

**QUALITY MANAGEMENT
PROGRAM
2024**

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QUALITY MANAGEMENT PROGRAM DESCRIPTION

Purpose and Scope of the Quality Assurance Program

The Quality Management Program (“QA Program”) is an integral part of VCHCP’s “Quality and Care Management Program” (“QACMP”). The purpose of the QA Program is to establish objective methods for systematically evaluating and improving the quality, appropriateness, and outcome of care and services, including the structures and processes by which services are delivered to Ventura County Health Care Plan (VCHCP) members; the program is designed to continuously pursue opportunities for improvement and problem resolution. The QA Program incorporates the two major processes generally referred to as: Quality Management (“QA”) and Quality Improvement (“QI”).

Quality Management, one arm of the QA Program, is the process by which elements of care representing the highest standards are provided to members. These standards, whether expressed as community, local, professional, or national, are descriptions which have evolved to represent the expectations of the group from which they come. Such standards may be termed “best care” or “best practice”, or they may be expressed by the use of clinical algorithms, clinical care guidelines or of policies and procedures. They may come from source(s) often described as “evidence-based,” representing standards which have been established through specific and focused research. At other times they may be condensations of data from various sources, such as professional societies, standard texts, recent and valid research. Such standards, upon acceptance, are expressed specifically for the Plan’s members and providers, generally in the Plan’s clinical policies and procedures communications. At all times the elements of QA are intended to be guidelines and descriptions of the highest level of proper care that the Plan and its members may expect from providers.

Quality Improvement, the other arm of the Program, is the process by which areas of care are specifically and discreetly examined, providing insight into situations where care can be improved. Following such examination and analysis, the QA Program then recommends changes in the provision of care, changes which are intended to improve the level of services provided to Plan members. Tracking such recommendations, in order to demonstrate response to them, is the responsibility of the QA Program, as is reporting these activities to the appropriate sub-committee of the Plan.

For convenience, and since both are necessarily linked, QA and QI are often combined under the single heading “Quality Management” or “QA”, implying the entire process by which the highest quality care possible is managed within the structure of the Plan. The QA Program supports and ensures the organizational mission and strategic goals and processes to ensure the quality of care and services rendered appropriately and safely to all VCHCP members.

The scope of the program is comprehensive and includes activities with either a direct or indirect influence on the quality and outcome of clinical care and service delivered to all VCHCP members and

the service provided to provider panel members. The program addresses issues relevant to the culturally and linguistically diverse Plan member population providing for their specific needs as well as to the service of those members with complex health needs.

The QA Program relies on senior management oversight an accountability and integrates the activities of all departments in meeting the program goals and objectives. The Program involves all key stakeholders, including members, participating providers, regulators, purchasers and VCHCP and network staff, in the development, evaluation and planning of QA activities.

While the scope of the program is comprehensive, responsibility for specific actions is assigned to appropriate individuals or departments within the Plan. These specific areas are addressed in more detail throughout this Program Description.

VCHCP's QA Program institutionalizes the Plan's commitment to environments that improve clinical quality, maximize safe clinical practices, and enhance service to members throughout the organization.

Coordination of the Quality Management and the Utilization Management Programs

The QA Program is connected with the Utilization Management ("UM") Program of the Plan, such that data, information, decisions, policies and procedures of one program are routinely found in the other. It is always the intent of the Plan management to coordinate such information and to create conditions such that the actions of one function are understood, incorporated, and used by the other.

The QA Program, nonetheless, is responsible for the final evaluation, documentation, and improvement of the overall level of care provided to Plan members. To assist in these goals, findings and actions of the UM Committee are routinely referred to the QA Committee for oversight, in addition to being routinely reported to the Standing Committee. The QA Committee, in receiving such reports, is charged to review and recommend corrective actions, as appropriate, and to report on such actions to the Standing Committee.

Goals and Objectives

The goals and objectives of the QA Program are to:

- To continuously improve the quality of care and service delivered to VCHCP customers (members, employers, and provider panel members).
- To develop, implement and coordinate all activities that are designed to improve the processes by which care and service are delivered.
- To ensure a system of QA communication that is timely and uses appropriate channels to report issues to appropriate individuals. In particular, the following reporting occurs:
 - Daily, individual reports of problems within the Plan, specifically referencing the provision of care and/or the quality of that care, are made from Member Services and

from UM to the Plan Administrator or designee (“Administrator”) and to the Plan Medical Director.

- Such reports, as well as their resolutions, when appropriate, are summarized and provided to the QA and/or UM Committee(s).
- Similarly, summary reports from these committees are provided to the Plan’s oversight committee on a regular (quarterly) basis. The Plan’s oversight committee is the VCHCP “Standing Committee.”
- To facilitate documentation, reporting, and follow-up of QA activities to prevent duplication and facilitate excellence in clinical care, service, and outcome.
- Evaluation activities may include but are not limited to the areas of:
 - Provider accessibility and availability
 - Provider satisfaction
 - Care guidelines and policies
 - All aspects of utilization within the Plan, including under- as well as over-utilization of services
 - Adverse outcomes or sentinel events
 - Medical record-keeping practices
 - Provider site audits
 - Member satisfaction, including members who have not used the Plan or who have only occasionally used the Plan
 - Complaints, grievances, and appeals
 - Timeliness of handling claims
 - High risk and high-volume services

Regulatory Requirements

VCHCP’s QA Program is designed to meet Knox-Keene regulatory mandates. Accordingly, among other requirements, the Plan’s Program must:

- Be directed by the Plan’s providers, through the committee structure of the Plan, via the committees for Oversight (“Standing Committee”), QA, Utilization Management, (“UM”), Pharmacy and Therapeutics (“P&T”), and Credentials.
- Document that the quality of care provided is being reviewed, through a variety of methods, including surveys, audits, focused reviews, data analysis, complaint and grievance review, and other techniques designed to define quality care and to demonstrate the presence, as well as the absence, of that level of care.
- Identify quality of care problems.
- Demonstrate a process which takes effective action to improve care where deficiencies are identified and ensure, through Corrective Action Plan(s) (“CAP”) and follow-up, that specific as well as systemic quality of care issues are identified and are improved.
- Address accessibility, availability, and continuity of care.
- Monitor the provision and utilization of services to see that they meet professionally recognized standards of practice.

- Monitor and improve the internal quality assurance processes themselves.
- Regulations further require that VCHCP's QA Program be structured to ensure that:
 - A level of care which meets professionally recognized standards of practice is delivered to all enrollees.
 - Appropriate care is not withheld or delayed for any reason, including a potential financial gain and/or incentive to the plan providers, and/or others; and
 - The Plan does not exert economic pressure to cause institutions to grant privileges to health care providers that would not otherwise be granted. Similarly, the Plan exerts no pressure on health care providers or institutions to render care beyond the scope of their training, experience, abilities, or facilities.

Key Guidelines

- QA Program structure and process are comprehensively described and represent a complete program according to all applicable standards and requirements.
- The QA Program is fully operational within the provider network.
- QA Program responsibilities are assigned to appropriate individuals.
- Contracted providers participate actively in the QA Program.
- The content of the QA Program is clearly documented, and the process is thoroughly outlined.
- The QA Program is accountable to the Governing Body.
- The QA Program is appropriately integrated into the functions of VCHCP operations.
- The QA Program resources, including staff, analytic capabilities, and data resources, are adequate to meet the program needs.
- The QA Program is coordinated with performance-monitoring activities throughout the organization including, but not limited to, utilization management, credentialing, monitoring and resolution of member complaints and appeals, assessment of member satisfaction, and medical records review.

QA Program Organizational Structure and Responsibilities

Organizational charts depicting the relationships described below, including that of the interface between UM functions and QA functions, are appended to this document as Appendix I.

QA Program Committee Structure

Governing Body

The Governing Body of the Plan is the Board of Supervisors of Ventura County. While the Board is responsible for establishing, maintaining, and supporting the QA Program of the Plan, the Board delegates the ongoing responsibility for the development and implementation of the Program to the Plan's Standing Committee.

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The Standing Committee provides the required direct oversight of the Plan, and of the QA Committee (“QAC”) and its activities. The Standing Committee, by receiving reports from the Plan’s internal committees (Pharmacy and Therapeutics, Credentials, Utilization and Quality) is directly apprised of all quality issues that have come to the Plan. This Committee is, through this manner of communication, involved in the timely resolution of the quality problems that have been reported by the Plan.

The Standing Committee evaluates, approves, and makes recommendations on the QA Program and the QA Work Plan at least annually and at the time of any revision.

The Governing Body and Standing Committee receive regular quarterly written reports from the QAC with opportunities to improve care and service identified, summaries of actions taken and measured improvements resulting from monitoring and evaluation activities.

The Standing Committee discusses reports, requests additional information when required and directs action to be taken independent of the QAC on opportunities to improve care and service or resolve problems, when indicated, including provision of adequate resources to accomplish all responsibilities of the Plan.

QA Committee (QAC)

The QA Committee (“QAC”) is an interdisciplinary subcommittee of the Governing Body with membership that is appointed by the Plan Medical Director, in consultation with the Administrator, Director of Health Services and the Plan QA/CM Manager. It includes administrative staff involved in the quality of care and service and provider’s representative of the Provider Panel. The QAC is the foundation of the QI Program. It assists the Medical Director in overseeing, maintaining, and supporting the QI Program and Work Plan activities.

The purpose of the QAC is to assure that all QI activities are performed, integrated, and communicated internally and to contracted providers to achieve the end result of improved care and services to members. The QAC oversees the performance of delegated functions by its contracted provider partners.

The QAC provides overall direction for the continuous improvement process and ensures that activities are consistent with VCHCP’s strategic goals and priorities. It ensures that an interdisciplinary and interdepartmental approach is taken, and adequate resources are committed to the program.

1. Structure and Membership

- Chair (always a physician, may be the Medical Director)
- Plan Administrator or designee (“Administrator”)
- Medical Director
- No less than three Providers that are representative of the Provider Panel. These providers, plus the Chair and the Medical Director, are designated as the “Voting Members”.

- Director of Health Services
- Service Administrator
- QA Nurse
- Credentialing Committee Chair or designee

The Committee may, as appropriate, have the following:

- Utilization Committee Chair or designee
- QA Nurse
- Invited members of the management staff to present opportunities to improve care or service, problems, and/or for assistance to the Committee in identified problem solving, as appropriate.

Members will serve two (2) year terms to ensure continuity. Only Providers of Care, (including the Plan Medical Director), have voting privileges on the QA Committee.

2. Meetings and Participation

The Committee meets regularly, at a minimum once per quarter, or more frequently if deemed necessary by the Chair, Medical Director, Administrator, or the Governing Body. The Plan determines the composition and number of voting members required for a quorum, and which at all times is no less than three (3).

The activities, findings, recommendations, and actions of the QAC are reported on a quarterly basis to the Standing Committee. Issues that require the immediate attention of the QAC are reviewed by the Medical Director and reported to the Committee.

Active participation on the Committee includes consistent meeting attendance and involvement in discussion of agenda items, establishment of care guidelines (consistent with UM policies), selection of monitoring measures used to assess performance and studies, analysis of results and assistance in follow-up and problem resolution as requested by the Committee.

QAC and all quality improvement subcommittee reports and proceedings are covered under California Welfare & Institution Code §14087.58(b), Health and Safety Code §1157. Section 14087.58 (b) renders records of QI proceedings, including peer review and quality assessment records, exempt from disclosure under the Public Records Act.

3. Minutes

A standardized agenda and minutes format, including reference material attachments, is used for each meeting. Minutes are recorded simultaneously during the meeting and reflect all QAC decisions and actions. The minutes are dated and signed by the QAC chair.

Minutes of the QAC meeting include, but are not limited to the following subjects:

- Active Discussion of QA/Improvement Issues

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- Establishment or approval of care guidelines, policies and procedures
- Selection of important aspects of care and performance measures to monitor and evaluate
- Analyses of results of QA/Improvement activities
- Credentialing or re-credentialing issues, as appropriate
- Recommendations, identified needed actions, and follow-up of action
- Plans to disseminate QA information to network providers and members when applicable
- Reports from various subcommittees
- Tracking of Work Plan activities
- Practitioner participation in the QA program through planning, design, implementation, or review

To ensure follow up on all agenda items, a tracking log sheet is used, and items are carried on the agenda until resolution. Meeting minutes are prepared in timely manner (within 14 days of meeting) by QA staff and include as part of the minutes, the reports, studies, conclusions, recommendations, actions, and follow-up. The minutes are reviewed by the QAC Chair and are submitted to the QAC at the next scheduled meeting. Minutes reflect review and approval by the QAC.

All agendas, minutes, reports, and documents presented to the QAC are maintained in a confidential manner according to VCHCP approved policy and procedure to maintain confidentiality, privilege, and protection. Minutes are maintained in a confidential manner in a locked area. Minutes and attached documents of QA and Peer Review Committees may be reviewed by authorized Plan representatives. However, copies provided are destroyed and discarded after review, and confidentiality of the information is preserved.

4. Functions and Responsibilities

- The QAC is responsible for developing and maintaining the QA Program, developing an annual QA Work Plan, and providing an annual QA Report to the Standing Committee.
- The QAC recommends policy decisions, reviews, and evaluates the results of quality improvement activities, initiates necessary program improvement, and ensures follow-up, as appropriate.
- The QAC is responsible for the selection of routine monitoring and evaluation topics, as well as special studies, such as those which may be relevant to the demographic and epidemiological characteristics of the membership population served.
- The QAC is responsible for the final approval of care guidelines. These guidelines are based on scientific evidence, with quality measurements to monitor provider performance whenever possible. Methods are implemented to communicate the guidelines, as well as individual and group performance measures when appropriate, to providers.
- The QAC ensures that the information and findings of QA activities are used to reveal trends, patterns of performance or potential problems, and to develop and implement Corrective Action Plans (CAPs). It ensures that necessary information is communicated

to appropriate individuals, departments, providers, or institutions when problems or opportunities to improve care or service are identified.

- The QAC is responsible for the final review of filed grievances. After analyzing findings pertinent to grievances, the QAC takes action as appropriate.
- The QAC allocates resources to activities that will have the greatest potential impact on the care and service provided to the members, employers, and providers.
- The QAC provides quarterly reports to the Standing Committee and Governing Body that include conclusions and recommendations for action and follow-up on identified opportunities to improve care and service. A standardized format is used for reporting.
- The QAC reports findings of appropriate QA activities for inclusion in provider credentialing profile.
- Relevant (multidisciplinary) subcommittees may be developed for designated activities, consisting of providers and staff who are charged to carry out the functions of the subcommittee effectively. The subcommittees report directly to the QAC and their roles, structures, functions, and frequency of meetings are designated by the QAC.
- The QAC reviews the scope, objectives, organization, and effectiveness of the QA Program at least annually and revises it as necessary, reporting to the Standing Committee and the Governing Body.
- Inasmuch as the QAC receives reports from the UM, Credentials and P&T Committees of the Plan, the reports of those committees are summarized and become part of the QA Committee report to the Standing Committee, or, when so desired by the QAC, may be sent to the Standing Committee without change or other discussion.

5. Confidentiality

All members of the QAC are required to sign a confidentiality agreement annually. The confidentiality agreement is maintained in the practitioner file or employee file as appropriate. All peer review records and proceedings are maintained in a confidential manner.

Utilization Management Committee

The Utilization Management (UM) Committee oversees the implementation of the UM Program and reports to the QAC. The UM Committee monitors continuity, and coordination of care as well as under- and over-utilization of services. Any perceived or actual utilization management problems are reviewed by the UM Committee.

The UM Committee oversees utilization of services by reviewing reports and other information related to the appropriateness, consistency, and timeliness of actions on treatment authorizations, denials, and appeals, both with respect to individual requests, and in aggregate. The Committee reviews, and when appropriate, updates, modifies, and occasionally deletes medical policies upon which utilization review decisions are made. Additionally, the Committee evaluates, and when indicated, recommends approval of new clinical technologies, procedures, and treatment guidelines for network utilization.

The UM Committee meets at least quarterly.

Structure and Membership

- Chair: Plan Medical Director
- 3 Network Providers
- Insurance Administrator
- Service Administrator
- Director of Health Services
- Manager of Health Services/QA Nurse
- Regulatory Services Assistant

Pharmacy and Therapeutics Committee

The Pharmacy and Therapeutics (P&T) Committee is responsible for the development, implementation, and update of pharmaceutical management procedures and the preferred drug list (PDL). The P&T Committee reports to the QAC.

The P&T Committee meets at least quarterly.

Structure and Membership

- Chair: Plan Medical Director
- 3 Network Providers
- Pharmacy Director
- Insurance Administrator
- Director of Health Services
- Manager of Health Services/QA Nurse
- Regulatory Services Assistant

Credentials Committee

The Committee is responsible for examining the qualifications and practice patterns of individual practitioner and organizational applicants and re-applicants. The Credentials Committee reports to the QAC. The Committee consists of participating providers that are representative of the various specialty areas. Only practitioners have voting rights for Committee actions.

The Committee meets at least quarterly

Structure and Membership

- Chair: Plan Medical Director
- 3 Network Providers
- Service Administrator
- Credentialing Coordinator

Optum Behavioral Health Subcommittee

VCHCP's delegate, OptumHealth Behavioral Solutions of California, has a QI structure that includes a QI Committee that reports to the VCHCP QAC as a subcommittee. This committee meets on a regular basis with VCHCP's Health Services Director and QA/CM Manager as ex officio members. For detailed information regarding this committee see the OptumHealth Behavioral Solutions of California QI Program Description.

QA Program Leadership

Plan Administrator

The Plan Administrator and Medical Director share organizational and clinical responsibility for the QA Program, ensure program implementation, function, and results, and provide for adequate resources and staffing.

Medical Director

The Medical Director, (or physician designee, acting for the Director), is responsible for ensuring that the QA Program is properly developed, implemented, and coordinated. The Medical Director is substantially involved in the function of the Program, including membership on the QAC. The Medical Director holds an unrestricted license to practice medicine in California.

Medical Director duties, responsibility for the program and the required education and training are defined in the Medical Director Position Description

Primary Objectives of Position:

Provides leadership and direction to ensure that Plan resources are efficiently and effectively used to deliver medically necessary benefits to VCHCP members. Develops medical care programs that will assess and improve the overall quality of care for VCHCP members.

Major Areas of Accountability:

- Ensures, in conjunction with the Plan's Administrator or designee, ("Administrator"), that VCHCP internal resources, including personnel, facilities, and equipment, are adequate to meet the Plan's requirements to operate the quality management and utilization review programs.
- Ensures that VCHCP provider network is adequate to meet member accessibility requirements in all specialties. Participates in provider recruitment.

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- Provides timely review to Member complaints that involve denial of benefits, provider network accessibility or quality of medical care. Responds in writing to written complaints. Ensures that quality related complaints are brought before the QAC and are resolved appropriately.
- Develops and approves medical policies and procedures, including quality management standards and utilization review protocols, in collaboration with relevant experts. Presents these for review and approval by the QAC.
- Ensures that comprehensive medical benefits are effectively developed and administered for VCHCP patients.
- Is responsible for the effective operations of the Plan's Utilization Review program. Provides guidance and direction to the Utilization Review physicians and nurses who review requests for treatment authorization. Serves as the first appellate level for challenges to Utilization Review decisions.
- Develops professional relations with VCHCP physicians. Responds to provider inquiries regarding Plan decisions, clarifies related matters as appropriate.
- Provides direction to and arranges for a credentialed VCHCP physician to attend to the Medical Director responsibilities specified herein, when personally unavailable.
- Participates, as a member of the Health Care Agency Senior Management Team, in developing goals, plans and policies for VCHCP, assuring that the medical decisions will not be unduly influenced by fiscal and administrative management.
- Develops and implements QA Plan, Utilization Review Plan and Preferred Drug List, and is responsible for the performance of the QA Program. Ensures that the Plan's performance is evaluated against these plans and that these documents are updated annually.
- Ensures that VCHCP credentialing process is effective in screening providers and in verifying that network providers comply with the credentialing standards of the Plan.
- Member of all VCHCP Committees (Quality Assurance, Pharmacy & Therapeutics, Credentialing, and Standing). Presents personally or through a designee to Standing Committee a summary of quality management activities, recommendations of Credentials Committee, changes to Preferred Drug List and updates to the QA Plan and assessments.

Behavior Health Care Aspects of the QA Program/Behavioral Health Medical Director

Administration and provision of behavior health care services are delegated to the Plan's Behavioral Health Administrator ("BHA"), OptumHealth Behavioral Solutions of California (Optum). Optum is a Knox-Keene licensed specialized health plan which provides behavioral health services for the VCHCP members. Optum provides clinical oversight of the behavioral health utilization management decisions and assures the development and compliance with appropriate standards of care for behavioral health services. Further, Optum is responsible for the coordination and integration of the Quality Management and Improvement activities as they apply to behavioral health providers, monitoring of internal and external data trends and patterns which affect the quality of care and the delivery of service by the behavioral health providers in the system.

The Optum Western Region Medical Director provides day-to-day oversight and management of clinical QI and credentialing activities in collaboration with the Optum Executive Director and Optum Director of UM. The Optum Regional Medical Director is the senior behavioral healthcare clinician responsible for QI and UM Program activities.

The Optum QI Manager is responsible for implementation of the Optum QI Program, managing the quality improvement activities and making the QI Program operational on a day-to-day basis. The QI Manager of Optum serves as an ex-officio member of the Ventura County Health Care Plan QA Committee. The Plan's Health Services Director, QA Manager and UM/CM Manager are ex officio members of Optum's QI committee.

See Optum Delegation agreement for details of reporting requirements and oversight of performance.

Director of Health Services as the Quality Assurance (QA) Manager

Primary Objectives of Position:

The QA Manager is designated by and acts with the authority of the Medical Director in the development, coordination and integration of QA activities and is responsible for assisting the Medical Director and the QAC and Management Staff in implementing the QA Program to meet the requirements of VCHCP's regulators and organization standards.

Major Areas of Accountability:

- Supports and assists the Medical Director with the maintenance and implementation of the QA Program
- Collaborates with the Medical Director in preparing an annual QA work plan for QA Committee's (QAC) review, recommendation, and approval
- Collaborates with the Medical Director in preparing an annual evaluation of the QA work plan for presentation to the QAC and the Standing Committee.
- Responsible for quarterly QA, UM, and P&T Committees, including preparation of agenda and minutes, securing a quorum of attendees and completion of follow up activities.
- Provides oversight for health plan, providers, and delegated service providers involvement in quality improvements, and communicating opportunities, results, and priorities
- Provides coordination and support to the QA and other committees to ensure compliance with regulatory, accreditation and VCHCP standards
- Recommends strategies for changing existing processes to meet regulatory requirements and translating external demands into program goals
- The QA Manager monitors and analyzes internal and external data trends and patterns that affect the quality of care and service delivery and prepares quarterly and annual reports for the QAC.
- Identifies and implements practices to improve quality and service

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- Collaborates with leadership, departments, internal and external customers, and Providers in designing processes, tools and templates that continually improve the quality, efficiency, service and effectiveness of care and service

The QA Manager assists in the implementation of adequate resources to ensure that the QA Program will meet its short- and long-term objectives and goals.

Additional QA duties and the required education and training are detailed in the QA Manager Position Job Description.

The QA Manager (Director of Health Services) is a member of the QA, UM, and P&T committees who reports and collaborates with the Plan Administrator for administrative support and collaborates with the Medical Director for clinical support.

Director of Health Services:

Major Areas of Accountability:

The Director of Health Services is responsible for managing the daily operation of various departments within the VCHCP such as Utilization Management, Quality Management and Case Management.

Major Areas of Accountability:

- Developing policies and procedures
- Addressing and resolving client complaints, delivery problems and provider issues related to Utilization Management
- Preparing tracking and trending reports and analysis
- Maintaining updated internal operating procedures,
- Coordinating and overseeing annual HEDIS surveys and implementing CAHPS quality improvement programs related to member satisfaction/experience with Utilization Management,
- Developing and implementing departmental performance improvement indicators and goals.

Additional Director of Health Services duties and the required education and training are detailed in the Director of Health Services Position Job Description.

The Director of Health Services is a member of the QA, UM, P&T Committees and adhoc member of Credentials Committee and reports the Health Plan Administrator for administrative support and collaborates with the Medical Director for clinical support.

Manager of Health Services/Quality Management Nurse

Major Areas of Accountability:

The QA Nurse assists in developing, organizing, collecting, coordinating, preparing and presenting results of quality management studies and project activities to monitor, evaluate and continuously improve the quality of healthcare services provided to members.

Major Areas of Accountability:

- Practice site audits
- Review of medical records
- HEDIS data collection
- potential quality of care issues and complaints
- delegation oversight audits.

Additional QA Nurse duties and the required education and training are detailed in the QA Nurse Position Job Description.

The QA Nurse is a member of the QA, UM and P&T Committees and reports to the Director of Health Services.

Role of Contracted Practitioners

One of the most important components of the QA Program is the active participation of the VCHCP provider network. The expertise and input of contracted providers are critical to improving the quality of care and service members receive. VCHCP providers serve as members of the committees and ad hoc clinical taskforces. As members of these committees and taskforces, VCHCP providers contribute their knowledge and expertise in analyzing data, identifying barriers, and designing effective interventions to remove those barriers. VCHCP proactively seeks provider participation and encourages providers to volunteer to become active participants in the QA Program. Through committee and taskforce activity, contracted providers:

- Review, evaluate and make recommendations regarding the QA Program Description, QI Work Plan, and annual QA Program Evaluation.
- Conduct peer review activities to determine whether the quality of care provided to members meets professionally recognized standard of health care.
- Review and provide feedback on current and proposed clinical practice guidelines, UM criteria, case management program, disease management programs, wellness programs, new medical technology, and other clinical issues.
- Participate in the development of action plans and interventions to improve the level of care and service provided to members and health plan services received by providers.

QA Program Resources

The QA Program relies on a variety of resources to promote the improvement in care and service to members. This includes health plan staff and contracted providers, data sources, health information systems, and analytical resources such as statistical expertise and software programs. Below is a description of some of these resources.

Quality Management

The Quality Management serves as support staff to the QA Committee to ensure organizational compliance with regulatory quality-related requirements.

Functions of the Quality Management Area

- Provide technical, data, and statistical QI support to the QAC, subcommittees, and taskforces to ensure that QI activities are well designed and methodologically sound
- Provide direction and guidance on clinical and service QI initiatives, including project identification and prioritizing, barrier analysis, project design, implementation of interventions, identification of indicators, and data collection and analysis.
- Conduct clinical investigations of potential quality issues, prepare and present cases for peer review, manage the administration of corrective actions, and track, trend, and analyze quality management data
- Develop QI-related policies and procedures and ensure compliance with NCQA Standards and regulatory quality-related requirements.
- Coordinate with HEDIS software vendors and HEDIS auditors in the preparation for annual HEDIS reporting.
- Oversee HEDIS hybrid medical record abstraction
- Prepare an annual VCHCP population profile analysis for the QAC's review
- Prepare dashboard key indicator reports and preliminary analysis reports for the QAC's review.
- Educate VCHCP staff on the principles of quality improvement and serve as a subject matter resource for quality improvement issues and DMHC Standards.

Other VCHCP Departments

Other VCHCP departments and areas contribute to the QA Program and are expected to participate and work collaboratively on QI activities to improve the care and service delivered to members. Below are the principal departments and areas that support the QA Program.

Health Services, including utilization management, case management, and disease management programs

- Monitors the impact and effectiveness of UM Program through the use of audits and a UM program evaluation
- Tracks the authorization requests, denials, reconsiderations
- Processes appeals
- Monitors and analyzes quality of service indicators related to utilization management
- Identifies possible quality of care issues and forward to Quality for investigation
- Provides case management, disease management, and preventive health programs
- Evaluates effectiveness of complex case management and disease management programs
- Evaluate enrollee financial barriers through the case management program (See Case Management Program Description)

Customer Service

- Tracks all incoming telephonic member communications by category for aggregate analysis by the QAC
- Tracks, monitors, and analyzes quality of service indicators related to telephonic member communications
- Receives and processes written and verbal complaints and grievances

Enrollment

- Monitors the timeliness of enrollment process

Claims

- Monitors the timeliness and accuracy of claims

Provider Relations/Contracting

- Establishes contracts and working relationships with all providers
- Assists in the monitoring of network availability and accessibility
- Identifies possible quality of care issues and forward to Quality for investigation
- Assists with communication of QI activities to providers
- Conducts credentialing of practitioner and organizational provider network

VCHCP Ops Triad Meeting

- VCHCP collaborates with the Ventura County Medical Center and Health Care Agency Ambulatory Clinic during the quarterly VCHCP Ops Triad Meeting in addressing access issues, timely submission of treatment authorization requests to the Plan's UM department, member and provider satisfaction with the Plan's UM, and Quality HEDIS program collaboration, which is reported in the QAC meeting under summary of subcommittee meetings.

Access to Care Task Force Meeting

- VCHCP Member and Provider Services have quarterly Access to Care Task Force meetings with the Health Care Agency Ambulatory Clinic to address access issues which are reported in the QAC meeting under summary of subcommittee meetings.

Data Resources

VCHCP uses multiple data sources to monitor, analyze and evaluate the QA Program and QI activities. These sources include, but are not limited to the following:

- Claims
- Enrollment
- Pharmacy
- Health Risk Assessments
- Utilization Management
- Case Management
- Disease Management
- Wellness programs
- Member complaints and appeals
- Provider complaints
- Member satisfaction surveys (CAHPS)
- Customer Service
- HEDIS
- Provider contracting, including GeoAccess

Analytical Resources

VCHCP dedicates staff and information systems to analyzing and reporting clinical and service quality data. Employed and contracted staff includes bachelor's and master's level prepared personnel with statistical analysis training and experience conducting quantitative and qualitative analysis of health care data.

Software resources include but are not limited to the claims systems, HEDIS software, Microsoft products, statistical analysis software, the care management system, and other systems to support the QA Program.

Scope, Methodology, and Content of QA Activities

The scope and content of the QA Program encompasses the VCHCP delivery system and meaningful clinical and service issues that affect its membership. The continuity and coordination of care that

members receive is monitored across all practices and provider sites, including at a minimum primary care patient care sites with 20-50 or more member visits. Issues are identified, measured, analyzed, and acted upon for improvement. The program activities apply to:

- All VCHCP members regardless of race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability. VCHCP is committed to providing services to all its members in a culturally and linguistically sensitive manner.
- All aspects of care including accessibility, availability, level of care, appropriateness, integrity of findings, timeliness, effectiveness, and continuity
- All aspects of provider performance relating to quality of care, including provider and provider office staff behavior, medical records maintenance, infection control, safety, and health education
- All services, both clinical and non-clinical, provided to VCHCP members by participating and non-participating health care professionals and facilities
- Internal operations
- QI activities

The activities of the QA Program include all aspects of performance and outcome improvement projects and are described as follows:

QI Project Selection and Focus Areas

Performance and outcome improvement projects will be selected from the following areas:

1. Clinical issues including the following:
 - Primary care physician (“PCP”) services
 - Specialty services
 - Delegation of behavioral health services
 - Institutional services including inpatient hospital services
 - Home health services
 - Rehabilitation services
 - Skilled nursing facility services
 - Free-standing facilities including urgent and ambulatory services
 - Potential quality concern review processes
 - Facility and provider reviews
 - Access to care studies including appointment availability
 - Case Management
 - Coordination of care
 - Provision of chronic care management services
 - Access to and provision of preventative services

2. Through the UM/QA Programs interface, VCHCP monitors the utilization to detect potential under- and over-utilization of services as related to the quality of care provided.
3. The continuity and coordination of care received by the members also includes medical care in combination with behavioral health care. VCHCP collaborates with Optum and its behavioral health specialists. This collaboration may include the following activities:
 - Information is exchanged in an effective, timely, and confidential manner, including patient-approved communications between medical providers and behavioral health providers.
 - The appropriate diagnosis, treatment and referral of behavioral health disorders commonly seen in primary care are promoted (See QM Policy: Improving Behavioral Health Diagnosis and Treatment in Medical Setting).
 - The use of psychopharmacological medication is evaluated, to increase the correct use (and decrease the incorrect use) of medications, as well as to reduce the incidence of adverse drug reactions. In this regard, the Plan and the Plan’s P&T Committee may review drug utilization reports produced by its Pharmacy Benefits Manager (“PBM”), Express Scripts (“ESI”), and require prior authorization for drugs with high abuse potential.
 - Timely access for appropriate treatment and follow-up for individuals with coexisting medical and behavioral disorders is coordinated.
4. Data are collected and analyzed to evaluate continuity and coordination of care.
 - Opportunities for improvement are identified through the analysis of data.
 - A collaborative approach is taken with behavioral health specialists to identify an opportunity to improve coordination of behavioral health with general medical care.
 - Staff, administration, and physicians provide vital information necessary to ensure continuous performance is occurring at all levels of the organization
5. Improvements in work processes, quality of care and service are derived from all levels of the organization and appropriate interventions are implemented to improve continuity and coordination of care when opportunities for improvement are identified.
 - Individuals and administrators initiate improvement projects within their area of authority, which support the strategic goals of the organization
 - Other prioritization criteria, including the expected impact on performance and items deemed to be high risk, high volume, or problem-prone processes
 - Project coordination occurs through the various leadership structures based upon the scope of work and impact of the effort
6. These improvement efforts are often cross functional and require dedicated resources to assist in data collection, analysis, and implementation. Improvement activity outcomes are shared through communication that occurs within the previously identified groups

In this regard, examples of such activities may include, but are not limited to, the following:

- Members are followed, through the Member Services Department, to ensure that each Plan member has been assigned a PCP, the PCP is aware of such assignment, and the member sees that PCP (or designee) for routine care and referrals.
- Emergency room visits by members are tracked. Members and their families are educated, through telephone calls and/or letters, in ways to avoid using ER or Urgent Care facilities for routine care.

QA Program Methodology

VCHCP uses a variety of QI methodologies dependent on the type of opportunity for improvement identified. The Plan/Do/Check/Act model is the overall framework for continuous process improvement. This includes:

- Plan
- 1) Identify opportunities for improvement
 - 2) Define baseline
 - 3) Describe root cause(s)
 - 4) Develop an action plan
 - 5) Communicate change/plan
 - 6) Implement change plan
- Check
- 7) Review and evaluate result of change
 - 8) Communicate progress
- Act
- 9) Reflect and act on learning's
 - 10) Standardize process and celebrate success

The QA projects themselves consist of four (4) cycles:

- Development (pre-initiation)
 - Baseline measurement (initiation)
 - Intervention to improve performance and outcomes, and
 - Follow-up/Re-measurement to ensure that the interventions continue to be effective
1. Quantitative measures are adopted or designed to assess performance and to identify and prioritize areas for improvement for clinical and service issues.
 - The measures used to assess performance are objective and quantifiable.
 - The measures are based on current scientific knowledge and clinical experience.
 - Each measure has an established goal or benchmark.
 2. Appropriate methods are utilized to collect data for each assessment measure
 - The affected population is identified.
 - Appropriate samples are selected.
 - Valid and reliable data are collected.

3. Each assessment measure is analyzed using the collected data
 - A quantitative analysis of the assessment data is completed.
 - Appropriate staff and providers evaluate the analyzed data to identify improvement barriers that are related to clinical practice or operations
4. The collected data are also analyzed to:
 - Detect under- and over-utilization.
 - Evaluate continuity and coordination of care.

Intervention and Follow-up: Other Quality Monitors

VCHCP takes action to improve clinical and service quality by addressing opportunities for improving performance. The effectiveness of such interventions is assessed through systematic follow-up.

Interventions for each project must be:

- Clearly defined
 - Have specific objectives and timelines
 - Specify responsible departments and individuals
 - Be evaluated for effectiveness
 - Be tracked
1. Opportunities for improvement of clinical and service quality are identified through the assessment and evaluation activities of the QA department.
 2. Appropriate interventions are implemented when VCHCP identifies occurrences of poor quality.
 3. Appropriate interventions are implemented when under- and over-utilization are identified.
 4. Appropriate interventions are implemented to improve the continuity and coordination of care received by VCHCP members.
 5. Appropriate interventions are implemented for improvement when other quality issues are identified.
 6. The effectiveness of the interventions is measured and documented for further analysis and actions, as appropriate.

Documentation of QA Projects

Documentation of all aspects of each QA project is required. Documentation includes, but is not limited to:

- Project description, including relevance, literature review (as appropriate), source and overall project goal

- Description of target population
- Description of data sources and evaluation of their accuracy and completeness
- Description of sampling methodology and methods for obtaining data
- List of data elements (quality indicators). Where data elements are process indicators, there must be documentation that the process indication is a valid proxy for the desired clinical outcome
- Baseline data collection and analysis timeliness
- Data abstraction tools and guidelines
- Documentation of training for chart abstraction
- Rater to standard validation review results
- Measurable objectives for each quality indicator
- Description of all interventions including timelines and responsibility
- Description of benchmarks
- Re-measurement sampling, data sources, data collection, and analysis timelines
- Evaluation of re-measurement performances on each quality indicator

QA Coordination with Population Health Management and Other Management Activities

VCHCP's Population Health Management Strategy is an integration of the collaboration with VCHCP staff across multiple functions. Ultimate responsibility for the population health management function is held by the VCHCP Director of Health Services who also has oversight of the Quality department functions. This facilitates coordination across disciplines. The multi-disciplinary Quality Assurance Committee oversees the PHM Strategy and receives routine reporting on various aspects of the PHM Strategy programs. Quality staff have oversight of the PHM program wellness activities and work closely with case management staff who support disease management, episodic case management and complex case management functions. Health services, quality, medical staff and customer service representatives work together to review programs, address the results of effectiveness measures within the PHM program, identify opportunities for improvement and determine recommended actions.

- QA activities are closely coordinated with other VCHCP departments and performance monitoring functions in order to expand and improve care and services and/or to identify and correct problems.
- Electronic and manual collection systems are used in each area to monitor and evaluate care and service for specific and appropriate important aspects of the area function.
- QA activities are reported through a common communication system that is available to all staff involved in these activities. This reporting is done to ensure awareness of other monitoring and evaluation and related outcomes within VCHCP.
- Management reports to the QAC include, but are not limited to, network changes, suggestions for benefits redesign, medical management systems, practice feedback to providers and patient education.
- The QAC is charged with elucidating QA findings, and tracking and trending the occurrence (or absence) of such findings. Potential Quality Issues or PQI's, sentinel events, and other findings of the Committee are presented and discussed with a view towards the resolution of such problems, events, or findings. In this task the QAC may be assisted by enlisting the aid of representatives

from any Plan department, area, or committee. As a part of the resolution of a PQI either related to a specific physician or system's issue will be referred to the appropriate medical center for review. See PQI policy for details, under supporting documents. The QAC may, when necessary, designate an appropriate QA Subcommittee to perform this function.

Patient Safety

VCHCP uses a comprehensive strategy to promote patient safety through targeted activities, which may include but are not limited to:

- An aggressive quality assurance program that levels quality of care issues and implements corrective action when needed
- Provider notification on member drug interactions as identified in the retrospective drug utilization review program by the Pharmacy Benefit Manager.
- Collaboration with the PBM to identify and reduce medication errors, adverse drug events, and polypharmacy issues
- Member mailings re: medication safety and reportable side effects
- Collaboration with Behavioral Health partners to ensure medical and behavioral health integration relative to member care including safety concerns.
- As part of case management program involvement, specific patient safety issues are identified with suggested interventions.
- Tracking and review of Potential Quality Issues (PQIs) involving patient safety.
- Monitoring practitioner compliance with clinical practice guidelines
- A care management system that ensures follow-up with members to promote compliance with complex case management care plans and goals
- Distributing practitioner site visit standards to promote safety in the ambulatory setting

Promoting Organizational Diversity, Equity and Inclusion

In recognition of the unique cultural and linguistic challenges that may be faced by certain segments of the population, VCHCP seeks to decrease health care disparities and provide culturally and linguistically appropriate services to its membership whenever appropriate. To that end, VCHCP's QI objectives and activities may include but are not limited to:

- Train for VCHCP staff and practitioners to support culturally competent communication and care delivery
- Providing a language line for members requiring interpreter services
- Evaluating and taking action on complaints regarding health care disparities
- Providing member materials in other languages when appropriate
- Conducting member surveys to identify language needs
- Providing interpreters to practitioner's offices if needed
- Hiring bilingual whenever possible

Serving a Membership with Complex Health Needs

VCHCP recognizes the special needs and vulnerabilities of members with complex health needs and has objectives and activities to best serve those members and improve health outcomes whenever possible that may include, but not limited to:

- Assessing members with complex health needs and providing appropriate services including but not limited to:
 - Use of Disease Management and Case Management services
 - Use of standing referrals for improved access to specialists (e.g., Diabetic members access annual eye screening)
- Improving access to primary and specialty care, thus ensuring that members with complex health conditions receive appropriate services
- Coordinating medical care and community services for members who receive multiple services or services from multiple providers
- Identifying and reducing barriers to services for members with complex conditions.
- Supporting members with end-of-life issues, such as assisting with advance directives and treatment decisions
- Planning for transitions in levels of care
- Supporting members in setting hospital follow-up appointments and arranging transportation

Oversight of Delegated Functions

VCHCP has established formal structure and process for oversight of all delegated functions. These are described in detail in the Delegation policy. The QI activities that are delegated to Optum Healthcare Behavioral Solutions of California include:

- Quality Management:
 - Behavioral health aspects of the QI program
 - Involvement of BH practitioner in QI program
 - QI annual evaluation of BH activities
 - QI Committee operations related to BH
- BH practitioner and provider contracts
- Assessing availability of BH practitioners
- Monitoring BH access standards
- Assessing member experience with BH
- Adoption and updating of BH guidelines
- Identification and notification to members of terminating BH practitioners for continued access
- Collecting data on collaboration between medical care and BH
- Collaborating to improve coordination between medical care and BH

Although the delegation oversight of the various Optum Healthcare Behavioral Solutions of California QI activities is retained by the various Committees such as Credentialing, Utilization Management and

Quality Assurance, the Quality Assurance Committee has the ultimate responsibility of Optum Healthcare Behavioral Solutions of California delegated QI activities.

Annual QA Work Plan

The Annual QI Work Plan is a dynamic document that VCHCP updates frequently to reflect progress on QI activities throughout the year. The annual QI Work Plan is presented to the QAC and the Governing Body for review and approval. The QA Program will guide the development of an annual QI Work Plan that will include:

- Specific goals and objectives for the year for quality of care, quality of service, and safety of clinical care
- Priorities for QA activities based on specific needs of VCHCP's organizational needs and specific needs of VCHCP's populations for key areas or issues identified as opportunities for improvement
- Priorities for QI activities and yearly planned activities based on the specific needs of VCHCP's populations and on areas identified as key opportunities for improvement
- Quarterly tracking and analysis of quality indicators and work plan status reports
- Specific action plans for QI activities that assign timeframes and staff accountability
- A comprehensive annual evaluation and planning process that includes review and revision of the QI Program and applicable policies and procedures
- Ongoing review and evaluation of the quality of individual patient care to aid in the development of QI studies based on quality-of-care trends identified
- Reduction of non-critical administrative burdens to facilitate the ability of excellent providers to deliver excellent care
- Full scope of the QA Program including department, units and organization-wide activities and the breadth of activities including clinical, service, and member experience activities.
- Monitoring of previously identified issues

Annual QA Program Evaluation

The QA Program Description and QI Work Plan govern the QA Program structure and activities for a period of one calendar year. Annually the Quality Department facilitates a formal evaluation of the QA Program, which is an assessment of the effectiveness of the Program in improving the quality of care and service provided. VCHCP uses the annual QA Program Evaluation as an opportunity to make QA Program revisions and identify QI Work Plan objectives and activities for the coming year. When the QA Program has not met its goals, barriers to improvement are identified and appropriate changes are integrated into the subsequent annual QI Work Plan.

The annual QA Program Evaluation includes:

- A description of completed and ongoing QI activities that address quality and safety of clinical care and quality of service

- An evaluation of the results of QI activities, including trending of measures to show performance in the quality and safety of clinical care and quality of service over time compared with established performance thresholds
- An analysis of the results of QI initiatives, including barrier analysis to identify reason when goals are not met
- Recommendations for the upcoming year, including identification of activities that should carry over to the next year
- An analysis and evaluation of the overall effectiveness of the QA Program, including adequacy of resources, committee structure, practitioner participation, leadership involvement in the QA Program, and progress toward influencing network-wide safe clinical practices.

The written annual QA Program Evaluation is presented to the QAC and the Governing Body for review and approval.

Confidentiality

Due to the nature of routine QA operations, VCHCP has implemented policies and procedures to protect and ensure proper handling of confidential and privileged medical record information. Upon employment, all VCHCP employees, including contracted professionals who have access to confidential member information, sign a written statement delineating responsibility for maintaining confidentiality.

Provider Requirements

QA Activities, Policies and Procedures

Provider contracts include a clause that requires participation in VCHCP QA activities and adoption of VCHCP QA policies and procedures as well as access to the medical records of members. Provider contracts specifically require the provider's cooperation with QA activities and allow VCHCP access to medical records to the extent permitted by state law. Open communication between providers and patients is encouraged regarding appropriate treatment alternatives.

Contracts are reviewed for content and changes on a regular basis. Providers of care are subject to re-credentialing every 2-3 years.

Availability

VCHCP implements mechanisms to assure the availability of primary care providers, behavioral health providers and other ancillary specialists. Such mechanisms include:

- The definition of who serves as a primary care provider and standards for the number and geographic distribution of primary care providers.
- The definition of who serves as a behavioral health provider and standards for the number and geographic distribution of behavioral health providers.

- Data collection and analysis to measure performance and compliance with PCP standards for definition, number, and distribution.
- Identification of opportunities for improvement and determination of priorities.
- Implementation of interventions to improve VCHCP performance.
- Measurement of the effectiveness of the interventions.

Interface to the Plan's QA Process

VCHCP collects and analyzes member satisfaction information, including but not limited to appeals and grievance data, to evaluate opportunities for administrative practice improvements, referral process improvements, and educational opportunities for members and physicians. Annually or more frequently, VCHCP reports the results of these evaluations to the QA and Standing Committees which may make recommendations for change based on demonstrated results.

Supporting Policies to the Quality Management Program Description include:

- Accessibility of Services
- Case Management Program Description
- Confidentiality of Medical Information
- Evaluation of Provider Care and Service
- HEDIS Policy and Procedure
- Improving Behavioral Diagnosis and Treatment in Medical Setting
- Medical Record Keeping Standards
- Medical Record Maintenance, Guidelines for
- Medical Records, Audit Criteria
- Medical Records, Audit Process Oversight of Delegated Quality Management Activities
- Potential Quality Issues (PQI)
- PQI Classification
- Professional Credentials of Plan Staff, Tracking of
- Provider Practice Site Audit Review of Mortality, Morbidity, and Potential Quality Issues
- Scoring Criteria: Ambulatory Medical Record
- Sentinel Event and Risk Management
- Timely Provider Communication of Clinical Information
- Peer Review
- Medical Director Job Description
- Director of Health Services Job Description
- Quality Manager Job Description
- Quality Management Nurse Job Description
- Medical Records Review Tool: Obstetrics
- Medical Records Review Tool: Specialist
- Practice Site Evaluation Checklist
- Primary Care Medical Records Review Tool: Adults

- Primary Care Medical Records Review Tool: Pediatrics (Child and Adolescent)

Supporting Documents to the Quality Management Program Description include:

Appendix I: Organizational Charts

A. Attachments: None

B. References:

C. History:

Committee Reviewer: Quality Management Committee; Medical Director; QA Manager; UM/CM Manager; Asst. Medical Director/Senior Level Physician; Health Services Director: Effective Date: May 23, 2006

Reviewed/Approved: UMC C May 8, 2006

Reviewed/Approved: QAC May 23, 2006

Reviewed/Updated: UMC: February 20, 2007

Reviewed/Updated: UMC: August 20, 2009

Reviewed/Updated: QAC: September 1, 2009

Reviewed/No changes: UMC: May 12, 2011

Reviewed/No changes: QAC: February 20, 2011

Reviewed/Updated: UMC February 9, 2012

Reviewed/Updated: QAC February 28, 2012

Reviewed/Updated: UMC February 14, 2013

Reviewed/Updated: QAC February 26, 2013

Reviewed/Updated: UMC August 8, 2013

Reviewed/Updated: QAC August 27, 2013

Reviewed/Updated: UMC November 14, 2013

Reviewed/Updated: QAC: November 2013

Reviewed/No Updates: QAC: February 25, 2014

Reviewed/No Updates: QAC: February 24, 2015

Reviewed/Updated: QAC: August 25, 2015

Reviewed/Updated: QAC: February 23, 2016

Reviewed/Updated: QAC: February 28, 2017

Reviewed/Updated: QAC: February 27, 2018

Reviewed/Updated: QAC: November 27, 2018

Reviewed/Updated: QAC: February 26, 2019

Reviewed/Updated: QAC: August 27, 2019

Reviewed/No Updates: QAC: February 25, 2020

Reviewed/No Updates: QAC: February 23, 2021

Reviewed/Updated: QAC: August 24, 2021

Reviewed/No Updates: QAC: February 22, 2022

Reviewed/Updated: QAC: February 7, 2023

Reviewed/Updated: QAC: February 27, 2024

QUALITY MANAGEMENT

Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
2/28/2017	Yes	Faustine DelaCruz, RN & Catherine Sanders, MD	<p>Annual review – updated with the following:</p> <ul style="list-style-type: none"> • Meeting minute’s preparation changed from within 7 days of the meeting to within 14 days of the meeting. • Changed title of Quality Management Nurse from Senior Registered Nurse to Registered Nurse II • Changed reference from wellness health programs to preventive health programs (wellness program is an NCQA requirement) • Changed reference from complex case management to case management (complex case management is an NCQA requirement) • Reference to re-credentialing of providers updated from every 2 years to every 2-3 years.
2/27/2018	Yes	Faustine Dela Cruz, RN Catherine Sanders, MD	<ul style="list-style-type: none"> • Removed QA/CM/UR Manager from membership in the various committees since the Health Services Director assumed the responsibilities of the QA/CM/UR Manager. • Added Director of Health Services as the QA Manager. • Under Scope, Methodology, and Content of QA Activities pertaining to monitoring practices and provider sites - updated the number of member visits to 20-50 member visits • Changed the title of the Quality Management Nurse from Registered Nurse II to Sr. Registered Nurse Ambulatory Care

QUALITY MANAGEMENT

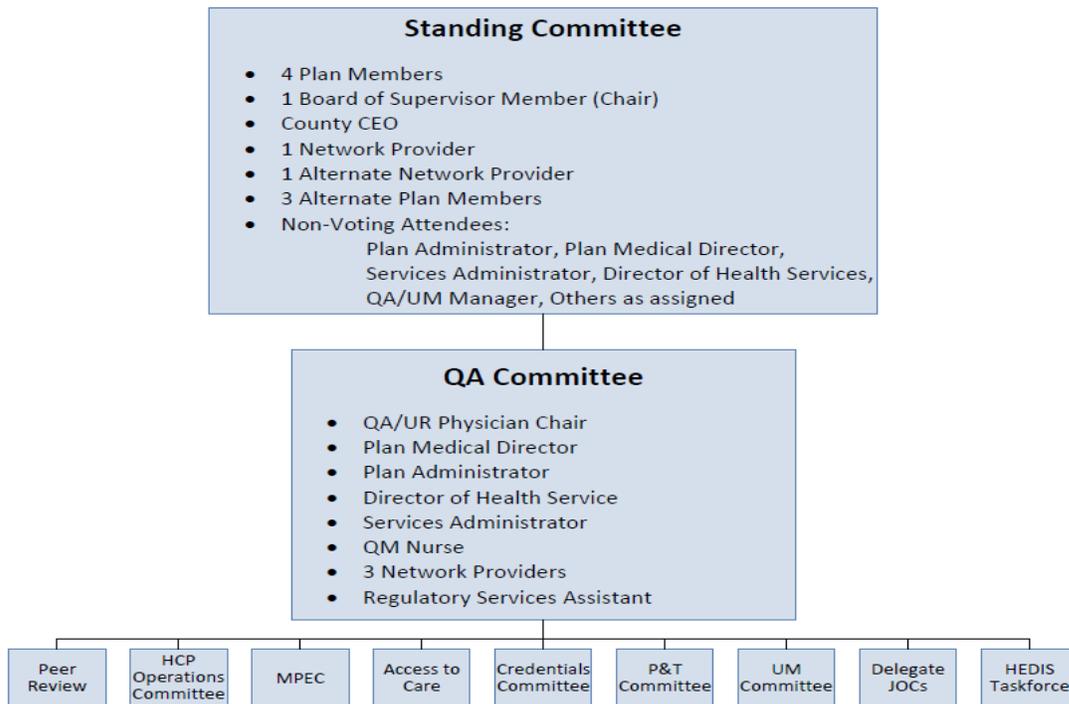
5/23/2018	Yes	Faustine Dela Cruz, RN Catherine Sanders, MD	<ul style="list-style-type: none"> Org Charts Updated- Updated the Quality Management Committee Reporting Structure: in the QA Committee, added the Plan Administrator, insurance administrator changed to Director of Health Services and Services Administrator, removed Optum committee and added to Delegate JOCs. Under the Quality Management Overall Reporting Structure, added MPEC, Peer Review and Delegate JOCs reporting to the QA Committee.
9/11/2018	Yes	Faustine Dela Cruz, RN Catherine Sanders, MD	<ul style="list-style-type: none"> Removed reference to NCQA
2/26/19	No	Faustine Dela Cruz, RN Catherine Sanders, MD	<ul style="list-style-type: none"> Annual Review
6/25/19	Yes	Howard Taekman, MD; Faustine Dela Cruz, RN	<ul style="list-style-type: none"> Organization Chart – updated to reflect a solid line reporting of the Plan’s Medical Director to the Plan Administrator. Removed the dotted line reporting of Medical Director to the Standing Committee. Changed reporting of Plan Medical Director to Health Care Agency Director to a dotted line.
2/25/20	No	Howard Taekman, MD; Faustine Dela Cruz, RN	<ul style="list-style-type: none"> Annual Review
2/23/21	No	Howard Taekman, MD; Faustine Dela Cruz, RN	<ul style="list-style-type: none"> Annual Review
6/2/21	Yes	Howard Taekman, MD; Faustine Dela Cruz, RN Meriza Ducay, RN	<ul style="list-style-type: none"> Added supporting document: QA Policy on Improving Behavioral Health Diagnosis and Treatment in a Medical Setting
6/2/21	Yes	Howard Taekman, MD; Faustine Dela Cruz, RN Meriza Ducay, RN	<ul style="list-style-type: none"> Evaluate enrollee financial barriers through the case management program (See Case Management Program Description)

QUALITY MANAGEMENT

2/22/22	No	Howard Taekman, MD; Faustine Dela Cruz, RN	<ul style="list-style-type: none"> Annual Review
2/7/23	Yes	Howard Taekman, MD; Faustine Dela Cruz, RN Meriza Ducay, RN	<ul style="list-style-type: none"> Added Manager of Health Services to QA Nurse Title; Updated the reporting of QA Manager (Director of Health Services to Plan Administrator)
2/27/24	Yes	Howard Taekman, MD; Faustine Dela Cruz, RN Meriza Ducay, RN	<ul style="list-style-type: none"> Updated to meet NCQA requirements

Appendix I: Organizational Charts

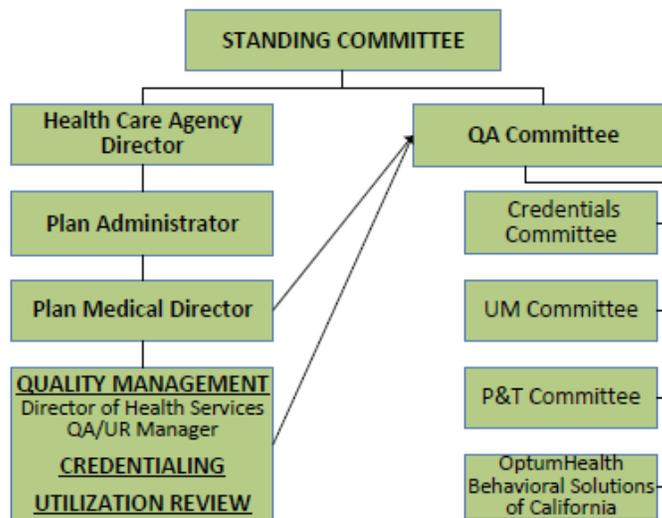
QUALITY MANAGEMENT COMMITTEE REPORTING STRUCTURE



QUALITY MANAGEMENT



QUALITY MANAGEMENT OVERALL REPORTING STRUCTURE



Quality Improvement Department Organizational Chart

