

DENVER HEALTH MEDICAL PLAN, INC. Commercial, Medicare and Elevate Quality Improvement Work Plan 2024										January February March April May June July August September October November December											
Dept. Section	Structure	Activity/ Regulations	Objective	Requirement/ Planned Activity	Performance Target/Goal	Responsible Party	Reports To	Reporting Frequency													
* Governance -Quality Program	Quality Improvement Program Structure	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 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: •All requirements must be met •Reviewed and updated annually •Submitted for review to the QMC and BOD	QI Manager/ Manager	QMC <u>Board Of Directors</u>	Annually Q1. March sent to QMC for review and then Board approval.			x	x									
		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 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 measurable and analyzed annually during the Program Evaluation.	Work Plan must address: •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 issues Evaluation of the QI Program	Objective: •All 9 requirements must be met •Yearly objectives must be measurable •Submitted to and reviewed by the QMC and BOD	QI Manager	QMC <u>Board Of Directors</u>	Annually Q1. March sent to QMC for reveie and the Board of Directors approval.			x	x									
		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.	Evaluation 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 Summary must include and address: •Analysis and overall effectiveness •Completed and ongoing activities •Trending of QI measures/results	QI Manager/ Manager	QMC <u>Board Of Directors</u>	Annually Q1. March sent to QMC for review and then Board of Directors approval.			x	x									
tees - Work Groups	ment Program Operations	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 clear and accurate records of minutes •Provides oversight to working subcommittees and determines final opportunities for selection for reporting requirements.	QI Manager QI Project Manager	QMC	Bi-Monthly odd months, January, March, etc.	x		x		x		x		x				
		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 in overseeing and ensuring quality of clinical care, patient 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 QMC •Works in collaboration with the Network Adequacy Committee •Ensure 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				

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* Commit	Quality Improve	Network Management Committee	The Network Management Committee (NMC) is tasked with establishing, maintaining and reviewing network standards and operational processes. Meets: Monthly, Reports: QMC 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.	Goals: •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	Director of Provider Relations	QMC	Bi- Monthly		x		x		x		x		x		

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	Quality Of Clinical Care Quality Care Projects	*HEDIS Impact: Breast Cancer Screening	To improve HEDIS rates for the Measure 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, Exchange and Medicare women 45+ years old, who are in need of a mammogram, will be sent a mailer reminding them to schedule an appointment.	DHMP's QI Department: 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 Reports: Validated Rates to QMC Annually	Commercial Current HEDIS MY 2022 82.3% Commercial HEDIS MY2024Goal: 85.3% Exchange Current HEDIS MY2021: 83.2% Exchange HEDIS 2024 Goal: 86.2% Medicare Current HEDIS MY2022: 77% Medicare Goal HEDIS MY2024: 81% (5 star cut point)	PH QI Project Managers	QMC	Annually								x		
		*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 Central Clinical Support pharmacy team for follow up monthly. Schedule quarterly meetings to discuss intervention progress and barriers. Reports: Validated Rates to QMC Annually QMC Annually	Medicare Current HEDIS MY2021: NA (less than 30 in universe) Goal Medicare MY 2022 HEDIS Rate: 64% (4star cut point)¶	PH Manger PH Project Managers	QMC	Annually						x				

* Performance - HEDIS Metrics - Improvement Projects	Quality Of Clinical Care	Quality Of Clinical Care	*Improving Diabetic Retinal Exams	To improve HEDIS rates for the Diabetic Retinal Exam component of the HEDIS diabetic measures. Quality team 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 is the last year	Create monthly list of members with a diagnosis of diabetes, 18-75 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	Medicare Current HEDIS 2022: 82% Goal Medicare 2024 HEDIS Rate: 85% (5 stars) Commercial Current HEDIS MY2022: 52.8% Goal Commercial MY2024 HEDIS Rate: 55.8% Exchange Current HEDIS MY2022: 57.1% MY2023 HEDIS Rate: 60.1% Goal Exchange	PH QI Project Managers	QMC	Annually						x					
			* Improving Perinatal Health: HEDIS documentation and coding education	DHMP PH Program Manager and PH/QI Program Managers provide guidance and education on appropriate coding and documentation at the Denver Health Hospital and Ambulatory Care Clinics	Procedure: •QI participates in the perinatal workgroup on a monthly basis. QI participates in QI committee activities for improvement of prenatal timeliness and Postpartum Care Meets: Monthly Reports: QMC Bi-Annual	Prenatal Commercial Current Prenatal MY2022 HEDIS Rate: 93.3% Commercial Prenatal Goal MY2024: 96.3% Postpartum Commercial Current Postpartum MY2022 HEDIS Rate: 95.8% Commercial Postpartum Goal MY2024: 98.8%	PH /QI Project Managers	QMC	Annually								x			
	ical Care	NCQA PHMZA, *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.	The following interventions will be ongoing in 2023: •Healthy Heroes Birthday Cards, with 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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Performance - HEDIS Metrics -Improvement Projects	Quality Of Clinical Care	Structure	Activity/ Regulations	Objective	Requirement/ Planned Activity	Performance Target/Goal	Responsible Party	Reports To	Reporting Frequency										
			NCQA PHMZA, *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 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.	Procedure: •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 Reports: Validated Rates to QMC Annually	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 Current HEDIS MY 2022 Rate: 93.7% Goal HEDIS MY2024: 96.7% WCC Counseling for Nutrition Current HEDIS MY2022 Rate: 89.3% Goal HEDIS MY2024: 92.3% No rates for Exchange due to small sample size	PH QI Project Managers	QMC	Annually								x		
			*Improving Well-Child Visits: School-Based Health Centers Targeted Lists	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. Objective: Increase the % of Commercial members with a well-child visit by providing targeted lists to SBHCs HCPs	Procedure: •SBHC creates list of enrolled members by LOB in DHHA EPIC system •DHMP pull list from EPIC and determines who needs visit and sends list back to clinics so HCPs can complete well visit in SBHC.	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	QMC	Annually								x		
			Medicare Chronic Care Improvement Program (CCIP)	OHS requires a 3 year CCIP project that focuses on promoting effective management of chronic 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	Procedure: The DHMP Quality Improvement team will work closely with DHMP Care Management and DHHA Ambulatory Care Services to implement a comprehensive chronic disease care management program in order to provide members with poorly controlled blood pressure the support and care they need to more adequately manage their condition.	Goals: The 2023 goal of the Controlling Blood Pressure Management program is to increase the percentage of MCR Select members with a diagnosis of hypertension whose BP is in control based on the CBP HEDIS metric from 65% in MY2022 to 76% by December of 2023.¶	PH Manager and PH/QI Project Managers	QMC	Annually					x					

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Care Popul	Qua	*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 wch have been developed and	CPG's must be updated annually or when the following circumstances exist: •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: •Establishing the clinical/scientific basis for the guidelines •Review guidelines annually, with updates as needed •Distributing guidelines to appropriate practitioners	QI Manager QI Project Manager	QMC	Annually- November 2024											x
		*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: •Written UM decision-making criteria that are objective and based on evidence based criteria and national standards of care •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, adopting and reviewing criteria Reports: Presentation to the MMC with Meeting Minutes to	Objective: Criteria must consider at least the following when applying criteria to a given individual: •Age •Comorbidities •Complications •Progress of Treatment •Psychosocial situation •Home environment, when applicable	Director of Utilization Mgmt. Medical Director	MMC	Annually											
Utilization Management	Quality of Care	Monitoring Consistency of Applying UM Criteria	Mandatory annual testing for all clinical reviewers (Physician and nurse) to validate that medical necessity guideline criteria are applied consistently by all staff.	DHMP's Utilization Management must: •Evaluate consistency of health care professionals making UM decisions through Inter-Rater Reliability Testing modules within MCG Health to validate applying criteria consistently and appropriately •Acts on opportunities to improve reliability of criteria application when identified Reports: MMC, MMC reports to QMC via meeting minutes	Goal: •90% or greater accuracy within 2 attempts for Inter-Rater Reliability Testing.	Director of Utilization Mgmt. Medical Director	MMC	Annually											
		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.	Reporting categories: Monitoring: Monthly Reports: MMC Bi-monthly, MMC reports to QMC via meeting minutes	Goal: •Must present and review all pharmaceutical management procedures annually to address areas for improvement	Pharmacy Director	MMC	Bi- Monthly				x							
Utilization Managemen	Quality of Care	2021 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: •Completed and ongoing activities •Quantitative and Qualitative Analysis •Evaluation of effectiveness Reports: Annually QMC	Presentation to QMC must include: •Committee discussion and input on program summary •Actions, if applicable •Committee approval UM Program and evaluation of prior year performance	Medical Director UM Director	QMC	Annually											
		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 topics related to patient care and service.	Members receive: •Information about the quality program goals and outcomes as related to member care and service •Pharmaceutical restriction and preference information, including formulary. Reports: QMC annually	Goals: •Must provide evidence of annual communication to all members	Director of Marketing	QMC	Annually											
Marketing	Quality of Service	Member Communication Requirements Upon Enrollment and Annually Thereafter	The Marketing Department focuses on timely distribution of member communications and materials to promote DHMP membership understanding of their health plan	Members are provided the following information, including but not limited to: •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 Reports: QMC quarterly	Goals: •Must provide evidence of communication to all commercial members upon enrollment and annually thereafter	Director of Marketing	QMC	Annually											
		Quality of Service Concerns (QSC)	The Grievance and Appeals Department appropriately investigates potential Quality of Service Concerns.	Timeframe requirements: •Acknowledgment letter: 5 business days. •Standard Response: 30 calendar days. •Extension letter: 15 calendar days (Commercial, Exchange), 14 calendar days (Medicare). •Expedited: 72 hours Monitors Tracks: Monthly Reports: QMC Quarterly	Goal: •100% Timeframe compliance Tracks G&A Types, timeliness, and documents trends, quarterly updates presented to QMC	Manager of Appeals & Grievances Director of Provider Network Adhoc	QMC	Quarterly											
Network	e																		

Operations - Marketing Health Plan Services	Quality Of Service	*Monitoring Satisfaction with Complex Case Management	Complex Case Management annually evaluates satisfaction with its complex case management services to identify opportunities to 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	QMC MMC	Annually				x								
		*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: Evidence of monitoring includes: •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	QMC	Annual (report) Quarterly(updates)	x				x		x				x	
Operations - Marketing Health Plan Services	Quality Of Service	*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 •Validates 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						
		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: •Members: 90% of the surveyed members (CAHPS) who required an authorization for services will indicate being either "Somewhat or Very Satisfied" with the authorization process. 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).” (Provider, Practitioner Experience Survey)	Director of Provider Relations (Survey and analysis, action plans) Director of UM	QMC	Annually			x									
Operations - Marketing Health Plan Services	Quality Of Service	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 Reporting categories: • 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	Manager Health Plan Services Health Plan Services Supervisor and Health Plan Services Lead	QMC	Bi-Monthly	x		x		x		x		x		x	
		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: •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	QMC	Quarterly	x				x		x				x	

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Laboratory	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.	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. Reports: QMC Quarterly	Objectives: •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 •Review and investigate serious outcomes where a patient injury has occurred or patient	Manager of QI, Sr. Manager Pop Health, Director of Utilization Mgmt. G&A Mgr. Pharmacy Director Medical Director	QMC	Quarterly																				

Regulatory	Safety Of Clinical Care	Quality of Care Concerns (QOCC): MCR, COM, HIX	DHMP Medical Director and RN appropriately investigate potential QOCC's.	Timeframe requirements: <ul style="list-style-type: none">•Acknowledgment letter: 5 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 for processing cases within regulatory turn around and reporting time frames.• Report all cases to Quality Management Committee noting substantiated cases which either need track/trending or referral to recredentialing• Allow facility/providers to submit responses on substantiated cases to allow for internal reviews and quality improvement.	G&A Mgr. QOC Nurse/Designee Medical Director	QMC	Every other Month		x		x		x		x			
		*Pharmaceutical Patient Safety Issues	The Pharmacy Department has information about member 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.	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.•Reports: Compliance Committee Annually and MMC ad hoc	Goals: <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.•Class III: Affected members and provider notified within sixty days of FDA notification.	Pharmacy Director/Pharmacy Manager/Compliance Analyst	MMC Compliance Committee Annually	Ad Hoc											
		Monitoring Privacy and Confidentiality Safety Clinical PH	The Compliance Department has a process for identifying, reporting and taking action on impermissible uses or disclosure of sensitive information.	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: Education and training Process/procedural revisions	Privacy Officer	Board Of Directors	Annually						x					