC that covers overall program effectiveness, performance outcomes, improvement opportunities and changes to the program.    Member Annual   Member Annual   Member Communications and materials to promote DHMP   Member Communication to all   Director of Marketing   QMC   Annually   Ann				ш												procedures annually to address areas for improvement	,		•		
Procedures    Procedures	x	х		×		х	x		x									basis. Review of updated formulary and pharmaceutical			
2021 Utilization Management Program Evaluation is conducted annually to review activities from the prior year and measure performance on initiatives to support clinical excellence. A unumary of these results is presented to the MMC & QMC that covers overall program field unitiative and Qualitative approval UM Program and evaluation of prior year performance  Member Annual  Member Annual  The Marketing Department strives to ensure timely distribution of member communications and materials to promote DHMP information about the quality program goals and outcomes as whust provide evidence of annual communication to all  Director of Marketing QMC Annually				ш														management procedures is documented in the P&T minutes.	_	<u> </u>	
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Requirements to patient care and service.  •Pharmaceutical restriction and preference information, including formulary.				ш														to patient care and service.	Requirements	a	
Reports: QMC annually																	Reports: QMC annually			i,e	
Member The Marketing Department focuses on timely distribution of members are provided the following information, including Goals:    Goals:   Director of Marketing				П								Annually	QMC	rketing	Director of Marketing	cours.			Member	50	
Communication members communications and materials to prince union but not uninee to:  *-Music provise evidence or communication to all commercial members upon enrollment and annually thereafter  *-Music provise evidence or communication to all commercial members upon enrollment and annually thereafter				ш															Communication	Š	bo
Requirements Upon subscriber information				ш														1		6	<u>≅</u>
Enrollment and  •PHI use and disclosure information •The process for members to self-refer to case				ш		x														t,	et l
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Nember rights and responsibilities statement and annually thereafter  Nember rights and responsibilities statement and annually thereafter  Nembers upon enrollment and annually thereafter				ш																콘	Ş
Quality of Service The Grievance and Appeals Department appropriately investigates Timeframe requirements: Goal: Manager of Appeals & QMC Quarterly	+		$\rightarrow$	Н			+	+				Quarterly	OMC	neals &	Manager of Anneals &	Goal:	Reports: OMC appually	The Grievance and Appeals Department appropriately investigate	Quality of Service	-	
potential Quality of Service Concerns.  •Acknowledgment letter: 5 business days.  •100% Timeframe compliance				Ιl								Quarterry		peuis ex			Acknowledgment letter: 5 business days.		-		
•Standard Response: 30 calendar days. Tracks G&A Types, timeliness, and documents trends, quarterly updates •Extension letter: 15 calendar days (Commercial, Exchange), 14 presented to QMC  Director of Provider				ΙI										vider					Concerns (QSC)		논
Calendard days (Medicare).		x		ı	х	х				х			1		Notwork						8
*Expedited: 7.2 hours Adhoc Member Todays: Meable			١ .																		
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Dept.	•			DENVER HEALTH MEDICAL Commercial, Medicare and Elevate Qualit 2024											
Section	Structure	Activity/ Regulations	Objective	Requirement/ Planned Activity	Performance Target/Goal	Responsible Party	Reports To	Reporting Frequency							
Credentialing & Provider	Quality Of Servic	NCQA PHM 3A F2 Practitioner and Provider Communication Requirements	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.	Practitioners and Providers are provided the following information, including but not limited to:  *Member rights and responsibilities statement  *The process for the practitioner to refer members to case 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  *Information about the quality program goals and process outcomes related to member care and service  *Pharmaceutical management procedure, restriction and preference information, including formulary  *Annual Provider Survey  *Early Periodic Screening Diagnosis and	Goal:  *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  Reports NMC Reports QMC via NMC minutes annually	Director of Provider Relations	Network Managemen t Committee QMC	Annually	x						
Credentialing & Provider Network	ice	Physician and Hospital Directory Usability Testing	At least every three (3) years (36 months), the provider codentialing Department evaluates DHMP's web-based physician and hospital directory for health literacy, understandability and usefulness to members and prospective members.	Testing considers:  -font size -feading level -intuitive content organization -fase of navigation -Directories in additional languages, if applicable to membership -Testing occurs: -when there are significant changes to member -demographics -when there are changes to the layout of design of the directory - Internal staff who were not involved in the development of the -directory participate in testing.  - Reports:	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.	Provider Credentialing Manager	<b>Q</b> МС	At least every 3 years							
Credentialing &	Quality Of Service	*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 bMH9'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 Cedentialing:  *Sets performance standards and thresholds for office site quality  *Establishes a documented process for ongoing monitoring an investigation of member complaints related to practice sites  Reports: CC Quarterly  Reports: QMC via CC	Goals:  *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	Director of Provider Relations	Credentialin g Committee	Quarterly	x		x	x		x	
Credentialing & Provider Network	Quality Of Service	*Ongoing Monitoring of Practitioner Sanctions, Complaints and Quality Issues	Credentialing Committee DHMP has policies and procedures for ongoing monitoring of practitioner sanctions, complaints and quality issues between er- credentialing ordies, Appropriate action against practitioners is taken when poor quality concerns are identified	Ongoing review and monitoring by:  *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  Medis: Monthly or as often as needed Reports to QMC via Credentialing Committee Minutes	Goals:  *Review sanction information within 30 calendar days of its release  *Implementing appropriate interventions when instances of poor quality are identified	Medical Director Credentialing Director	QMC			x	x	x	к	x	
Creder	Qualit	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 network adequacy analysis, supplemented with an analysis of complaints related to access.	Goals:  *Meet urban, suburban standards set in the Access to Care and Services  Policy  Reports: Network Adequacy to NMC and to QMC Annually	Director of Provider Relations Product Line Managers	NMC	Annually		x					
Marketing (	f Service (	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:  *Monitoring new member understanding of DHMP procedures  *Implementing procedures to maintain accuracy of marketing  communication  *Acting on 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.  *IF DHMP finds 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 misrepresentation	Director of Marketing	<b>QMC</b>	Annually				x			

Dep	<b>t.</b>				DENVER HEALTH MEE Commercial, Medicare and Elevate C 2024	Quality Improvement Work Plan		
Sect	ion	Activity/ Regulations	Objective	Requireme	ent/ Planned Activity	Performance Targe	Reports To Reporting Frequency	

ealth	ervice	*Monitoring Satisfaction with Complex Case Management	improve member satisfaction. Affects member experience	Satisfaction data is collected through the following methods:  +Obtaining survey feedback from members  Analyzing member complaints for tracking/trending  Reports: MMC Annually  Reports: QMC Annually	Goals: Members: 100% of the respondents will indicate 80% satisfaction with the program.	Director of Health Medical Management		Annually			x					
Operations - Marketing Health Plan Services	Quality Of Servio	*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	Aggregate member complaints and appeals by reason, showing rates related to:  -Quality of Care -Access -Attitude and Service -Billing and Financial Issues -Quality and Practitioner Office Site -Reports: QMC Quarterly updates and Annually	Goals:  *Annual reporting to the QMC  *Root-cause analysis provided to identify opportunities for improvement.  *Monthly MCR member satisfaction survey *Quarterly provider access survey	Product Line Managers w/ Marketing		Annual (report) Quarterly( updates)	x			x	x		x	
Operations - Marketing Health Plan Services	ice	*2023 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Annual Analysis	Assess member satisfaction with quality of clinical care and services provided in practice settings through the CAHPS member satisfaction survey.	DHMP's QI Department: Sends CAHPS surveys out annually to members via random sample.  v'alidates data before submission  *Meets CAHPS submission deadline *Analyzes survey results to determine areas of intervention and improvement  Reports: Validated Rates to QMC Annually	Evidence of annual analysis includes:  *Presentation to the QMC  *Qualitative and quantitative analysis to identify opportunities for improvement must be documented in the QMC meeting minutes.	QI Project Manager/ QI Manager/Product Line Managers and HEDIS Supervisor	QMC	Annually- September 2024					x			
	Quality Of Servi	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.	Components of the process:  «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:	Director of Provider Relations (Survey and analysis, action plans) Director of UM	<b>QMC</b>	Annually		3	•					
h Plan Services	9.	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  -Acting to correct identified deficiencies categories:  - Service Level  - Service Level  - Average delay to answer  - Calls abandoned  - Quality/Accuracy  - Call volume	Goals:  *Telephone: 90% accuracy  *Online: 90% accuracy  *Service level: at or above 80%  *Time to answer: 30 seconds or less for Medicare  *Time to answer: 2 minutes or less Medicaid, Commercial, Elevate Exchange  *Time to answer: 250 seconds or less CHP+  *Abandonment rate: 5% or less	Services Health Plan Services Supervisor and Health Plan	<b>Q</b> MC	Bi-Monthly	x	,	•	x	x	x	x	
Operations - Marketing Health Plan Services	Quality Of Service	Monitoring Pharmacy Benefit Information for Quality and Accuracy	The Pharmary 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:  *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.  *Service Level *Average delay to answer *Calls abandoned *Quality/Accuracy *Call volume Reports: MMC Quarterly	Goals:  *Telephone: 85% accuracy  *Online: 85% accuracy	Pharmacy Director/Pharmacy Manager/Pharmacy Supervisor/Intervention Manager	<b>QM</b> C	Quarterly	x			х	x		×	

Dept.				<b>DENVER HEALTH MEDI</b> Commercial, Medicare and Elevate Qu 2024									
Section	Structure	Activity/ Regulations	Objective	Requirement/ Planned Activity	Performance Target/Goal	Reports To Responsible Party	Reporting Frequency						
latory	Clinical Care	Patient Safety Initiatives	The Quality Improvement Department works collaboratively with Utilization/Case Management, Population Health, Pharmacy, and G&A Departments to provide clinical quality monitoring and Identification of performance improvement opportunities related to member safety are reviewed and implemented.	The Quality Improvement Department facilitates evaluation of quality of care concerns and any corrective action plan the results. QI implements and provides organizational support		Manager of QI, Sr. Manager QMC Pop Health, Director of Utilization Mgmt. G&A Mgr. Pharmacy Director Medical Director	Quarterly	x		x	х	х	

Regu	Safety Of	Quality of Care Concerns (QOCC): MCR, COM, HIX	potential QOCC's.		100% Timeframe Compliance for processing cases within regulatory turn     around and reporting time frames.	G&A Mgr. QOC Nurse/Designee Medical Director	-	Every other Month	x	x	x	х	,	×	x	
atory	ical Care	Patient Safety Issues	pharmaceutical use that may not be available to pharmacies or practitioners. This represents an opportunity to provide added patient safety information to practitioners and patients likely to be affected by drug recalls and withdrawals for patient safety reasons.	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.	<ul> <li>Class I: Affected members and providers notified no later than seven days of the Food and Drug Administration (FDA) notification.</li> <li>Class II: Affected members and providers notified within thirty days of the</li> </ul>	Manager/Compliance	MMC Compliance Committee Annually	Ad Hoc								
Regulatory	Safety Of Clinical	Monitoring Privacy and Confidentiality Safety Clinical PH	reporting and taking action on impermissible uses or disclosure of sensitive information.	•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:  *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 Compilance Committee on how to improve protections. Actions to improve protections may include, but are not limited to:  Education and training  *Process/orocedural revisions	•	Board Of Directors	Annually			:	ς.				