

# Capital Health

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## Commercial/Individual Medical Quality Improvement Program Description

2022

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## **CAPITAL HEALTH PLAN**

### **Commercial/Individual 2022 Medical Quality Improvement Program Description**

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## INTRODUCTION

The purpose of Capital Health Plan (CHP) is to provide the people in Leon and surrounding counties (a seven-county area of northern Florida) with high quality, affordable health care that: 1) focuses on the delivery of evidence-based medical care under the direction of primary care physicians in an effective, timely and cost-effective manner 2) emphasizes low administrative costs and ethical business practices 3) is proactive and innovative in its quest to continually improve the health of the community. CHP incorporates this Quality Improvement (QI) Program as an integral part of its operation.

The Health Plan, a not for profit corporation, was incorporated in 1978. The first members were enrolled in 1982. The Plan serves the service area of Leon and the surrounding counties of Jefferson, Wakulla, Gadsden, Calhoun, Liberty and Franklin. The Commercial membership as of October 1, 2021 is 105,612. The most recent demographic information from the 2021 NCQA CAHPS Member Satisfaction Survey indicates that 70.7% of the CHP Commercial population is Caucasian, 25.1% is African American, 3.4% is Asian, 1.2% is American Indian or Alaska Native and <1% are in the Native Hawaiian or Pacific Islander category and 1.8% in the other category. 96.7% of members are not Hispanic and 3.3% of members are of Hispanic/Latino ethnicity. There is not a significant non-English speaking population in the network of Commercial members; 98.3% speak English as their main language at home. The Commercial population is 62% female and 38% male. Language translation services are available in the event the member does not speak English.

As a mixed model HMO, there are currently 651 practitioners in the CHP network; 173 are primary care physicians (PCPs) and 478 are physician specialists. The PCPs include 99 family physicians, 29 pediatricians, and 45 internal medicine physicians. CHP employs 24 PCPs, 1 radiologist, 5 Urgent Care physicians, and 8 optometrists. The remaining PCPs or specialists practice independently or in affiliated group practices. In accordance with the State of Florida law, patients have direct access to podiatrists, chiropractors, dermatologists, and gynecologists.

## SCOPE

Capital Health Plan provides comprehensive health benefit coverage through an integrated health care delivery system to Federal and Florida State Government employees, large and small commercial employers, individual marketplace and non-group enrollees.

The following facilities are available to the membership:

- Two (2) primary hospitals provide inpatient hospital services;
- Sixteen (16) outpatient facilities provide home health and hospice services;
- Eleven (11) skilled nursing facilities provide extended care/rehabilitation services;
- Fourteen (14) outpatient facilities provide rehabilitation therapy and durable medical equipment services;
- Ten (10) outpatient surgical facilities; and
- Nine (9) dialysis centers.

The following health plan activities are included in the scope of CHP's Commercial QI program:

- ◆ Clinical/service quality
- ◆ Patient safety/risk management
- ◆ Physician and hospital quality
- ◆ Pharmacy management and medication safety
- ◆ Credentialing and recredentialing
- ◆ Utilization management
- ◆ Access and availability to healthcare services
- ◆ Culturally and linguistically appropriate services
- ◆ Continuity and coordination of care
- ◆ Chronic care improvement program
- ◆ Complex case management
- ◆ Population Health and Disease Management programs
- ◆ Wellness program and activities
- ◆ Member connections
- ◆ Delegation monitoring and oversight
- ◆ Member rights and responsibilities
- ◆ Privacy and confidentiality

## QUALITY IMPROVEMENT PROGRAM OBJECTIVES

CHP strives to continually improve health care services by pursuing the Institute of Healthcare Improvement's 'Triple Aim' to improve the experience of care, the health of populations, and to reduce per capita costs of health care. These improvement activities are consistent with the National Strategy for Quality Improvement in Health Care in the report to the United States Congress in March 2011.

Quality improvement initiatives that support The Triple Aim and the National QI Strategy will include integration of health care systems of care, redesign of primary care services and structures, population health management, and improvements to financial management systems. CHP's staff practices will continue to develop a primary care 'medical home' model to ensure that health care services are safe, patient-centered, timely, effective, and efficient. Measurement systems and improvement initiatives are implemented to continually improve culturally and linguistically appropriate services, ensuring that the health care delivered is equitable for all members.

#### VISION OF QUALITY FOR CAPITAL HEALTH PLAN

CHP will maintain a reputation as a local, state and national leader in quality of care and service through:

- ◆ Industry-leading benchmark performance on clinical outcome measures
- ◆ Industry-leading member satisfaction
- ◆ NCQA Commercial rating of 5 stars
- ◆ NCQA Commercial Accreditation
- ◆ Very low (<2%) voluntary disenrollment

#### QUALITY IMPROVEMENT PROGRAM STRATEGIC GOALS

##### NATIONAL AIMS<sup>1</sup>:

- ◆ Better Care
- ◆ Healthy People/ Healthy Communities
- ◆ Affordable Care

##### NATIONAL PRIORITIES<sup>2</sup>:

- ◆ Engage patients and families in managing their health and making decisions about their care;
- ◆ Improve the health of the population;
- ◆ Improve the safety and reliability of America's healthcare system;
- ◆ Ensure that patients receive well-coordinated care within and across healthcare Organizations, settings and levels of care;
- ◆ Ensure appropriate and compassionate care for members with life-limiting illnesses; and
- ◆ Eliminate overuse while ensuring the delivery of appropriate care.

##### CLINICAL CARE

- ◆ Achieve scores on HEDIS clinical indicators that demonstrate national leadership with scores that meet or exceed the 90<sup>th</sup> national percentile.
- ◆ Maintain a dialogue with the best "delivery system" health plans in the country.
- ◆ Provide community leadership in access, satisfaction, clinical outcomes, and efficient care for the chronically ill through the 'Medical Home' model provided by staff PCP practices.
- ◆ Promote evidence-based clinical practice within the medical networks.
- ◆ Improve the health status of members through preventive/wellness activities, Population Health, disease management, and case management.
- ◆ Coordinate clinical care to ensure seamless delivery of healthcare services across the medical network.
- ◆ Create incentives, which align goals of the health plan, practitioners and health plan staff.

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<sup>1</sup> Source of National Aims: Report to the U.S. Congress, National Strategy for Quality Improvement in Health Care, November, 2016. Accessed from AHRQ.gov 2.4.21

<sup>2</sup> Source of National Priorities: National Priorities Partnership convened by the National Quality Forum, November 2008

### MEMBER/PRACTITIONER SATISFACTION

- ◆ Achieve and maintain scores for CAHPS Rating of Health Plan measure that exceeds the 90<sup>th</sup> national percentile.
- ◆ Achieve and maintain scores for CAHPS member satisfaction measures that meet or exceed the 90<sup>th</sup> national percentile.
- ◆ Achieve member satisfaction results for 'Physician Group of Capital Health Plan' practitioners that are superior to affiliate network practitioners.
- ◆ Maintain optimal practitioner satisfaction by targeting issues identified through practitioner surveys.

### ACCESS AND AVAILABILITY TO CARE AND SERVICES

- ◆ Maintain affordability of CHP's products;
- ◆ Provide a superior level of access to urgent care, primary care, eye care, infusion services and other network services; Continually improve member access to health services, with particular emphasis on vulnerable populations (ex. Nancy Van Vessel's Center for Healthy Aging); and
- ◆ Strive to meet member expectations by achieving access and availability targets.

### CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES

- ◆ Evaluate cultural needs of members including race, ethnicity and language; implement interventions to improve the availability of services when improvement opportunities are identified
- ◆ Maintain compliance with Affordable Care Act; Section 1557 (took effect in 2016).

### PATIENT SAFETY

- ◆ Monitor and implement interventions to improve performance on HEDIS patient safety measures.
- ◆ Monitor and address adverse events, medication errors, adverse drug events and quality of care issues through incident reporting, analysis and interventions.
- ◆ Provide members with access to provider and practitioner patient safety information.
- ◆ Conduct reporting of patient safety data according to applicable state and federal regulations.
- ◆ Implement interventions to ensure safety at CHP facilities through the CHP Safety Committee.

### QUALITY IMPROVEMENT/ ACCREDITATION

- ◆ Maintain an NCQA Commercial Star rating of 5.
- ◆ Maintain NCQA Commercial Accreditation.
- ◆ Maintain compliance with state and federal regulations related to quality improvement.
- ◆ Implement QI initiatives according to priorities outlined in the 2022 QI Work plan:
  - Priority 1 improvement opportunities: implement areas that will have the most impact on all 3 ratings (Accreditation, NCQA Health Plan ratings, and STARS) as well as new interventions, or enhance current QI initiatives that are furthest away from the 90<sup>th</sup> national percentile.
  - Priority 2 improvement opportunities: implement areas that will impact at least 2 of the ratings scores (Accreditation, NCQA Health Plan ratings, and STARS) and continue to monitor and/or enhance current QI initiatives that the Health Plan is performing closer to the 90<sup>th</sup> national percentile.
  - Priority 3 improvement opportunities: implement areas that will impact at least 1 of the ratings scores (Accreditation, NCQA Health Plan ratings, and STARS) and continue to monitor and/or enhance current QI initiatives that the Health Plan is performing at or about the 90<sup>th</sup> national percentile.
- ◆ Integrate quality improvement (QI) processes throughout Capital Health Plan and its delivery system, striving to integrate QI at every level of the organization.
- ◆ Integrate procedures for monitoring and ensuring compliance with NCQA standards to departments that provide the specified services. Maintain overall oversight monitoring procedures to ensure that CHP achieves the highest accreditation scores possible that will contribute to optimal national ratings.
- ◆ Allocate and distribute resources necessary to support QI initiatives.
- ◆ Integrate enrollee feedback into the design of the QI program through analysis of member satisfaction and complaint data.
- ◆ Set performance targets based on the national 90<sup>th</sup> percentile for measures when available
- ◆ Expand and standardize quality measurement and reporting capabilities through the medical network.
- ◆ Develop the capability to conduct a virtual on-site NCQA survey.
- ◆ Develop the capability to submit HEDIS data electronically (new ECDS measures).
- ◆ Develop procedures to provide timely and accurate HEDIS member and physician level data available for QI interventions.

## ACCOUNTABILITY OF THE GOVERNING BODY

The Capital Health Plan Board of Directors maintains the ultimate accountability for the QI program. The Healthcare Delivery Committee, a committee of the Board, provides direct oversight to the QI program through quarterly review of program activities. This Board committee reports directly to the Board of Directors on a quarterly basis.

## ACCOUNTABILITY OF QUALITY COMMITTEES

The Board of Directors and Health Delivery Committee have delegated the direct responsibility and authority for QI Program oversight to the Plan's Quality Improvement Management Team (QIMT). The Quality Improvement Management Team consists of key CHP senior managers, Medical Directors, Associate Medical Directors, department directors, and managers. QIMT relies on the following committees to oversee specific aspects of the QI program:

- ◆ Quality Improvement Committee (QIC): coordinates, provides oversight to clinical improvement activities.
- ◆ Medication Management Committee: coordinates pharmacy QI activities and safe medication practices, and provides oversight for delegated procedures, including the formulary.
- ◆ The Pharmacy Continuous Quality Improvement Committee: reviews pharmacy data and information about medication quality-related events that occur within CHP health centers.
- ◆ Credentials Committee: reviews practitioner/provider information during initial credentialing/recredentialing; makes approval decisions, or recommendations for adverse decisions related to network participation.
- ◆ Compliance Committee: provides oversight for CHP's Compliance and HIPAA programs.

## QUALITY COMMITTEES: MEETING/DECISION-MAKING PROCEDURES

- ◆ Quality committees meet according to their planned schedule unless the chairperson cancels or reschedules a meeting, or the committee does not have a quorum for a specific meeting.
- ◆ A quorum for a meeting is met when the minimum of 50% of the committee members are present.
- ◆ Quality committees document the outcome of their meetings through meeting minutes. Committee members are offered the opportunity to review and suggest revisions to meeting minutes. The chairperson of each committee signs final meeting minutes to attest to committee acceptance of the minutes. All committee documentation is marked "confidential records for quality and/or peer review".
- ◆ Decision-making procedures:
  - ◆ Each committee member is entitled to one vote per decision.
  - ◆ Decisions are made by majority vote.
- ◆ Credentials Committee - decision-making procedures:
  - ◆ Each committee member reviews a checklist for practitioners and/or providers that have not been approved by Associate Medical Director. The checklist that the committee reviews outlines compliance with each credentialing or re-credentialing requirement.
- ◆ The committee reviews and evaluates information and discusses issues of concern before making a decision. The committee makes approval decisions related to initial credentialing and re-credentialing. The committee may make a recommendation to the CHP Senior Management Team for an adverse decision related to network participation. In this case, the Senior Management Team would make a final decision.

## ACCOUNTABILITY OF KEY CHP MANAGERS

The Chief Executive Officer (CEO) has the ultimate responsibility for the overall coordination and direction of the QI program. The CEO's active participation ensures that the Plan's service and clinical improvement initiatives receive appropriate integration and linkage to CHP's strategic planning and budgeting processes, including allocation of financial and human resources for QI initiatives.

- ◆ The CHP Board of Directors and CEO appoints a primary care physician from the Physician Group of Capital Health Plan as the physician responsible for the QI program. This physician works to integrate and implement QI activities collaboratively with network practitioners and providers.
- ◆ The appointed primary care physician from the Physician Group of Capital Health Plan chairs the Quality Improvement Committee, and participates on the Medication Management Committee. An Associate Medical Director chairs the Credentials Committee, and works together to integrate and implement QI activities collaboratively with network practitioners
- ◆ The Senior Vice-President of Clinical Operations and Quality Improvement is an active member of QIMT, and is responsible for assuring that quality outcomes support the strategic initiatives of the Plan. The Senior Vice-President is responsible for reporting QI activities to the Board of Directors and providing feedback to the QIMT and QIC committees.
- ◆ The Senior Vice-President of Marketing and Administrative Services participates as an ad-hoc member of QIMT. The Senior Vice-President is responsible for communicating quality improvement activities to CHP's members through newsletters, member handbooks and other informational program materials. This Senior Vice-President provides oversight over benefit development/maintenance procedures, and develops member educational programs.
- ◆ The Director of Clinical Quality and Performance Improvement leads and coordinates the quality improvement program, and is responsible for the day-to-day operation of the program. The Director develops data collection tools, then collects, analyzes and presents quality data to internal and external audiences to identify and monitor improvement activities. The Director provides expertise in QI tools and methods to teach and facilitate a culture of

quality improvement at CHP. The Director is accountable for the administration of HEDIS, CAHPS, national performance measurement programs and improving Medicare Star ratings. The Director is accountable to ensure that CHP maintains compliance with NCQA, and regulatory standards related to quality improvement.

- ◆ The Compliance Officer is accountable for CHP's Compliance program. The Compliance Officer also functions as CHP's HIPAA Privacy Officer and Risk Manager (meeting State of Florida Risk Management requirements related to clinical operations). The Vice-President of Information Systems is the designated HIPAA Security Officer. The two HIPAA officials work in partnership to provide leadership and coordination for CHP's HIPAA privacy and security program.

#### CONFIDENTIALITY OF MEMBER INFORMATION

All quality improvement practices and activities fully comply with the requirements established by CHP's HIPAA compliance program. CHP safeguards confidential information and only makes disclosures in accordance with state and federal law, as well as industry standards and professional ethics. Therefore, all records, writings, data, reports, information, and any other material labeled as "quality improvement" are held in strictest confidence. Clinical review and information used in activities and functions of the QI Program are appropriately safeguarded by CHP staff members and committee members whose duties require knowledge of, and access to this information.

#### QUALITY IMPROVEMENT PERFORMANCE INDICATORS/ ACTIVITIES

A number of performance indicators and activities exist to support the goals of the QI Program. They are evaluated and prioritized annually based on:

- ◆ Recommendations from the previous year's QI Program Evaluation
- ◆ Capital Health Plan's Strategic Plan
- ◆ HEDIS data analyzed at the health plan level, staff vs. affiliates, and individual physicians.
- ◆ CAHPS member satisfaction data analyzed at the health plan level, staff vs. affiliates, and State of Florida members.
- ◆ Medication therapy management measures
- ◆ Individual physician level performance measures (National Quality Forum measures)
- ◆ Hospital clinical quality and safety measures
- ◆ Practitioner satisfaction data
- ◆ Customer complaint and grievance data
- ◆ Analysis of clinical data, health risks, claims, demographic, race/ethnicity and language data
- ◆ Feedback from external customers
- ◆ Analysis of HEDIS/CAHPS data
- ◆ Performance data from quality indicators or accreditation/regulatory surveys
- ◆ Clinical and service improvement activities
- ◆ Care coordination data and indicators
- ◆ Hospital readmission data
- ◆ Risk management and patient safety data
- ◆ Population Health
- ◆ Disease management and complex care improvement program indicators
- ◆ Wellness and health promotion indicators
- ◆ Confidentiality/HIPAA indicators
- ◆ Practitioner quality review data
- ◆ Utilization management data
- ◆ Performance levels established by NCQA and federal and state governmental agencies

#### CARE FOR MEMBERS WITH COMPLEX HEALTH NEEDS

The CHP Case Management Program works with members with complex health needs to arrange and coordinate care and services. Members identified for the program include those with multiple chronic conditions and physical or developmental disabilities. Case managers assess their needs, and provide interventions up to and including complex case management.

CHP's Center for Complex Care provides a comprehensive teamwork approach to the medical care of members with chronic and complex conditions. The Center's physicians and staff work with members to support the physical, social and emotional aspects of chronic illness to achieve optimal clinical outcomes.

#### CONTINUITY/COORDINATION OF CARE

CHP monitors and analyzes data on an ongoing basis to ensure that members receive seamless, continuous and appropriate care. Specific indicators are routinely monitored that evaluate communication between medical services, and between medical and behavioral health services. The use of pharmacological medications is also routinely evaluated. Opportunities for improvement in the continuity and coordination of care are identified and addressed on an ongoing basis.

#### ADVERSE INCIDENTS AND QUALITY OF CARE ISSUES

The review and trending of adverse incidents (including adverse drug events and medication errors) and quality of care issues provides information on potential problems requiring further investigation. Investigation of individual events and trends in adverse incidents/quality of care issues are used to detect potential unsafe/ineffective treatments. Results from this activity may lead to interventions such as quality improvement activities, changes in policies, or clinical practice guidelines. Quality of care issues that are related to individual physicians are incorporated into recertification decisions.

**USE OF EXTERNAL CONSULTANTS**

CHP utilizes external board certified physician consultants to review and evaluate potential quality of care issues.

**DELEGATION**

Capital Health Plan delegates the following functions:

- ◆ Primary source verification for Credentialing is delegated to Verisys, Inc., an NCQA certified CVO (credentials verification organization).
- ◆ Credentialing of practitioners for telemedicine services is delegated to Online Care Network, an NCQA certified CVO.
- ◆ Utilization management decision-making for radiation oncology procedures has been delegated to AIM Specialty Health as of 01/01/2018. AIM is certified by NCQA in Utilization Management
- ◆ Web-based pharmacy claims and benefit information for all members with a pharmacy benefit are delegated to Prime Therapeutics, a pharmacy benefit management organization. Formulary development and maintenance, pharmacy utilization management criteria and determinations are also delegated to Prime Therapeutics.
- ◆ CHP provides member experience and/or clinical performance data as part of delegation agreements, if requested by the delegate. CHP provides a report with trended data results that are specific to the performance of the delegate.

**REGULATORY AND ACCREDITING BODIES**

Capital Health Plan maintains compliance with all regulatory and accrediting bodies overseeing managed care organizations. These regulatory/accrediting bodies include the following:

- ◆ National Committee for Quality Assurance (NCQA) – accreditation organization
- ◆ Florida Department of Health/ Agency for Healthcare Administration (AHCA)
- ◆ Office of Insurance Regulation

Compliance with these agencies includes, but is not limited to the following:

- ◆ Participating and coordinating quality/clinical site visits and inquiries by government regulatory agencies.
- ◆ Partnering with CHP’s Compliance Program to implement and monitor compliance with new and existing HIPAA regulations.
- ◆ Preparing and submitting required regulatory reports and filings in a timely manner.
- ◆ Achieving minimum performance levels or above as required.
- ◆ Preparing, implementing and monitoring improvement plans as necessary.

**ANNUAL QI PLAN EVALUATION**

The effectiveness of CHP’s quality improvement program is evaluated by annual evaluations for Commercial and Medicare clinical and service performance measures, and evaluations for topics that include access, availability, continuity and utilization measures. The summary of effectiveness includes adequacy of QI program resources, QI committee structure, and practitioner participation and leadership involvement in the program. The health plan’s achievements are identified through this process. The need to restructure or change the QI program for the following year is addressed. The Quality Improvement Management Team and the CHP Board of Directors approve these evaluations on an annual basis.

**CHP Quality Committees**

Committee	Objectives	Membership
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<p>Quality Improvement Management Team (QIMT)</p> <p>Meets minimum of 4 times per year, more often as needed.</p>	<ul style="list-style-type: none"> <li>Review and approve the QI and Utilization Management program documents on an annual basis (program descriptions, work plans and program evaluations).</li> <li>Assess and ensure progress toward annual QI, and Utilization Management goals.</li> <li>Integrate the QI Program with strategic initiatives and budgeting processes.</li> <li>Incorporate quality at all levels of the organization</li> <li>Monitor and promote continual improvement in member and practitioner satisfaction surveys.</li> <li>Monitor and promote continual improvement in practitioner access and availability of services.</li> <li>Monitor and ensure compliance with accreditation and regulatory bodies. -</li> <li>Prioritize, select and provide oversight to service quality initiatives, including risk management, patient safety and language/diversity activities.</li> <li>Provide guidance and feedback to committees reporting to QIMT.</li> <li>Report Quality related concerns to the Health Delivery Committee of the Board of Directors</li> <li>Address and respond to Quality of Care issues</li> </ul>	<ul style="list-style-type: none"> <li>SR. Vice-President of Clinical Operations and Quality Improvement</li> <li>Medical Directors</li> <li>Associate Medical Directors</li> <li>Director, CQPI</li> <li>Director of Nursing</li> <li>Director of Nursing NVV Center</li> <li>Director of Care Coordination</li> <li>Claims Operations Director</li> <li>Accreditation Manager</li> <li>Network Services Manager</li> <li>Decision Support Systems Manager</li> <li>Ad-Hoc Corporate Compliance Officer/ Compliance Director</li> <li>CEO</li> </ul>
<p>Quality Improvement Committee (QIC)</p> <p>Meets minimum of 4 times per year.</p>	<ul style="list-style-type: none"> <li>Reviews and recommends revisions to QI program documents (program descriptions, work plans, program evaluations and quarterly reports) on an annual basis.</li> <li>Oversees and assess the results of the QI evaluation of activities.</li> <li>Review and approve Population Health and Case Management Program Descriptions and reports on at least an annual basis.</li> <li>Prioritize, select and monitor clinical quality initiatives, including behavioral health and patient safety.</li> <li>Provide clinical expertise, feedback and analysis for clinical performance indicators and quality activities.</li> <li>Provide oversight to wellness and preventive health activities.</li> <li>Review and approve clinical practice guidelines and preventive health guidelines at least every other year (according to established schedules).</li> </ul>	<ul style="list-style-type: none"> <li>PGCHP Staff Physicians Medical Director</li> <li>Practicing Network Physicians</li> <li>Network Psychiatrist</li> <li>Senior VP, Clinical Operations, QI</li> <li>Director, CQPI</li> <li>Director, Care Coordination</li> <li>Compliance Officer</li> <li>CHP Staff</li> <li>Director of Pharmacy Services</li> </ul>
<p>Compliance Committee</p> <p>Meets minimum of 4 times per year, more often as needed.</p>	<ul style="list-style-type: none"> <li>Review and approve policies, procedures and practices related to compliance and HIPAA regulations.</li> <li>Provide oversight for CHP's compliance and HIPAA programs.</li> </ul>	<ul style="list-style-type: none"> <li>Compliance Officer</li> <li>Chief Executive Officer</li> <li>Senior Vice Presidents</li> <li>Controller</li> <li>Directors</li> </ul>
<p>CHP Safety Committee</p>	<ul style="list-style-type: none"> <li>Review and approve policies, procedures and practices related to the safety within CHP facilities.</li> <li>Provide oversight for the implementation of safety procedures.</li> <li>Review incident reports regarding safety issues and recommend/approve solutions.</li> </ul>	<ul style="list-style-type: none"> <li>IT Security Administrator</li> <li>Director of Facilities</li> <li>Sr. VP of Operations</li> <li>Director of Nursing</li> <li>Telecommunications Administrator</li> <li>Directors, Supervisors and Managers representing all CHP locations</li> </ul>
<p><b>Committee</b></p>	<p><b>Objectives</b></p>	<p><b>Membership</b></p>

<p>Medication Management Committee</p> <p>Meets minimum of 6 times per year, more often as needed.</p>	<ul style="list-style-type: none"> <li>• Monitor compliance with accreditation and regulatory requirements.</li> <li>• Review and approve pharmacy policies and procedures on an annual basis.</li> <li>• Review and approve delegate policies, procedures and formulary on an annual basis.</li> <li>• Review and approve utilization and clinical criteria pertaining to medication use.</li> <li>• Monitor and promote continual improvement in safe medication practices.</li> <li>• Develop interventions to improve performance measures related to medication use.</li> <li>• Collaborate with the pharmacy benefit management company (PBM) to resolve benefit and quality issues.</li> <li>• Review and analyze routine reports from the PBM; review and provide oversight over delegated functions.</li> </ul>	<ul style="list-style-type: none"> <li>• Medical Director</li> <li>• Associate Medical Director</li> <li>• Network Pharmacist</li> <li>• Practicing Network Physicians</li> <li>• Network Psychiatrist</li> <li>• CHP Staff</li> </ul>
<p>Pharmacy Continuous Quality Improvement Committee</p> <p>Meets 4 times per year.</p>	<ul style="list-style-type: none"> <li>• Review pharmacy data and information about medication errors and quality-related events that occur within CHP medical centers.</li> <li>• Recommend improvement interventions as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>• Chair-Appointed PGCHP Physician</li> <li>• Medical Director</li> <li>• Practicing Physicians</li> <li>• Network Pharmacist</li> <li>• Sr. VP of Operations</li> <li>• Director of Nursing</li> <li>• CSR Representative</li> <li>• Director of Urgent Care</li> <li>• Eye Care Representative</li> </ul>
<p>Credentials Committee</p> <p>Meets minimum of 4 times during each calendar year, more often as needed.</p>	<ul style="list-style-type: none"> <li>• Review and approve practitioners and providers into the CHP network based on specific credentialing/ recertification criteria.</li> <li>• Review and make recommendations for adverse decisions to the Senior Management Team.</li> <li>• Review and approve credentialing criteria, and policies and procedures on at least an annual basis.</li> <li>• Review and approve delegate credentialing policies and procedures on an annual basis.</li> <li>• Review and analyze delegate quarterly and annual credentialing reports; provide oversight over delegated functions in credentialing.</li> </ul>	<ul style="list-style-type: none"> <li>• Medical Director</li> <li>• Practicing Network Physicians</li> <li>• Manager, Network Services</li> </ul>