



2023 Quality Management Program

2023 QUALITY MANAGEMENT PROGRAM

In keeping with the mission and vision of Health Alliance to provide competitive insurance products that maximize value to shareholders, purchasers and members and to be the top-rated, provider driven health plan, the Quality Management (QM) Program is designed to integrate quality clinical care and service within Health Alliance, the Carle System, Health Plan partners and contracted providers. Quality Management works in tandem with all departments to establish, coordinate and execute a structure to support Health Alliance members to improve their health and assess and evaluate the care and service provided. *(Note: the following are used interchangeably throughout the document; Health Alliance and Health Alliance Medical Plans; and case and care management.)*

QUALITY MANAGEMENT

DEFINITION OF QUALITY:

- **Clinical quality** defined as minimum variation from evidence-based practice or expert consensus.
- **Service quality** defined as meeting or exceeding the valid service requirements of our customers.

PURPOSE

The purpose of the Quality Management Program is to design and implement quality improvement activities utilizing an integrative process of continuous assessment and monitoring that strives to improve medical and behavioral health care and service provided to all Health Alliance members across all product lines. Based on quality measurements and continuous evaluation of the program components as outlined in the annual QI Plan/Roadmaps, opportunities for improvement are identified and serve as the basis for restructuring/developing and/or initiating new tactics to enhance the quality of care and service provided to our members by improving efficiency, increasing the span of healthy life and reducing disparities in the healthcare provided. The Quality Management Department is committed to ensuring that the care delivered to our members is of the highest “value” with Value defined as Quality + Service / Cost.

GOALS

The goals of the Quality Management Program include:

1. Identify needs of the populations served through annual population assessment data.
2. Focusing medical and behavioral health clinical care and service measures based on priority needs adhering to URAC, NCQA, HPMS, CMS, and State and health plan requirements.
3. Assessing performance, measuring the effectiveness of interventions and implementing actions as needed to improve medical and behavioral health care and service.

PROGRAM COMPONENTS

Oversight of the quality functions by the Quality Improvement Committee (QIC):

1. Monitor the information sources used for quality management core processes.
2. Facilitate a partnership between practitioners, providers, members, and Health Alliance for the purpose of maintaining and improving plan-wide care and service.
3. Develop and maintain approaches to support high-quality medical and behavioral health care, including disease management, clinical practice guidelines, utilization criteria and guidelines, complex case management, peer review, pharmaceutical management procedures, ambulatory medical record criteria and processes to enhance communication and continuity of care between practitioners and providers.
4. Involvement of designated behavioral health care practitioner to address behavioral health issues.
5. Develop and maintain a utilization management (UM) program that incorporates nationally recognized criteria, use of appropriate clinical professionals, risk management, member and practitioner appeal rights and appropriate handling of denials of service.
6. Develop and maintain a pharmaceutical management program that includes the development of policies and procedures, processes for restrictions and preferences, patient safety, including medication therapy

- management, and update of procedures, participation of pharmacists and physicians, notification to practitioners, and prior authorization processes including denials and appeals.
7. Provide access to information about patient safety to members and practitioners through the Health Alliance website and encourage accountability for patient safety with contracted providers through our adverse events and quality of care processes.
 8. Develop and promote preventive health standards, family planning services and programs to encourage members and practitioners to utilize appropriate guidelines and early detection services for prevention of illness.
 9. Provide an appeals process designed to protect the rights of the member, physician and hospital as fully as possible. Ensure that any member, provider or practitioner affected by an adverse determination is given the opportunity to appeal through a verbal or written request for medical and administrative review.
 10. Establish standards and processes for maintenance and oversight of delegated activities, as applicable.
 11. Establish an annual QM Plan that describes specific activities undertaken each year to address the components of the QM program.
 12. Support the mission and vision of the Health Alliance Population Health Management Program.

PROGRAM SCOPE

The scope of the Health Alliance QM program is designed to fulfill the goals and objectives of the program while efficiently utilizing resources to promote and enhance integration of quality activities internally (within Health Alliance) and externally with practitioners, providers, members, employers, state and federal agencies, and appropriate parties. The scope of the QMM program includes, but is not limited to:

- A. Clinical Care
 1. preventive health activities
 2. clinical quality improvement activities
 3. clinical management criteria and guidelines
 4. disease management
 5. credentialing and recredentialing
 6. inpatient care review for inpatient, surgical and behavioral health care admissions
 7. discharge planning and transitions of care
 8. preauthorization review for medical necessity
 9. case management, including complex case management
- B. Service
 1. member complaints and appeals
 2. trends in member/enrollee dissatisfaction/satisfaction (including CAHPS® surveys)
 3. appointment and afterhours access monitoring
 4. practitioner availability monitoring
 5. telephone access
 6. written and verbal communications with members/enrollees
 7. concurrent review
- C. Behavioral Health Services
 1. preventive health
 2. mental health and substance abuse quality improvement activities
 3. behavioral management criteria and guidelines
 4. telephone and appointment access monitoring
 5. credentialing and recredentialing
 6. utilization management
 7. care transitions
- D. Patient Safety
 1. continuity and coordination of care between practitioners and providers
 2. tracking and trending of adverse events
 3. overutilization / underutilization, as appropriate.
 4. implementation of health management systems that support timely delivery of care

5. medication management evaluation through case management program

STRUCTURE and OPERATIONS OF THE QI PROGRAM

The Quality Management Program provides a comprehensive structure to identify, evaluate and improve clinical care and service provided to members individually and collectively. The Health Alliance Board has designated the day-to-day accountability of the quality management program to the Health Alliance System, System Vice President and Chief Clinical Integration Officer and Director of Quality Management with reporting accountability to the Quality Improvement Committee (QIC). Subcommittees, workgroups and operational teams of the Quality Improvement Committee provide a focus on initiatives involving quality improvement such as member rights and responsibilities, credential, and pharmacy. In addition to committees, multiple departments and individual staff members have key roles and responsibilities in the QM Program.

MEDICARE ADVANTAGE

In addition to objectives and program structure previously described, the following are specific to the Health Alliance Medicare Advantage population:

1. Implement chronic care improvement programs (CCIP) through methods that identify enrollees with chronic conditions that would benefit from participating in the program. Establish mechanisms for monitoring enrollees that are participating in the chronic care improvement program with the goal of slowing disease progression, preventing complications and development of comorbidities, and improving quality of life. The CCIP will be conducted over a three year period and reported to CMS as requested.
2. Encourages providers to participate in CMS and Health and Human Service (HHS) QI initiatives.
3. Contracts with approved Medicare CAHPS® vendor to conduct the Medicare CAHPS® survey.
4. Complies with and monitors the activities reflected in the Medicare Star Rating strategy to be consistent with the six priorities in the National Quality Strategy including making care safer by reducing harm caused by the delivery of care; ensuring that each person and family are engaged as partners in their care; promoting effective communication and coordination of care; promoting the most effective prevention and treatment practices for the leading causes of mortality; working with communities to promote wide use of best practices to enable healthy living; and making quality care more affordable for individuals, families, employers and governments by developing and spreading new health care delivery models.
5. Complies with CMS requirements for Medication Therapy Management programs. The goal is to optimize therapeutic treatment of specified chronic disease states by increasing compliance and providing education to enrollees and prescribers.
 - Health Alliance contracts with a vendor to perform the Medication Therapy Management functions.
 - Health Alliance policy for Medicare Part D Medication Therapy Management Program, outlines the identification of beneficiaries, intervention and reporting processes and policy for Medicare Part D Reporting Requirements.
 - Health Alliance provides the MTM vendor eligibility data files as well as beneficiary plan start/end dates. Members are selected based on criteria identified within the policy. All eligible members are included unless the member chooses to opt out of participation.
 - The MTM vendor provides services including determination of eligibility, telephonic CMR, medication action plan, personal medication list, targeted medication review and other interventions identified in the policy.
 - CMS data validation standards are used to validate accuracy of reporting data. Data is uploaded to CMS annually via HPMS.

To support CMS regulations Health Alliance maintains a health information system that collects, integrates, analyzes and reports data necessary to implement its QM program:

- a. Health Alliance has policies and procedures in place on the requirements for reporting data to CMS. Updates to the Reporting Requirements are reviewed upon publication and updates to policies, procedures and systems are completed.
- b. Health Alliance collects data on the following:
 - Provider characteristics – via I CACTUS Web Credentialing System for provider and the Claims System as the primary member system of record for member characteristics.
 - Services furnished to members – via HEDIS® via NCQA certified software vendor, CAHPS® survey process, Care Management Platform for case and utilization management services, Claims System for medical claims, OptumRx for pharmacy data.
 - Data to guide the selection of quality improvement project topics and meet the data collection requirements for quality improvement projects – via Inovalon (NCQA HEDIS certified software vendor), CAHPS® survey process, Care Management Platform.
 - Care Management Platform for case and utilization management services, Claims System for medical claims, OptumRx the vendor for pharmacy data.
- c. Health Alliance ensures that information and data received from providers are accurate, timely and complete – via Claims processing system and the PBM.
- d. Health Alliance has information systems that integrate data from various sources, including member concerns and complaints – via Salesforce.
- e. Health Alliance has a formalized process to analyze data – via Inovalon (HEDIS NCQA certified software vendor) and Access databases as needed.
 - Health Alliance addresses identified deficiencies in reported data through provider feedback or ongoing analysis of data through Inovalon (HEDIS NCQA certified software vendor) and, ambulatory and inpatient reviews.
 - Health Alliance complies with HIPAA and privacy laws and professional standards of health information management through the Compliance Committee.
 - Health Alliance conducts a pre-assessment on the Part C measures and has checks and balances in place for data submission. Corrective actions are put into place for all findings from the data validation audit and CMS notification.

Formal evidence of the impact and effectiveness of the QM program is documented in the annual evaluation. The evaluation includes measurement tools required by CMS and is made available to CMS to enable beneficiaries to compare health coverage options and select among them based on quality and outcomes measures.

The process of integrating the quality management initiatives with various Health Alliance departments and committees is accomplished, in part, through appointment of representatives to the committees listed in the structure of this program with a diversity of knowledge and skills. These individuals support the development and continuous evaluation of the QM Program, through the plan, do, check, act cycle. It is the primary responsibility of the following key personnel to diffuse quality initiatives throughout the organization.

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KEY PERSONNEL

- **Senior VP & Chief Medical Officer, (Michael Smith MD), is an Emergency Room physician and provides oversight of the Quality measures, performance and policies for all Health Alliance products in all service areas as well as chairing Quality Improvement Committee and Serious Safety Event Committee.**
- **Associate Chief Medical Officer (MD) (Krystal Revai, MD) and Director, Medical Utilization**

Management and Systems Director (Lori Fossier, MSN, RN) are dyad partners that lead medical management for Carle and Health Alliance. The Associate Chief Medical Officer oversees the successful implementation of medical management, quality and pharmaceutical programs. She also chairs the Medical Directors' Committee.

- **Senior VP and Chief Medical Officer, (Michael Smith MD), is an Emergency Room physician and provides oversight of the Quality measures, performance and policies for all Health Alliance products in all service areas as well as chairing the Quality Improvement Committee and Serious Safety Event Committees.**
- **Medical Director (John Beck MD)** is a Psychiatrist by training and provides behavioral health leadership, including oversight and policy, for all Health Alliance products in all service areas as well as chairing the Behavioral Health Committee.
- **Senior Medical Director, (Stephen Belgrave MD)** Family Practice Physician, is a 100% medical director for the Bloomington/Peoria and surrounding markets, chairs the Credentialing Committee and reports to the Quality Improvement Committee.
- **Medical Director (Antony Verghese MD)** Adult Medicine provider serves as dyad leader for Star Ratings Consultative Solutions, Health Coaching teams and Risk Management.
- **Director, Quality Management (Tamara Migut, RPh, CPHQ)** provides oversight for the quality management department, reporting to the VP Quality & Managed Care Operations (Brian Smolich)
- **Manager, Quality Improvement (Dinita Galvez, MSHI, RN)** - responsible for oversight of clinical services, delegation activities and potential quality incidents.
- **Manager, QM Data Reporting (Linda Richardson)** oversees system operations staff to ensure timely and accurate completion of HEDIS data reporting for all products, working closely with the HEDIS Supervisor and Technician.
- **Systems Quality Data Analysts (Melody Eatherton, Mike Witruk, Patty Kieffer)** provide data analytics for HEDIS measures and impact of interventions for Health Alliance and the Carle System.
- **Manager, HEDIS Medical Record Review (Beth Jurkowski, RN)** - Oversees HEDIS medical record review time and data gathering process. Supports efforts to improve HEDIS record keeping.
- **Manager, Outpatient Care Coordination (Jennifer Mohr, MSN, RN, NEA-BC)** – oversight for Health Alliance outpatient care coordination including support for delegated care coordination teams.
- **Vice President of Population Health (Margie Zeglen RHIA, FACHE, MBA)** – reports to the System Senior Vice President & Chief Clinical Integration Officer and is the Dyad with a Physician Champion. Charged with leaving the development and implementation of the System's population health management strategy. Accountable for the strategic and operational success and all system processes for Population Health, Accountable Care, Care Coordination and Home Care, Hospice and Palliative Care.
- **Director, Medical Utilization Management and Systems Director (Lori Fossier, MSN, RN)** provides oversight of inpatient, outpatient and post-acute care utilization management and systems administration.
- **Director, Risk Adjustment and Medical Economics (Zoe Benfield SSBB)** provides coding analysis and education and clinical services/outreach services for Health Alliance.
- **Director, Medicare Stars and Outpatient Care Coordination (Kena Hahn, MHA)** leads Medicare Advantage star ratings process, outpatient care coordination and Hally health strategy oversight.
- **VP Quality & Managed Care Operations (Brian Smolich, PharmD BCACP)** is responsible for the supervision of the pharmacy network, pharmacy staff; pharmacy related contracting and pharmacy benefit manager.
- **Manager, STARS Program (Haley Kesler, BS, CPHQ)** works with cross-functional teams and leaders to ensure understanding and continuous improvement of star rating measures to achieve a 5-Star rating.
- **QI/STARS Coordinators (Paula Wingler, Gideon Onwodi, Ariel Freehill, Pam Gorman, Laura Schmidt, Abby Demlow, Leslie Thurman, Bethany Wallen, Nicole Pruitt)** focus on improving and maintaining high STAR and Health Care ratings through intervention implementation and monitoring.

TECHNICAL RESOURCES/SYSTEMS

There are a number of technical resources/systems available to support and implement the QI program:

1. Care Management Platforms

- a. HealthEdge is a technology system for documentation of pharmacy utilization management determinations and historical care coordination/management, medical utilization management and appeals information.
- b. Epic Tapestry houses the utilization management, carecoordination and appeals modules.

2. **InterQual Connect™ and InterQual® criteria** are accessible in Care Management Platform. These solutions are industry-leading access and evidence-based tools for determining the appropriateness of health care interventions and levels of care across the continuum. These programs support prior authorization, concurrent review and retrospective analysis of clinical appropriateness. The following guidelines are used:
 - a. Inpatient Services:
 - i. InterQual® Level of Care Criteria: Acute Criteria, Adult
 - ii. InterQual® Level of Care Criteria: Acute Criteria, Pediatric
 - b. Outpatient Services
 - i. InterQual® Care Planning Criteria: Procedures Criteria, Adult and Pediatric
 - ii. InterQual® Care Planning Criteria: Durable Medical Equipment
 - iii. InterQual® Care Planning Criteria: Medicare Procedures
 - iv. Medicare Durable Medical Equipment Powered by InterQual®
 - v. Medicare Procedures Powered by InterQual®
 - vi. InterQual® Home Care Criteria
 - c. Behavioral Health:
 - i. InterQual® Behavioral Health Criteria: Child & Adolescent Psychiatry
 - ii. InterQual® Behavioral Health Criteria: Behavioral Procedures
 - iii. InterQual® Behavioral Health Criteria: Substance Use Disorders
 - iv. InterQual® Behavioral Criteria: Adult & Geriatric Psychiatry
 - The ASAM Criteria® Navigator Powered by InterQual®**
 - **ASAM guidelines are a nationally accepted standard of care for the treatment of substance abuse disorders.
 - d. Prest & Associates, Inc. is a nationally respected independent review organization that provides behavioral health criteria and substance disorder consultation and review services with board certified physicians in mental health and substance abuse.
 - e. Where vendor guidelines are incomplete or absent, internal medical policies that reflect current standards or medical practice are developed by the Medical Director Committee and reviewed by the Medical Policy Committee. All Health Alliance criteria and medical policies are reviewed annually to determine whether updates/revisions are warranted.
3. **Tapestry** is an Epic claim processing system that retains member/enrollee eligibility information, applies provider contract and payment terms and adjudicates claims based on specific rules established for employer benefit packages.
4. **Evicore** - The majority of the outpatient prior authorization requests and their medical necessity determinations is delegated to and performed by eviCore healthcare.
5. **PBM** - Pharmacy Benefit Manager, OptumRx, offers customized products and uses an evidence-based approach to manage costs.
6. **CACTUS Web** - houses all data for credentialed providers and drives the recertification process
7. **Ambulatory Review Database** – an Access based system developed by Health Alliance staff that enables tracking, documentation and reporting of ambulatory review criteria and results.
8. **Serious Safety Event Database**– a system developed by Health Alliance staff enables to track,

documentation and reporting of adverse events (never events and sentinel events).

9. **Wellness** - available to all Commercial Health Alliance members and providers free of charge via the Health Alliance website. Health Alliance offers web-based wellness programs using current technologies to engage members in improving their health.
10. **Intranet (MCNet)** - pulls claims status for the customer service representative from the member/enrollee number entered into the Cisco Systems IVR by the caller or when accessed manually by the representative. MCNet combines access to a call tracking process from another system by Salesforce with data housed in the MC400. Calabrio's Work Force Management and Quality Management software are used for staff scheduling, call recording, and call monitoring.
11. **UniteUs** – Platform of integrated datasets creating data visualization of dashboard and advanced analytics. These reports are used to track member's non-compliant, Off-Cycle CAHPS data, membership reports and provide current and predictive Star Rating modeling.
12. **Inovalon (NCQA HEDIS certified software vendor) gathers and reports HEDIS.** This includes data reported annually to NCQA as well as at the provider specific HEDIS and prospective HEDIS work.
13. **Salesforce** – Customer Relationship Management (CRM) system is used to track member care gaps that are tied to our member records within the system. Customer Solutions and Digital Media utilize this data form member support.
14. **Hally Health App and Website** - A platform and website that provides members with health and wellness resources to help improve overall physical and mental health. New features and content are developed continuously and incorporates the most up to date health information and resources for our members to utilize in collaboration with population health services and benefits. The following pages contain descriptions of the quality management program committee structure.

QUALITY IMPROVEMENT COMMITTEE (QIC)

- a. **Role:** To provide direction, implementation, oversight and coordination of quality improvement initiatives throughout Health Alliance for all products.
- b. **Chairperson:** Senior VP and Chief Medical Officer, Health Alliance (Michael Smith MD, FAEMS)
- c. **Membership:**
 - Associate Chief Medical Officer (Krystal Revai)
 - System Chief Quality Officer, Carle Health (Robert Healy MD)
 - Director of Quality Management, Health Alliance (Tamara Migut, RPh, CPHQ)
 - Senior Medical Director (Stephen Belgrave MD)
 - Director- Medicare Stars & Outpatient Care Coordination (Kena Hahn, MS)
 - Clinical Director, Population Health and ACO (Rajul Gandhi, PharmD, MBA)
 - Director, Quality, Clinical Outcomes, Carle Health (Kristin Pritts)
 - Director, Risk Adjustment and Medical Economics (Zoe Benfield, BS, SSBB)
 - Medical Director, First Carolina Care (Art Edgerton MD)
 - VP Quality & Managed Care Operations (Brian Smolich, PharmD BCACP)
 - Director, Carle Experience (Theresa Green)
 - Director, Pharmacy (Aimee Buhr)
 - Director, Contracts & Provider Relations & Data Integrity (John Hansen)
 - Manager, Quality Improvement (Dinita Galvez, MSHI, RN, CHRC)
 - Director, Population Health (Maggie Menacher)
 - Vice President, Population Health (Margie Zeglen)
- d. **Reporting:** Reports to the Health Alliance Board.
- e. **Responsibilities** (*denotes accreditation/regulatory requirements):
 - Evaluate and allocate resources for quality improvement activities, including resources needed to impact Star and Health Plan ratings*
 - Evaluate the quality improvement structure and complete a formal QI Plan and QI Evaluation on an annual basis.*
 - Adopt, develop, and implement overall preventive health and clinical guidelines.*
 - Oversee all quality improvement initiatives as described in the annual plan.*
 - Oversee the PHM program activities
 - Review HEDIS rates by product, reporting findings from the annual HEDIS audit, and assess actions based on results.*
 - Oversee all delegated activities*
 - Delegate any of the above activities to sub-committees, workgroups or operational teams with appropriate oversight.*
 - Monitor sub-committee, work group and operational team activities through review of meeting minutes and reports at least annually.*
- f. **Meets:** Monthly
- g. **Minutes:**
 - Generated for each meeting and approved by the committee.
 - Reflect the activity, discussion, analysis and recommendations of the committee, as well as follow-up

and resolution of prior recommendations.

PHARMACY AND THERAPEUTICS COMMITTEE

- a. **Role:** Provides guidance for pharmacy utilization for Health Alliance providers.
- b. **Chairperson: Director,** Pharmacy, Health Alliance (Aimee Buhr PharmD)
- c. **Membership:**
 - Voting:
 - Senior Medical Director, Health Alliance (Jim Burke MD)
 - Family Practitioner, Carle (Timothy Meneely MD)
 - Internal Medicine Practitioner, Christie Clinic (Kathleen Collins MD)
 - Director of Pharmacy Services, Confluence Health Washington (Laurel Aaberg PharmD, DPLA)
 - Long Term Care Pharmacist, Christian Homes Nursing Homes (John Rupkey RPh)
 - Manager of Pharmacy Services, First Carolina Care (Christine Lukow)
 - Non-Voting:
 - Medical Director, Health Alliance (Krystal Revai MD)
 - Rheumatologist, Carle (Mehmoodur Rasheed MD)
 - Gastroenterologist, Carle (Bilal Gondal MD)
 - Oncologist, Carle (Maria Grosse-Perdekamp MD)
 - Endocrinologist, Carle (Owaise Mansuri MD)
 - Pediatrics, Carle (Donald Davison MD)
 - Cardiologist, Carle (Karen Wiarda DO)
 - Critical Care/Pulmonologist, Carle (Brent Kaufmann MD)
 - Infectious Disease Specialist, Carle (Amir Khan MD)
 - Formulary, Communications, & Reporting Coordinator (Rachel Lutz)
 - Neurology, Carle (Kenneth Aronson MD)
 - Psychiatry/Behavioral Health, (Suzanna Kitten MD)
- d. **Reporting:** Reports to Medical Directors Committee.
- e. **Responsibilities** (*denotes accreditation/regulatory requirements):
 - Annual review of the pharmacy program and PBM oversight*.
 - Maintain and establish a formulary*.
 - Reviews and updates pharmaceutical management policies and procedures annually based on new technologies.*
 - Approves or disapproves medications including biotechnology and medications. Medication on the formulary may be removed or have its status changed.*
 - May, from time to time, determine that a prior approval guideline should be developed and implemented.
 - May establish guidelines for criteria based medications.*
 - Establish and implement a Drug Utilization Evaluation (DUE) program.*
 - Designate a Task Force or Subcommittee to study particular prior approval guideline.*
 - Ensure an appeal process for pharmacy issues is maintained.*
- f. **Meets:** Bimonthly
- g. **Minutes:**
 - Generated for each meeting and approved by the Chairman.
 - Reflects the activity, discussion, analysis, and recommendations of the committee as well as followup

and resolution of prior recommendations.

- Distributed to the Medical Director Committee, key directors and managers at Health Alliance.
Provided to Communications Dept. to include a summary of minutes to all Health Alliance practitioners

Customer Experience (CX) Steering Committee

- a. **Role:** To foster a customer-centric culture at Health Alliance Medical Plans, provide oversight and support for improvement of the customer experience and assign accountability.
- b. **Chairperson:** Customer Experience Manager, Health Alliance (Kristy Reed)
- c. **Membership:**
 - The CX STEERING COMMITTEE is a cross-functional group composed of representatives from all operational/functional areas of the organization for all entities including Health Alliance Northwest and First Carolina Care. This includes the following areas: Customer Experience, Provider Network Management, Pharmacy, Sales and Retention, Strategic Planning, Finance, Customer Service, Medicare 5 Stars, IT, Digital Experience, Communications, Operations, Membership and Billing, Population Health and the Carle Experience
 - Vice Presidents who oversee the operational/functional areas participate and/or appoint their representatives to the CX STEERING COMMITTEE.
 - Additionally, non-voting members may be appointed by the Committee Chair to advise the committee and assist with Committee management and activities.
- d. **Reporting:** Reports to the Quality Improvement Committee. Activities and recommendations are reported to the SVP, System Chief Nursing Officer and President CFH. Minutes of each meeting and associated action items are recorded and forwarded to Health Alliance Senior Leadership and Plan Directors Committee (PDC) Chair, to be cascaded to Directors and through existing operational committees such as Business Development, PDC, Benefit Implementation Committee, etc. as needed. CX actions and improvements will be reported to all staff via quarterly All Staff meetings and/or email, CLICK or other available channels.
- e. **Responsibilities:**
 - Implement customer experience strategy and vision
 - Ensure consistent delivery of the expected customer experience, regardless of channel or entry point or the customer's place on a journey
 - Identify opportunities for infusing the expected customer experience into workplace culture through communication, orientation and training
 - Ensure appropriate structures and systems are in place to enable delivery of the desired customer experience.
 - Approve/prioritize/initiate CX improvements
 - Review Voice of the Customer Program reporting
 - Use insights from reporting to drive action
 - Assign accountable owners as needed
 - Establish process for receiving input from throughout the organization
 - Establish monitoring metrics to track results of efforts
 - Ensure rewards & recognition are aligned with CX goals and measures
 - Identify opportunities for efficiencies with The Carle Experience in processes and/or technology
 - Ensure appropriate CX Steering members engage in relevant Carle committees
 - Annually review changes to customer touchpoint journeys for various product lines.
 - Product Planning Committees will make necessary changes to the touchpoint journeys that the CX Steering Committee will review.

f. Meets: Every other month

g. Minutes:

- Generated for each meeting and approved by the committee.
- Reflect the activity, discussion, analysis and recommendations of the committee.
- Shared with the Quality Improvement Committee, which reports up to the Health Alliance Board of Directors.

MEDICAL POLICY COMMITTEE (MPC)

- a. **Role:** To review and provide practitioner input on new and updated criteria, medical policies, and policies and procedures.
- b. **Chairperson:** Associate Chief Medical Officer, Health Alliance (Krystal Revai MD)
- c. **Membership:**
 - Senior Medical Director, Health Alliance (James Burke MD)
 - Senior Medical Director, (Stephen Belgrave MD)
 - Senior Vice President and Chief Medical Officer, Health Alliance (Michael Smith, MD)
 - Pulmonary (Brent Kaufman, MD)
 - Medical Director, First Carolina Care (Art Edgerton MD)
 -
 - Director, Medical Utilization Management & Systems (Lori Fossier)
 - Medical Director, Confluence Health (Michael Tuggy MD)
 - Oncology (Sinisa Stanic MD)
 - Medical Director (Steve Bowers MD)
 -
- Non-Voting
 - Utilization Management Project Coordinator (Diana Hasler)
 - Manager, Utilization Management Coordination & Prior Auth (Chris Kunka RN)
- d. **Reporting:** Provides feedback to the Medical Directors' Committee, as needed. We review all active medical policies yearly, make recommendations for coverage/non-coverage of new medical technologies and submit all these findings to MDC for discussion and final action.
- e. **Responsibilities:**
 - Review case requests for new technology based on literature with recommendations based on area of expertise.
 - Review and update policy and procedures taking into consideration appropriate specialty opinions.
- f. **Meets:** Monthly
- g. **Minutes:**
 - Generated for each meeting and approved by the committee.
 - Reflect the activity, discussion, analysis, and recommendations of the committee as well as follow-up and resolution of prior recommendations.
 - Reviewed by the Medical Directors' Committee monthly and shared with the Quality Improvement Committee.

MEDICAL DIRECTORS' COMMITTEE (MDC)

a. **Role:** Primarily responsible for oversight and review of medical management activities and strategic planning for initiatives that will enhance the provision of care.

b. **Chairperson:** Associate Chief Medical Officer (Krystal Revai MD)

c. **Membership:**

- Senior Medical Director, Health Alliance, Iowa (James Burke MD)
- Senior Medical Director, Health Alliance, Bloomington (Stephen Belgrave MD)
- Medical Directors, Health Alliance (John Beck MD)
- Executive Vice President and Chief Medical Officer, (Naoleon Knight MD)
- Medical Director, Health Alliance, Peoria (Michael Johnson MD)
- Medical Director, Carle (Suzanna Kitten MD)
- Medical Director, OSF, Peoria (Henry Martin Del Campo MD)
- Medical Director, Carle (Mehmodur Rasheed MD)
- Medical Director, Springfield (Ken Sagins MD)
- Senior Vice President and Chief Medical Officer , Health Alliance(Michael Smith MD)
- Medical Director, Health Alliance Northwest, Confluence (Michael Tuggy MD)
- Medical Director, Carle (Antony Verghese MD)
- Medical Director, Carle (John Zeck MD)
- Medical Director, Reid Health (Patrick Anderson MD)
- Medical Director, First Carolina Care (Art Edgerton MD)

Non-voting:

- a. Clinical Director, Population Health (Rajul Gandhi, PharmD, MBA)
- b. VP Quality & Managed Care Operations (Brian Smolich PharmD BCACP)
- c. Director, Risk Adjustment and Medical Economics (Zoe Benfield SSBB)
- d. Director, Pharmacy (Aimee Buhr PharmD)
- e. Manager, Utilization Management Coordination & Prior Auth (Chris Kunka RN)
- f. Manager, Appeals and Member Relations (Wendi Regal)
- g. Coordinator (Amy Belew)

d. **Reporting:** Reports to the Quality Improvement Committee for URAC requirements only.

e. **Responsibilities** (*denotes accreditation/regulatory requirements):

- Review medical policies at least annually.*
- Oversee the review of information involving new technologies and/or treatments.*
- For medical policy and new technology and/or treatment reviews, obtain input from participating providers, as needed.*
- Reviews credentialing committee actions for credentialing and recredentialing of providers.
- Reviews appeal decisions from External Review Organizations (EROs) to determine if changes in current criteria/medical policies are indicated.*
- Oversees review of inter-rater reliability reports for applying UM criteria and validity including sampling methodology used when selecting records eligible for inter-rater reliability testing.*
- Reviews and approves department policies presented for new or changed UM activities or processes*At least annual assessment of practitioner's experience with the UM processes*.
- Discusses UM issues and may recommend further review by QM Leadership.*
- Timeliness of UM decisions*

f. Meets: Monthly. Reports summary of activities to QIC

g. Minutes:

- Generated for each meeting and approved by the committee.
- Reflect the activity, discussion, analysis and recommendations of the committee as well as follow-up and resolution of prior recommendations.

CREENTIALING COMMITTEE

- a. **Role:** Primary responsibility is to review all credentialing and recredentialing files and determine approval or denial of individual practitioners and facilities at the time of initial credentialing and recredentialing.
- b. **Chairperson:** Senior Medical Director, Health Alliance (Stephen Belgrave MD)
- c. **Membership:**
 - Senior Medical Director, Health Alliance (James Burke MD)
 - Associate Medical Director, Health Alliance (Michael Johnson MD)
 - Medical Director, First Carolina Care (Art Edgerton MD)
 - Medical Director, Health Alliance (Mehmodur Rasheed MD)
 - Medical Director, Health Alliance (Antony Verghese MD)

Consulting Members: Specialty consultation is done on an ad hoc basis

Non-Voting:

- Director, Contracting & Provider Relations & Data Integrity (John Hansen)
 - Manager, Provider Credentialing (Felicia Harrington)
 - Credentialing Coordinators
- d. **Reporting:** Reports to the Medical Director Committee
 - e. **Responsibilities** (*denotes accreditation/regulatory requirements):
 - Reviews all materials, including patient safety/quality issues, relevant to an applicant regarding credentialing and recredentialing issues as identified in the Health Alliance credentialing policies and procedures.*
 - Determines approval or denial status as a Health Alliance participating practitioner or facility.*
 - Reviews and revises all policies and procedures related to credentialing and recredentialing activities at a minimum annually.*
 - Oversees quality monitoring deficiencies for all providers outside the recredentialing cycle, including LTSS providers.*
 - f. **Meets:** Bimonthly
 - g. **Minutes:**
 - Generated for each meeting and approved by the committee.
 - Reflect the activity, discussion, analysis and recommendations of the committee as well as follow-up and resolution of prior recommendations.

CONSUMER ADVISORY COMMITTEE – COMMERCIAL PRODUCTS

- a. **Role:** Identifies and reviews consumer concerns and makes advisory recommendations to Health Alliance. In addition, Health Alliance makes requests of the committee to provide feedback to proposed changes in plan policies and procedures, programs, materials and processes, which will affect enrollees.
- b. **Chairperson:** Elected by the committee
- c. **Membership:**

Eight (8) enrollees selected as required by law. An enrollee may not serve on the committee if during the two (2) years preceding service the enrollee: (1) has been an employee, officer, or director of the plan, an affiliate of the plan or a provider or affiliate of a provider that furnishes health care services to the plan or affiliate of the plan; or (2) is a relative of a person specified in item (1).
Four (4) enrollees will serve a two-year term and four (4) enrollees a one year term. After the term expires, Health Alliance will re-appoint or appoint an enrollee to serve on the committee for a two-year term.

Resources to the Committee:

 - VP of Compliance and Risk Management, Health Alliance
 - Marketing Communications Specialist, Health Alliance
 - Chief Medical Officer or designee, Health Alliance
- d. **Reporting:** Reports to the Customer Steering Committee.
- e. **Responsibilities:**
 - Identify and review consumer concerns and make advisory recommendations.
 - Provide feedback to proposed changes in plan policies and procedures which will affect enrollees.
 - Identify and recommend improvement of Health Alliance membership and educational materials.
 - Provide input and recommendations for coverage issues.
- f. **Meets:** Quarterly
- g. **Minutes:**
 - Generated for each meeting and reviewed/approved by the committee.
 - Reflects the activity, discussion, and decision of the committee, as well as follow-up and resolution of prior recommendations.
 - Reported to the Customer Steering Committee.

BEHAVIORAL HEALTHCARE COMMITTEE (WORKGROUP)

- a. **Role:** Identifies opportunities to improve the quality of behavioral health care delivered to members of Health Alliance throughout all service areas. Reaches out to high volume behavioral health providers on a regular basis to identify interventions and coordinate efforts for medical and behavioral health care.
- b. **Chairperson:** Medical Director, Health Alliance (John Beck MD)
- c. **Membership:**
 - Senior Medical Director, Health Alliance (Stephen Belgrave MD)
 - Medical Director, First Carolina Care (Art Edgerton MD)
 - Supervisor Specialty Care Coordination, Health Alliance (Devin Richardson LCSW)
 - Practicing Behavioral Health Practitioner, Carle (Open)
 - Practicing Primary Care Provider, Carle (Open)
 - Director Behavioral Health Ambulatory Services, OSF Health System (Kyle Boerke)
 - Manager, Confluence Behavioral Health Alliance Medical Plans (Craig Mott)
 - Director Behavioral Therapy Services, Memorial Behavioral Health (Amber Olson LCSW)
 - Memorial Behavioral Health (Olivia Massena LCSW)
 - Quality Improvement Manager (Dinita Galvez, MSHI, RN)
 - Director of Quality Management , Health Alliance (Tamara Migut, RPh, CPHQ)
 - Quality RN Coordinator (Pamela Gorman, RN, MBA, MSN)
- d. **Reporting:** Reports to Medical Director Committee and Population Health Oversight Committee
- e. **Responsibilities** (*denotes accreditation/regulatory requirements):
 - Advise Health Alliance on issues related to improving continuity and coordination of care between medical care and behavioral health care.*
 - Review HEDIS results for measures related to behavioral health care and advise Health Alliance on improvement opportunities and action plans.*
 - Addresses any identified patient safety improvement opportunities around behavioral health.*
 - Identify and recommend actions to improve access to behavioral health services.*
- f. **Meets:** Monthly
- g. **Minutes:**
 - Generated for each meeting and approved by the committee
 - Reflect the activity, discussion, analysis and recommendations of the committee

SERIOUS SAFETY EVENTS COMMITTEE

- a. Role:** Reviews Potential Quality Incidents identified through any method, including but not limited to Serious Reportable Adverse Events (SRAE)⁽¹⁾ and Hospital Acquired Conditions⁽²⁾; provides recommendations for patient safety interventions to QIC.
⁽¹⁾Sometimes referred to as never events or sentinel events, Serious Reportable Adverse Events are defined by the National Quality Forum. ⁽²⁾ As defined and updated by Centers for Medicare and Medicaid.
- b. Chairperson:** Senior Vice President and Chief Medical Officer, Health Alliance (Michael Smith, MD)
- c. Membership:**
- Associate Chief Medical Officer (Krystal Revai MD)
 - Medical Director, Health Alliance (Henry Martin del Campo, M.D., ABFM)
 - Managed Care Pharmacist, Health Alliance (Kelly Clark)
 - Quality Management Director (Tamara Migut, RPh, CPHQ)
 - Associate Medical Director, Health Alliance (Mehmoodur Rasheed, MD)
 - Associate Medical Director, Health Alliance (Antony Verghese, MD)
 - Quality Improvement Manager (Dinita Galvez, MSHI, RN)
- Non-Voting:
- Quality Improvement RN Coordinator (Pamela Gorman, RN, MBA, MSN)
- d. Reporting:** Reports to Quality Improvement Committee.
- e. Responsibilities** (*denotes accreditation/regulatory requirements):
- Recommend follow up actions to the QIC Chairperson based on impact of adverse event.
 - Oversee the policy and procedure to ensure meets CMS requirements.
 - Trend and track events for annual reporting.*
- f. Meets: Monthly**, as needed or at least annually
- g. Minutes:**
- Generated for each meeting and approved by the committee.
 - Reflect the activity, discussion, analysis and recommendations of the committee as well as follow-up and resolution of prior recommendations.

STARS STRATEGIC PLANNING WORKGROUP

- a. **Role:** Develop, implement, and monitor an ongoing quality improvement plan for IL and Midwest Medicare star ratings.
- b. **Chairperson:** Director, Medicare Stars Program & Outpatient Care Coordination, Health Alliance (Kena Hahn)
- c. **Membership**
 - Chief Operating Officer, Health Alliance (Les McPhearson)
 - Medical Director (Antony Verghese,MD)
 - Vice President, Products and Marketing, Health Alliance (Jana Perry)
 - Vice President, Quality & Managed Care Operations (Brian Smolich PharmD BCACP)
 - Director of Customer Solutions, Health Alliance (Jennifer Marquardt)
 - Director, Quality Management, Health Alliance (Tamara Migut, RPH, CPHQ)
 - Director, Provider Partnerships, Health Alliance (Megan Close)
 - Vice President Chief Compliance, Risk & Audit Executive, Health Alliance (Hollie Wilson)
 - Director, Clinical – Population Health, Carle (Rajul Gandhi)
 - Director, Community Outreach, Health Alliance (Terra Mullins)
 - Manger, Consumer Call Center, Health Alliance (Christie Holland)
 - Manager, Customer Experience, Health Alliance (Kristy Reed)
 - Manager, Member/Provider Resolutions Manager, Health Alliance (Wendi Regal)
 - Manager, HEDIS Medial Record Review, Health Alliance (Beth Jurkowski)
 - Manager, Star Ratings, Health Alliance (Haley Kesler)
 - Quality Provider Relations Lead, Health Alliance (Chelsea Lewis)
 - Clinical Pharmacist Medicare Advantage, Health Alliance (Jena Deschler, RPh)
 - Star Rating Coordinators, Health Alliance (Abby Demlow, Bethany Wallen, and Leslie Thurman)
 - Patient Centered Medical Home Manager, Population Health, Health Alliance (Paul Barenie)
 - Supplemental Benefits Coordinator, Health Alliance (Nicole Pruitt)
 - Manager, National Network, Health Alliance (Jamie Beyers)
 - Manager, Health Innovation, Health Alliance (Jordan Oakes)
 - Manager, Member Retention, Health Alliance (Gregg Mottola)
 - Manager, Coding Analysis and Education, Health Alliance (Brienne Leverenz)
- d. **Reporting:** Reports to the Quality Improvement Committee
- e. **Responsibilities:**
 - Develop, implement, and monitor interventions for Illinois/Indiana and Iowa stars measures
 - Reviews Part C and Part D Star Ratings
 - Develop and implement interventions to achieve 5 star rated health plan
 - Review and develop intervention strategies directed towards members and providers
 - Monitor and review the CCIP plans
 - Analyze changes to future Star Ratings and Display Measures
 - Review new Health Plan benefits and analyze the impact to Star Ratings
 - Promote accountability and collaboration between departments
 - Promote collaboration with Carle, our largest provider network, and other at risk and rural alliance partners
 - Review and adjust plan and interventions based on market need

f. Meets: Monthly

g. Minutes:

- Generated for each meeting and approved by the committee at the next scheduled meeting.
- Reflect the activity, discussion, analysis and recommendations of the committee as well as follow-up and resolution of prior recommendations.

Confluence Health Star Committee (Washington)

- a. **Role:** Primary responsibility is to provide implementation, coordination, and oversight of Health Alliance Northwest Star Rating improvement initiatives in order to achieve 5 Star ratings.
- b. **Chairperson:** Director, Medicare Stars & Outpatient Care Coordination, Health Alliance (Kena Hahn)
- c. **Membership:**
 - Confluence Health Representatives
 - Chief Operating Officer, Health Alliance (Les McPhearson)
 - Medical Director, HANW (Edwin Carmack)
 - Medical Director, HANW (Michael Tuggy, MD)
 - Director of Consumer Solutions, Health Alliance (Jennifer Marquardt)
 - Director, Quality Management, Health Alliance (Tamara Migut, RPh, CPHQ)
 - Vice President, Compliance, Health Alliance (Hollie Wilson)
 - Director, STARS & OPCC, Health Alliance (Kena Hahn)
 - Director, Provider Partnerships, Health Alliance (Megan Close)
 - Manager, HEDIS Medical Record Review, Health Alliance (Beth Jurkowski)
 - Manager, Consumer Call Center, Health Alliance (Christie Holland)
 - Manager, Member/Provider Resolutions, Health Alliance (Wendi Regal)
 - Manager, Star Ratings, Health Alliance (Haley Kesler)
 - Manager, National Network, Health Alliance (Jaime Byers)
 - Manager, Health Innovation, Health Alliance (Jordan Oakes)
 - Lead, Medicare Member/Provider Resolution (Chelsea Lewis)
 - Clinical Pharmacist Managed Care, Health Alliance (Jena Deschler, RPh)
 - Star Rating Coordinator, Health Alliance (Abby Demlow,, Bethany Wallen and Leslie Thurman)
 - Supplemental Benefits Coordinator, HealthAlliance (Nicole Pruitt)
 - HANW (Jay Johnson, Kristin Hankins, Laurel Aaberg, Kiersten Burke, Christina Dunham, Ali Salama, and Tom Legel)
- d. **Reporting:** Reports to the Health Alliance Quality Improvement Committee
- e. **Responsibilities** (*denotes accreditation/regulatory requirements):
 - Communicate the implementation for quality improvement activities for care and service specific to HANW*
 - Continuously monitor data from quality improvement activities (including CAHPS and other surveys/reports) as outlined in the annual work plan and recommend appropriate action for HANW.*
 - Evaluate and allocate resources for quality improvement activities, including resources needed to impact Star ratings.
 - Review MA HEDIS rates, reporting findings from the annual HEDIS audit, and assess actions based on results.*
 - Review Part C and Part D HANW Report Cards (Star Ratings)*
 - Develop and implement interventions directed towards members and providers to achieve a 5 star rated health plan.
 - Monitor Chronic Care Improvement Programs (CCIP) for HANW*
- f. **Meets:** Monthly

g. Minutes:

- Generated for each meeting and approved by the committee.
- Reflect the activity, discussion, analysis and recommendations of the committee, as well as follow-up and resolution of prior recommendations.

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FCC STARS STRATEGIC PLANNING WORKGROUP

- a. **Role:** Develop, implement, and monitor an ongoing quality improvement plan for FCC Medicare star ratings.
- b. **Chairperson:** Director, Medicare Stars & Outpatient Care Coordination, Health Alliance (Kena Hahn)
- c. **Membership**
 - Vice President Quality & Managed Care Operations, Health Alliance (Brian Smolich, PharmD, BCACP)
 - Chief Operating Officer, Health Alliance (Les McPhearson)
 - Clinical Pharmacist Medicare Advantage, Health Alliance (Jena Deschler, PharmD)
 - Medical Director, FCC (Art Edgerton, MD)
 - Vice President, Compliance (Hollie Wilson)
 - Manager, HEDIS Medical Record Review, Health Alliance (Beth Jurkowski, BS, RN)
 - Manager, Customer Experience, Health Alliance (Kristy Reed)
 - Direct, Customer Solutions, Health Alliance, (Jennifer Marquardt)
 - Manger, Consumer Call Center, Health Alliance (Christie Holland)
 - Manager, Coding Analysis & Education (Brianna Leverenz)
 - Manager, Star Ratings, Health Alliance (Haley Kesler)
 - Manager, Innovation, Health Alliance (Jordan Oakes)
 - Manager, Member/Provider Resolutions, Health Alliance (Wendi Regal)
 - Star Rating Coordinators, Health Alliance (Abby Demlow, Bethany Wallen & Leslie Thurman)
 - Star Rating Coordinator, FCC (Maureen Hoffman)
 - Coordinator, Supplemental Benefits, Health Alliance (Nicole Pruitt)
 - HEDIS RNs, FCC, (Sara Richardville, Erica Harrelson)
 - Manager, Pharmacy Services, FCC, (Christine Lukow)
 - Data Analyst, FCC, (Scott Adcock)
 - Pharmacy Operations Coordinators, FCC, (Karla Colasacco, Zachary Tucker)
 - Director, Quality Management (Tamara Migut, RPh, CPHQ)
 - Ad-Hoc representatives, invite as needed
- d. **Reporting:** Reports to the Population Health Oversight Committee (PHOC) and FCC Quality Committee
- e. **Responsibilities:**
 - Develop, implement, and monitor interventions for North Carolina stars measures
 - Reviews Part C and Part D Star Ratings
 - Develop and implement interventions to achieve 5 star rated health plan
 - Review and develop intervention strategies directed towards members and providers
 - Monitor and review the CCIP and QIP plans
 - Analyze changes to future Star Ratings and Display Measures
 - Review new Health Plan benefits and analyze the impact to Star Ratings
 - Promote accountability and collaboration between departments
 - Promote collaboration with provider partners
 - Review and adjust plan and interventions based on market need
- f. **Meets:** Monthly
- g. **Minutes:**

- Generated for each meeting and approved by the committee at the next scheduled meeting.
- Reflect the activity, discussion, analysis and recommendations of the committee as well as follow-up and resolution of prior recommendations.

MEDICARE ADVISORY BOARD

- a. Role:** The Medicare Advisory Board (MAB) for Health Alliance Medicare established to provide beneficiaries a forum where ideas, concerns, and suggestions could be shared and discussed; and to have input into program planning and product development. The primary mission of the Board is to facilitate open communication between plan leadership and members. The Board is a crucial source of insights related to member issues and concerns, product development needs and service requirements. Members have the opportunity to influence decision-making by providing feedback to proposed changes in plan policies and procedures, which will impact beneficiaries.

Health Alliance Medicare currently has MABs with membership representative of the following areas:

- Illinois
- North Central Washington
- Yakima County, WA

- b. Chairperson:** Director of Consumer Products Service, Health Alliance

- c. Membership:** The Board shall consist of up to 12 Medicare Advantage members who hold active membership on a Health Alliance Medicare plan. To be selected for the Advisory Board, individuals must be articulate about issues and needs and be willing to commit to participation. There are no set terms of membership. Membership on the advisory board will remain in effect until such time as the member or Chairperson deems otherwise. Health Alliance representatives shall include:

- Director of Consumer Products Service Member Service Representative and/or Customer Retention Manager
- Communications Coordinator

Health Alliance Resources to the Board:

- Vice President of Sales and Retention,
- Vice President of Government Programs
- Director of Consumer Sales
- Compliance Programs Manager
- Community Liaisons

- d. Reporting:** Reports to the Members' Rights and Responsibilities Committee.

- e. Responsibilities:** The Board functions in an advisory capacity only. The Board will serve as a mechanism to:

- Provide ongoing member feedback on services, regulations, policies and procedures
- Evaluate current products and services
- Identify new/alternative services and products
- Determine areas, products, or services that may need to be changed and/or improved
- Serve as an issues forum
- Determine member priorities and needs

- f. Meets:** Meeting frequency may be altered to meet the needs of Board members and Health Alliance staff.

- Illinois – Quarterly
- Washington (Confluence) – Tri-annually
- Washington (Yakima) – Tri-annually

- g. Minutes:**

- Generated for each meeting and reviewed/approved by the Chairperson.

- Reflects the activity, discussion, and decision of the committee, as well as follow-up and resolution of prior recommendations.
- Reported to the Members' Rights and Responsibilities Committee.

Approval

The Quality Improvement Committee (QIC) approved the first QI Program on May 24, 1994. The QIC reviews and revises the QM Program document at least annually. After review and approval by the QIC, the program is submitted to the Health Alliance Medical Plans Board for final approval. As of August 2001, the Health Alliance Board designated this function to the newly formed Quality Committee. Approval dates are reflected in the following chart.

QM Program	QIC Annual Approval Date
2023	February 20, 2023
2022	January 28, 2022 Revised June 16, 2022
2021	January 26, 2021
2020	June 23, 2020
2020	January 28, 2020
2019	January 22, 2019
2018	January 23, 2018
2017	February 9, 2017
2016	January 14, 2016
2015	February 13, 2015
2014	January 9, 2014
2013	December 21, 2012

Delegation

If quality improvement, utilization management, or credentialing activities are delegated to another organization or provider group, strict procedures for assessing and monitoring the delegation relationship through the quality improvement committee or its designee are followed, including:

- Pre-delegation agreement
- Pre-delegation evaluation to determine scope and current capabilities
- Formal, written contract and description of roles and responsibilities for both parties
- Specified regular reporting by delegate to Health Alliance
- Annual oversight audit with appropriate follow-up for deficiencies
- Review and approval of delegates' pertinent program descriptions, policies and procedures

At present, Health Alliance delegates credentialing to entities and complex case management for designated provider partners.

CONFIDENTIALITY AND CONFLICT OF INTEREST

QI information is considered confidential and handled in accordance with Health Alliance confidentiality policies and procedures. Health Alliance employees and committee members sign a confidentiality and conflict of interest statement, as applicable, on an annual basis.

