

CenCal Health

QUALITY ASSESSMENT AND IMPROVEMENT PROGRAM 2008

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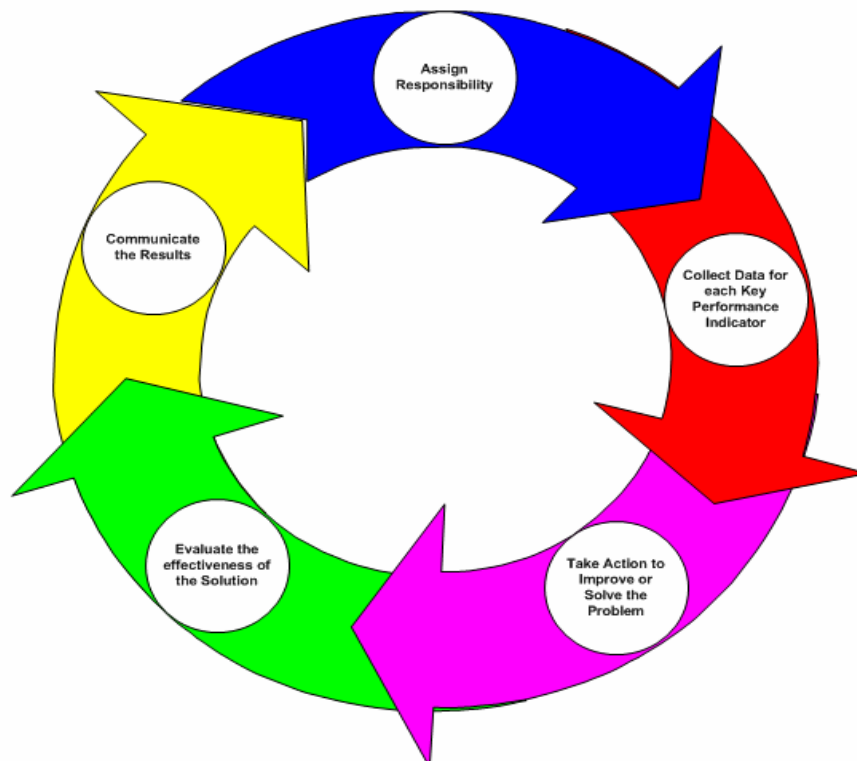
I. PURPOSE & THE QI PROCESS

CenCal Health holds a strong commitment to the delivery of quality health care services to its membership. The *purpose* of this Quality Assessment and Improvement Program (“QAIP”) is to define a process to continuously improve the quality of care, quality of service, and patient safety provided by CenCal Health and/or its contracted provider network. Its purpose is also to support those tactics outlined under the fourth objective of the CenCal Health’s Three Year Strategic Plan, *Continuous Improvement*. Accordingly, the QAIP is developed in tandem with annual revisions of the Three Year Strategic Plan.

Though CenCal Health’s quality program is overseen by the plan’s Administration, medical directors, and a Quality & Decision Support Department, the plan has not centralized responsibility for the execution of its quality functions under one department or individual. Rather, CenCal Health implemented a quality committee structure that leverages the multidisciplinary expertise of staff and practitioners that serve on distinct quality committees with specific quality improvement objectives. This approach has enhanced communication throughout the organization and integrated processes, thereby increasing the quality and efficacy of CenCal Health’s QAIP.

The QAIP is directed by various physician and non-physician committees and staff. Non-clinical committee members are qualified through work experience and/or through advanced educational degrees; clinical committee members may include, but are not limited to, physicians, nurses, pharmacists and allied health professionals.

The general concept of the QI process is illustrated and described below:



1. Assign responsibility for monitoring and evaluating activities.
2. Delineate the scope of quality of care, quality of service, and patient safety provided by the organization.
3. Identify important aspects of quality of care, quality of service, and patient safety provided by the organization.
4. Use measurable indicators to routinely and systematically monitor aspects of care, service and safety based on current knowledge or proven industry methodologies.
5. Identify comparable benchmarks and/or thresholds and goals for meaningful, industry-standard, performance indicators.
6. Monitor the important aspects of quality of care, quality of service, and patient safety, by collecting and organizing data for each indicator.
7. Evaluate quality of care and service when benchmarks and/or goals are reached, or when measurements fall outside thresholds, and identify opportunities to improve or correct problems.
8. Identify barriers to improvement that are directly associated with continued improvement, and assess the potential for CenCal Health to mitigate each barrier and resolve identified problems.
9. Based on identified barriers, design relevant, strong and timely interventions and take action to improve or correct identified problems.
10. Evaluate the effectiveness of those actions using comparable measurements.
11. Communicate results to the relevant committees, individuals, departments and to appropriate committees and CenCal Health's Administration.
12. At an appropriate interval re-evaluate performance using comparable measurements; assess performance relative to benchmarks, thresholds and/or goals; and identify remaining barriers. Based on findings implement new and/or improved interventions as necessary.
13. Continue QI cycle as warranted.

This document describes how this general approach to quality monitoring and improvement is achieved at CenCal Health, as it is CenCal Health's responsibility to set appropriate goals and objectives for staff and those involved in the QI process. This is accomplished through a description of the QAIP's scope, goals and objectives in Section II, a narrative description of the quality committee structure in Sections III, IV and V, concluding with tables of organization showing reporting relationships, membership, a yearly meeting calendar and CenCal Health's policy concerning the availability of QI documents. To assure appropriate resources to support the quality function, an agency wide Work Plan (separate document) is annually developed in congruence with the QAIP and CenCal Health's Strategic Plan.

II. SCOPE, GOALS & OBJECTIVES

The *scope* of the QI process as it is performed at CenCal Health encompasses the following:

1. Quality and safety of clinical care services including, but not limited to:
 - preventive services
 - chronic disease
 - perinatal care
 - family planning services
 - behavioral health care services
2. Quality of nonclinical services including, but not limited to:
 - availability
 - accessibility
 - coordination and continuity of care
 - grievance process
 - marketing and information standards
3. Standards for patient safety including, but not limited to:
 - facility site reviews
 - credentialing of practitioners
 - quality of care/peer review
4. A QI focus which represents the entire range of care provided, including all demographic groups, care settings (e.g. emergency services, inpatient, ambulatory, and home health), and types of service (e.g. primary, specialty and ancillary).

The *goal* of the QAIP is to objectively and systematically monitor and evaluate, pursue opportunities to improve, and resolve identified problems related to the:

1. Quality and safety of healthcare and service provided by CenCal Health's provider network,
2. Quality of services provided by CenCal Health to its members, providers, the community, and internal staff.

Accordingly, CenCal Health's Quality Improvement Committee (described in Section V.i) has approved QI *objectives* (see "Quality Objectives Master Summary" document) and their respective key performance indicators as service and care areas to be monitored, improved, and/or pursued as a Quality Improvement Activity (QIA) as part of the QAIP process in 2008. To assure appropriate analysis by the HOC, MAC, and/or QIC committees, QIAs are reported using the National Committee for Quality Assurance's (NCQA) standardized QIA reporting format. Key Performance Indicators (KPIs) are monitored using CenCal Health's standard quantitative reporting format, which include a *Measure Description, Strategic Importance, Benchmark or Goal, Conclusions & Actions, General Trend & Comparison to Benchmark or Goal, Caveats & Limitations*.

III. BOARD OF DIRECTORS AS GOVERNING BODY: DELEGATION OF QUALITY ACTIVITIES

On September 20th 2006, CenCal Health’s Board of Directors approved delegation of quality activities to CenCal Health staff via the Quality Improvement Committee, given the direct involvement in the implementation of QI activities by the CenCal Health’s Medical Director. The Board’s quality improvement role also includes the following:

1. Approve the QAIP and provide resources when required.
2. Review and update the QAIP at least annually.
3. Receive and review quarterly summary “dashboard” reports related to the quality and safety of patient care.

Meeting Frequency

The Board of Directors meets on at least a quarterly basis. Meeting agendas include recommendations for action as proposed by staff and advisory committees. The meetings are open to the public, and are publicized.

Membership

CenCal Health is governed by a 13-member Board of Directors. Board members are appointed for two-year terms, and member terms are staggered. The makeup of the Board is determined in accordance with the following membership requirements as established by Health and Safety Code 101690.

- 8 members are appointed by the Board of Supervisors of Santa Barbara County and 5 members are appointed by the Board of Supervisors of San Luis Obispo County.
 - The Board of Supervisors of Santa Barbara County appoints members to the Board of Directors as follows:
 - 3 members are elected or appointed officers or employees of Santa Barbara County, at least one of whom is a member of the Board of Supervisors.
 - 2 members are residents of Santa Barbara County, one of whom is a recipient of Medi-Cal, a recipient of Medicare, or a resident eligible to receive benefits and services under both Medi-Cal and Medicare, and the other member is a representative of a community business that does not provide health care.
 - 3 members are representatives of providers of health care services in the county including:
 - 1 physician appointed by the Santa Barbara County Medical Society;
 - 1 hospital administrator; and
 - 1 non-hospital or non-physician health care provider.

- The Board of Supervisors of San Luis Obispo County appoints members to the Board of Directors as follows:
 - 2 members are elected or appointed officers or employees of San Luis Obispo County, at least one of whom is a member of the Board of Supervisors.
 - 1 member is a resident of San Luis Obispo County and is a recipient of Medi-Cal, a recipient of Medicare, or a resident eligible to receive benefits and services under both Medi-Cal and Medicare.
 - 2 members are representatives of providers of health care services in San Luis Obispo County, including 1 physician who is appointed by the San Luis Obispo County Medical Society, and 1 hospital administrator who is appointed by the local hospital council.
- Each hospital administrator appointee must be unaffiliated with the hospital group, network, or corporate entity of the other hospital appointee, and each physician appointee must be unaffiliated with the group, network, or corporate entity of the other physician appointee.
- Appointments of Medi-Cal and Medicare beneficiaries shall not result in two members who are both recipients of Medi-Cal only or both recipients of Medicare only.

IV. BOARD ADVISORY COMMITTEES

i. Provider Advisory Board (PAB)

The purpose of the PAB is twofold: 1) to offer input to the Board of Directors regarding major policy decisions, and 2) to provide staff with input regarding how the provider community perceives new rollouts and ongoing operations.

Function

Provide guidance for enhancements to the provider grievance system and provider satisfaction with health plan processes.

- Provide input regarding provider communications materials and education.
- Make recommendations regarding provider quality improvement activities (e.g. provider access survey, network management, corrective action, provider contracting).
- Review of aggregate data related to service delivery, access, and compliance with corrective actions.

Membership

Membership is comprised of five or more physician or non-physician members as well as a maximum of two pharmacists representing the contracted provider community for CenCal Health's programs. In addition, non-voting members consist of the Director of Provider Services and the Provider Services Quality Improvement Manager. CenCal Health's Director of Provider Services or designee is the non-voting Chairperson of the Committee.

Meeting Frequency

The committee meets on a quarterly basis or as needed.

ii. Community Advisory Board (CAB)

The CAB provides member and community input into CenCal Health's quality improvement process. The CAB reviews and comments on proposed policies and actions of the Board of Directors that pertain to arrangements for health care.

Function

- Provide input for service enhancements upon review of trends of member dissatisfaction issues.
- Review and provide input regarding Member Rights and Responsibilities and various member communication and educational materials to include culturally language appropriate for limited English proficient (LEP) members.
- Make recommendations regarding member quality improvement activities (e.g. member satisfaction survey).

Membership

The Member Services Director is responsible for membership recruitment and retention and coordination of the meetings and agendas. The Member Services Director is the non-voting Chairperson of the Committee. In accordance with the Health & Safety Code, 101685, the CAB's membership consists of individuals who represent community and consumer interests, who do not directly earn their income from the provision of medical services.

Meeting Frequency

The committee meets on at least a quarterly basis.

V. QUALITY COMMITTEES

i. *Quality Improvement Committee (QIC)*

QIC Charter

The QIC is responsible for the monitoring and enhancement of organization-wide quality improvement processes to ensure the delivery of quality customer service and access to high quality medical services. It is the responsibility of the QIC to assure that all QI activities represent the entire range of care provided, including all demographic groups, care settings, and types of service. The committee also reviews policy recommendations from the Medical Advisory Committee (MAC) and Healthcare Operations Committee (HOC) and appropriately advises the Board of Directors. The QIC continually strives for excellence and quality in health care delivery and service to CenCal Health's members, providers, internal customers and the community by pursuing meaningful and measurable activities to improve and perfect processes, outcomes, and satisfaction.

QIC Objectives

- Ensure the proper delegation of responsibilities by the MAC and HOC to the appropriate quality committees.
- Ensure quality committees have access to timely information regarding requirements to ensure prompt implementation of processes.
- Ensure QIC members can have a candid discussion as to the barriers to achievement of quality improvement committees' goals and objectives, and to facilitate the removal of these barriers as much as possible.

QIC Responsibilities

- Oversee the appropriate development and administration of relevant policies and procedures.
- Recommend policy decisions to CenCal Health's Administration and Board of Directors.
- Approve appropriate quality improvement committees indicators for the following processes: Access Monitoring, Care and Service Indicators, & Quality Improvement Projects.
- Review of reports from the HOC and MAC regarding monitoring of health plan functions and activities. Initiate interventions or corrective actions to ensure follow-up when indicated.
- Oversight of the development and annual review of the QAIP, quality improvement activities (QIAs), Work Plan, and Work Plan Evaluation.
- Annual analysis and evaluation of the effectiveness of quality improvement activities, and achievement of Work Plan goals.

QIC Membership

Deputy Chief Executive Officer (Quality Improvement Committee Chair)
Medical Director (Medical Advisory Committee Chair)
Chief Operating Officer (Health Care Operations Committee Chair)
Director, County Public Health Department (physician, non-staff)
Director of Medical Affairs, Cottage Hospital (physician, non-staff)
Medical Director, Community Health Centers of the Central Coast (physician, non-staff)
Chief Executive Officer (CenCal Health)

QIC Reporting Structure

The QIC reports to the Board of Directors on a quarterly basis. The Chair of the QIC ensures these quarterly reports are submitted in accordance with CenCal Health's contract with the Department of Health Care Services (DHCS) as a component of CenCal Health's monthly submission of Board of Directors materials to its Contracting Officer at DHCS.

ii. Health Care Operations Committee (HOC)

HOC Charter

The HOC is a multidisciplinary committee designed to develop, implement and monitor key operational policies and procedures. The purpose of this committee includes but is not limited to: policy development, discussion of identified operational issues, monitoring of key quality indicators as reported up through subcommittees to identify areas of opportunity to improve processes, oversee interventions, and achieve regulatory and/or contractual compliance.

HOC Objectives

- Ensure quality improvement committees, via departmental QI workplans, have adequate and available resources to accomplish committee goals and objectives in line with the mission and strategic goals of CenCal Health. Resources evaluated include, but are not limited to, availability of staff, data and information, analytical tools and expertise.
- Ensure the health plan's structure and administrative processes are efficient and compliant with applicable regulatory, accreditation, contractual, audit, and public reporting standards.

HOC Responsibilities

- Identify indicators to be monitored by its subcommittees and select opportunities for improvement.

- Refer trends and/or potentially problematic patterns of care, service or patient safety to appropriate QI subcommittees for further review and evaluation.
- Assure that appropriate analysis is reported to the QIC for additional quality improvement monitoring.

HOC Membership

Chief Operating Officer (Health Care Operations Committee Chair)
Medical Director (Medical Advisory Committee Chair)
Director of Member Services (Member Support Committee Chair)
Director of Provider Services (Network Management Committee Chair)
Director of Claims Operations (Claims Quality Committee Chair)
Director of Health Services (Clinical Management Committee Chair)
Provider Services QI Manager (Delegation Oversight Committee Chair)
Director of Quality & Decision Support (Decision Support)
Director of Information Technology (Information Technology)
Compliance Coordinator (Administration)

iii. Member Support Committee (MSC)

MSC Charter

The MSC oversees those processes that assist CenCal Health's members in navigating CenCal Health's system to ensure that members are confident that they will receive the appropriate care from providers and excellent service from the health plan. This committee provides oversight of service indicators as defined by the monitoring process, analysis, action and measurement. Through monitoring of appropriate indicators, MSC will identify areas of opportunity to improve processes and implement interventions. The committee also works on state-mandated QIAs as appropriate to this committee's charter and any Quality Improvement Activities within the scope of this committee and its Member Materials/Cultural & Linguistic and Special Handling Workgroups.

MSC Objectives

- Ensure CenCal Health members have an understanding of their health care system and know how to obtain care and services when they need them.
- Ensure CenCal Health members will have their concerns resolved quickly and effectively and have the right to voice complaints or concerns without fear of discrimination.
- Ensure CenCal Health members can trust that the confidentiality of their information will be respected and maintained.
- Ensure CenCal Health member's eligibility will be immediately recognized by participating providers to ensure prompt medical care.

- Ensure CenCal Health members have access to “appropriate language” providers for Primary Care Physician selection.
- Ensure CenCal Health members have access to “appropriate” language interpreter services at no charge when receiving medical care and may file a complaint if their language needs are not met.
- Ensure CenCal Health members can have a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Ensure CenCal Health members can reach the Member Services Department quickly and be confident in the information they receive.

MSC Responsibilities

- Ensure achievement of member service goals and objectives.
- Determine and establish a reporting calendar that delineates the reports to be submitted, the reporting frequency, and months reports are due to MSC and other quality committees as agreed upon and approved by the HOC and the QIC as appropriate.
- Review service indicators to identify areas for improvement in services rendered to CenCal Health members.
- Ensure compliance with applicable regulatory, accreditation, contractual and public reporting standards.
- Evaluate overall effectiveness of applicable service quality improvement activities.
- Oversee the appropriate development and administration of relevant policies and procedures.
- Develop, maintain and disseminate CenCal Health’s Member Rights and Responsibilities policy to members and providers.
- Develop, maintain and disseminate CenCal Health’s member materials to ensure compliance with applicable regulations, cultural and language appropriate standards, and alignment with the health plan’s strategic goals for member education and satisfaction.
- Oversee the solicitation of member input on quality improvement activities through the Community Advisory Board.
- Oversee the resulting data from Member Satisfaction Surveys identifying areas of opportunity for improvement in services to CenCal Health members, their implementation and the monitoring of such activities.

- Interfaces with Network Management Committee and Clinical Management Committee for trends, patterns, corrective actions and outcomes of reviews.
- Provide support to reach CenCal Health's strategic goals and mission relevant to the QAIP.
- Oversight, monitoring and evaluation of CenCal Health's health education promotion and activities.

In addition to the above, the MSC is responsible for development of appropriate indicators, analyzing results, developing necessary interventions and re-measuring results for the following sub-processes:

- *Health Plan Responsiveness*: Responsiveness to member inquiries to ensure timely and appropriate resolution.
- *Enrollment*: Enrolling members and communicating eligibility to providers and members.

MSC, with the oversight of the HOC and approval from the QIC, has determined that the following processes directly impact member satisfaction and various regulatory and contractual obligations. These processes and their indicators will be monitored, evaluated by this committee, and reported to the QIC with any recommended corrective action plans.

- Oversee timely resolution of member to health plan interactions.
- Oversee appropriateness of resolution of member inquiries/requests for assistance, through monitoring aggregate outcomes for each indicator.
- Oversee the timeliness and accuracy of member eligibility-related changes, including additions, terminations, and corrections within the health plan's current ability for control of eligibility and demographic data.
- Oversee the timely communication of eligibility status to members.
- Oversee the timely communication of member eligibility to providers.

MSC Membership

Director of Member Services (Member Services) (Chair)
Operations Manager, Member Services (Member Services)
General Accounting Manager (Finance)
Provider Services Representative (Provider Services)
Grievance & Quality Improvement Manager, (Member Services)
Quality Management Specialist (Health Services)
Claims Billing Specialist (Claims Operations)
Community Advisory Board Member
Marketing and Community Relations Manager (ad hoc)

iv. Network Management Committee (NMC)

NMC Charter

The NMC oversees those processes that assist CenCal Health in maintaining access to an adequate network of providers for the provision of health care benefits to members and to ensure that providers are confident that they will receive excellent service from the health plan. This committee will provide oversight of service indicators as defined by the monitoring process, analysis, action and measurement. Through monitoring of appropriate indicators, NMC will identify areas of opportunity to improve processes and implement interventions, and also to include any future State-mandated QIA appropriate to this committee's charter and any quality improvement activities within the scope of the committee.

NMC Objectives

- Ensure CenCal Health providers have an understanding of the health plan and health network and know how to obtain services they need for their patients.
- Ensure CenCal Health providers will have their concerns resolved quickly and effectively, and have the right to voice complaints or concerns without fear of termination.
- Ensure CenCal Health providers have access to accurate and timely eligibility information to ensure prompt medical care to members.
- Ensure CenCal Health providers have access to appropriate language assistance, including interpreter services, to ensure prompt medical care for their patients.
- Ensure CenCal Health providers can have a candid discussion of appropriate or medically necessary treatment options for their patients' conditions, regardless of cost or benefit coverage.
- Ensure CenCal Health providers can reach our Provider Services, Health Services, Member Services, and Claims departments quickly and be confident in the information they receive.

NMC Responsibilities

- Ensure achievement of service to meet providers' goals and objectives.
- Maintain a reporting calendar that delineates reports to be submitted for the committee's review, the reporting frequency, and the months that reports are due.
- Review service indicators to identify areas of improvement for services rendered to CenCal Health providers.
- Ensure compliance with applicable regulatory, accreditation, contractual, and public reporting standards.

- Evaluate overall effectiveness of applicable service, quality, and improvement activities.
- Oversee the appropriate development and administration of relevant policies and procedures, including periodic review and revision.
- Develop, maintain, and disseminate CenCal Health's provider materials as per regulatory requirements and in alignment with the health plan's strategic goals for provider education and satisfaction.
- Oversee the solicitation of provider input on quality improvement activities through the Provider Advisory Board and surveys.
- Oversee the resulting data from provider satisfaction surveys, inquiries, complaints, appeals, PCP requests for member reassignment, and terminations to identify areas of opportunity for improvement in services to CenCal Health providers, including the implementation and monitoring of such activities.
- Interface with MSC and the Clinical Management Committee for trends, patterns, corrective actions, and outcomes of reviews.
- Provide support to CenCal Health's management and staff on goals relevant to the QAIP.
- Develop appropriate indicators, analyze results, develop necessary interventions, and re-measure results for the following sub-processes: Access Monitoring, Service Indicators, & Quality Improvement Activities.

NMC Membership

Director of Provider Services (Provider Services) (Chair)
Provider Services QI Manager (Provider Services)
Provider Services Representatives (Provider Services) (4)
Quality Management Specialist (Health Services)
Member Services Supervisor (Member Services)
Information Technology Manager (Information Technology)
Director of Claims Operations (Claims Operations)
Recoveries Coordinator (Finance)
Compliance Coordinator (Administration)

v. *Claims Quality Committee (CQC)*

CQC Charter

The CQC oversees those processes that affect the accuracy and speed at which claims are processed. This committee will provide oversight of service indicators as defined by the monitoring process, analysis, action and measurement. Through monitoring of appropriate indicators, CQC will identify areas of opportunity to improve processes and implement interventions.

CQC Objectives

- Ensure timely and accurate processing of claims for CenCal Health providers through compliance with applicable regulatory, accreditation, contractual, and public reporting standards.
- Ensure CenCal Health providers' claims disputes are processed efficiently and in accordance with applicable regulatory and contractual guidelines.

CQC Responsibilities

- Review of timeliness and accuracy indicators to identify areas of improvement for processing claims for CenCal Health providers.
- Interface with NMC and MSC for identification of trends, patterns, and development and implementation of corrective actions; assign responsibility for resolution of inter- and intra-departmental operational issues that may be adversely affecting claims processing.
- Provide support to reach CenCal Health's strategic objectives and mission relevant to the QAIP.

CQC Membership

Director, Claims Operations (Claims) (Chair)
Claims Reimbursement Supervisor (Claims)
Reimbursement Configuration Analyst (Claims)
Claims Quality Coordinator (Claims)
Member Services Billing Coordinator (Member Services)
Compliance Coordinator (Administration)
Pharmacy Information Resources Project Manager (Decision Support)
Information Technology Manager (Information Technology)
Recoveries Coordinator (Finance)
Provider Services Representative (Provider Services)

vi. Delegation Oversight Committee (DOC)

DOC Charter

The Delegation Oversight Committee (DOC) is responsible for developing and overseeing agreements between CenCal Health and its delegated entities. The National Committee for Quality Assurance (NCQA) defines delegation as: “a formal process by which an organization gives another entity the authority to perform certain functions on its behalf. Although an organization can delegate the authority to perform a function, it cannot delegate the responsibility for ensuring that the function is performed appropriately. An organization is ultimately accountable for all functions performed within its purview, whether performed by the MCO itself, by a delegate or by any sub delegates”.

CenCal Health mirrors NCQA standards per policy, except in those instances when other regulatory standards take precedence or when following NCQA standards is otherwise not feasible. Toward that end, the DOC will: identify potential delegates, perform pre-delegation assessments, draft delegation agreements, and oversee delegated functions with the intent of complying with the relevant NCQA standards. If opportunities for improvement are identified through the oversight process, the DOC may implement interventions or recommend corrective actions. Functions that may be delegated include: credentialing, member rights and responsibilities, quality improvement, and utilization management. CenCal Health will delegate any or all of these functions to qualified entities as needed to ensure quality care for members, serve the provider network, avoid duplication of efforts, and for contractual purposes.

DOC Objectives

- Identify entities to which functions can be delegated to serve the member population and provider network most effectively.
- Assess the capacity of potential delegates to perform delegated functions while meeting CenCal Health and NCQA standards.
- Draft delegation agreements to delineate the responsibilities of both the delegate and the delegator.
- Perform monitoring activities as described in the delegation agreement to ensure delegate is meeting expectations and performing delegated functions appropriately.
- Implement interventions and/or recommend corrective actions as needed when opportunities for improvement are identified.
- Recommend that delegation agreements be terminated if delegate is unable or unwilling to meet expectations despite appropriate interventions or requests for corrective actions.

DOC Responsibilities

- Ensure achievement of effective delegation arrangements to meet CenCal Health objectives.
- Maintain a reporting calendar that delineates reports to be submitted for the committee's review, the reporting frequency, and the months that reports are due.
- Review delegates' reports to ensure compliance with delegation agreements and identify potential areas for improvement.
- Implement interventions or recommend corrective action as needed for identified compliance issues.
- Ensure CenCal Health compliance with applicable regulatory, accreditation, and contractual standards relevant to delegation.
- Evaluate overall effectiveness of delegation arrangements.
- Oversee the appropriate development and administration of relevant policies and procedures, and delegation agreements, including periodic review and revision.
- Provide support to CenCal Health's management and staff on goals relevant to the QAIP.

DOC Membership

Provider Services QI Manager (Provider Services) (Chair)
Director of Legal Affairs (Administration)
Credentialing Specialist (Provider Services)
Utilization Management Supervisor (Health Services)
Director of Member Services (Member Services)
Health Services Pharmacy Technician (Pharmacy Services)

DOC Ad hoc Members

Contract Specialist (Administration)

vii. Medical Advisory Committee (MAC)

MAC Charter

- The MAC reports to the QIC and is responsible for annually providing input on CenCal Health's development of clinical strategies, such as clinical guidelines, disease management, health system management, and the adoption of new medical technologies.

MAC Responsibilities

The MAC oversees the activities of the Pharmacy & Therapeutics Committee, Clinical Management Committee, Peer Review Committee, and Credentials Committee. In addition to this oversight responsibility, the MAC's responsibilities include review and input on the following topics, including approval when appropriate:

- Clinical Practice Guidelines
- Facility Audit Process
- Formulary
- Preventive Health Guidelines
- Clinical Quality Indicators, including HEDIS
- Infection Control Standards
- Medical Record Keeping Standards including Continuity and Coordination of Care indicators
- Utilization Management Decision Review Guidelines, including consistency with Clinical Practice and Preventive Health Guidelines
- Review of Staying Healthy (IHEBA) and Initial Health Assessment Performance
- Under- and Over-utilization Monitoring
- Annual review of the QAIP, QAIP Workplan and clinical Quality Improvement Activities

MAC Membership

The MAC is comprised of eight providers from CenCal Health's provider networks, and CenCal Health's Medical Director, who chairs the committee.

The MAC's representation is appropriate to CenCal Health's practitioner network, and such representation is changed as necessary to provide expertise relevant to CenCal Health's quality management objectives. This Committee may, from time to time, create and appoint ad hoc committees as it deems necessary for its work. No more than six or less than a majority of the current Committee Members, whichever is less, may serve on any one ad hoc committee. The Committee may call in experts (non-Committee members) to assist in resolving issues and problems, or to provide expertise relevant to the Committee's goals.

To select members, staff make recommendations for committee appointment based on factors including, but not limited to, attendance, contribution, regional and professional representation, relevant expertise, and knowledge of the QM process. All members must sign a confidentiality statement.

viii. Provider Credentials Committee (PCC)

PCC Charter

The Credentials Committee provides guidance and peer input into CenCal Health's provider credentialing process.

PCC Responsibilities

The PCC is responsible for providing guidance and peer input into CenCal Health's provider credentialing process.

- Review and processing of requests of potential providers for initial and reappointment for participation in CenCal Health's provider network.
- Approval of providers' initial or subsequent credentials based on clinical competency and/or professional conduct.
- Review the provider credentialing policy annually and make recommendations for change, if any, to the Board of Directors.
- Review of provider profiles related to clinical performance.

PCC Membership

The Committee will consist of six (6) physician and one (1) chiropractic provider voting members who are contracted providers with CenCal Health and the following non-voting members: the Director of Provider Services, the Medical Director, the Director of Legal Affairs, the Provider Services Quality Improvement Manager, and the Credentialing Specialist. A Chairperson and a Co-Chairperson are elected from among the voting members, by the voting members.

ix. Peer Review Committee (PRC)

PRC Charter

The Peer Review Committee provides guidance and peer input into CenCal Health's practitioner peer review process.

PRC Responsibilities

The committee has the following responsibilities:

- To review member and provider clinical complaints, grievances, and issues involving clinical quality of care concerns, as deemed appropriate by the Medical Director.
- To determine corrective action when necessary.

PRC Membership

PRC consists of four licensed practicing physicians who may not concurrently serve on CenCal Health's PCC. CenCal Health's Medical Director and Associate Medical Director who oversee quality of care issues attend as non-voting members. To assure due process in the performance of peer review investigations, the Medical Director shall appoint other physician consultants as necessary to obtain relevant clinical expertise and representation by an appropriate mix of physician types and specialties.

x. Clinical Management Committee (CMC)

CMC Charter

The Clinical Management Committee (CMC), whose membership includes appropriate health professionals, oversees clinical quality improvement functions and provides consultation within CenCal Health to achieve the clinical goals of the QAIP. The CMC strives to continually improve clinical care and patient safety, prioritized based on the demonstrated needs of CenCal Health's membership. Through systematic and objective monitoring and oversight activities, the Committee promotes consistency in quality measurement and improvement functions. Its membership promotes the allocation of sufficient and appropriate staff resources, and access to relevant data and assessment tools to effectively manage clinical quality improvement.

CMC Objectives

- Proactively identify opportunities to improve clinical care and patient safety through review of clinical quality measures based upon professionally recognized standards of practice.
- Continually monitor and improve the quality, safety, and appropriateness of clinical care provided to members for both medical and behavioral health problems.
- Monitor clinically important demographic trends for variation in health care processes and/or outcomes, including both over and under-utilization.
- Establish thresholds and criteria that indicate acceptable levels of clinical performance and utilization.
- Identify comparable benchmarks and/or clinical performance goals.
- Monitor the investigation of clinical quality of care concerns and sentinel events and intervene as warranted to improve patient safety and quality of care.
- Implement timely interventions to improve clinical processes and outcomes.
- Quantify the impact of clinical quality management activities and report their effectiveness to governing bodies.

CMC Responsibilities

Measurement & Oversight of Providers

- *Primary Care Facility Site Audits & Medical Record Quality Audits:* CenCal Health conducts facility audits for new Primary Care Physicians (PCPs), and Obstetricians/Gynecologists who provide routine obstetrical care, and triennially for these providers as a requirement for participation in all CenCal Health programs. Plan wide facility site audit performance is overseen by the CMC.
- *Preventive Health and Non-preventive Clinical Practice Guideline Development & Adoption:* In consultation with the Medical Advisory Committee (MAC) and with network physician and specialty physician provider input when applicable, the CMC oversees development, adoption and promotion of nationally recognized preventive health, and non-preventive clinical practice guidelines for the provision of acute and chronic medical services.
- *Over & Under Utilization Monitoring:* Over and under-utilization monitoring is regularly accomplished by the CMC to facilitate the delivery of appropriate care. This is carried out through a defined process by which CenCal Health identifies potential problems and resolves actual problems that result in over or under-utilization of health care services.
- *Monitoring of Potential Quality of Care issues:* In addition to medical record review and under- and over-utilization monitoring, CenCal Health monitors providers by investigating clinical grievances, and all other sources of potential clinical quality of care issues, including but not limited to quality profiling as part of plan quality improvement activities, and the UM review process. There is a defined process for identifying and investigating potential problems.

Measurement & Oversight of Operations

- *Annual Work Plan Development & Review:* The CMC develops the clinical quality component of CenCal Health's Annual Work Plan and annually evaluates clinical quality improvement activities of the Work Plan.
- *Clinical Utilization Management:* The uniform application of authorization criteria is monitored to assure consistent processing of TARs and coordination of medical and health plan resources. Timeliness of utilization management decisions are summarized and reported to the CMC.
- *Disease Management Programs:* The Health Services Department identifies and prioritizes medical conditions within its member population that can benefit from population-based disease management programs. The CMC oversees the elements of such programs to assure consistency with nationally accepted standards for the development of disease management programs.
- *Identifying Clinical Indicators, Goals & Benchmarks:* Most indicators are mandated for reporting by CenCal Health's regulators. To every extent possible CMC utilizes nationally recognized methodologies to assure comparability to available benchmarks and the performances

achieved by plans serving like populations. Comparable benchmarks and/or goals that are based on industry-standard methodologies are reviewed by CMC to assess plan performance.

- *Managed Care Performance:* The CMC approves and systematically assesses, monitors, and evaluates plan performance against accepted clinical indicators, standards, and benchmarks. Identified variances are reviewed, and timely and meaningful actions are implemented to improve outcomes.

CMC Members

- Director of Health Services (Health Services, CMC Committee Chair)
- Associate Medical Director (Health Services)
- Director of Quality & Decision Support (Decision Support)
- Director of Pharmacy Services (Pharmacy Services)
- Quality Management Specialist (Health Services)
- Accreditation and Compliance Coordinator (Administration)

xi. Pharmacy & Therapeutics Committee (P&T)

The P&T Committee serves as the advisory committee to CenCal Health for the development and implementation of a plan-wide medication management program. The P&T Committee is responsible to provide guidance on development of a formulary to ensure optimal efficacy, safety, and cost-effectiveness of drug therapy.

Function

- Maintenance of a drug formulary based on an objective evaluation of efficacy, safety and cost-effectiveness of medications.
- Service in an advisory capacity to CenCal Health for all matters pertaining to the use of medication, including development of prescribing guidelines, protocols and procedures to promote high quality and cost-effective drug therapy.
- Review and evaluation of analyses including but not limited to population demographics, morbidities, health risks, and provider-specific and plan-wide utilization patterns for enrolled members.
- Any other issues related to pharmacy quality and usage.

Membership

The P&T Committee members include but are not limited to CenCal Health's Medical Director, Director of Pharmacy Services (Chairperson), two to four physicians, and two to four pharmacists.

VI. ROLE OF MEDICAL DIRECTOR

Responsibilities

The Medical Director has the overall responsibility for the clinical direction of CenCal Health's QAIP. Contained in this responsibility, the Medical Director ensures that the QAIP is adequate to monitor the full scope of clinical services rendered, and that identified problems are resolved and corrective actions are taken when necessary and appropriate.

The Medical Director serves as the Chair of the MAC and serves on the PCC, PRC and the P&T Committee. The Medical Director works directly with CenCal Health's Director of Pharmacy Services. Further, as Medical Director and member of the Quality Improvement Committee, the Medical Director annually oversees the approval of the clinical appropriateness of the QAIP.

Reporting Responsibility

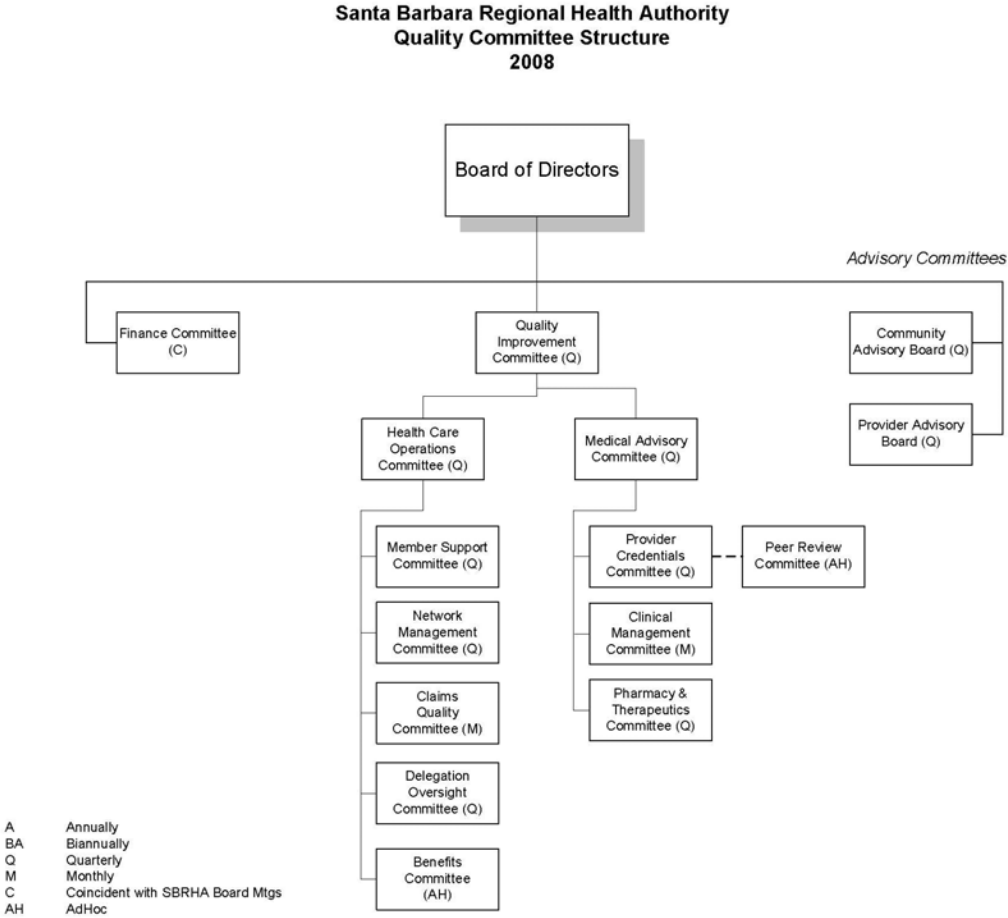
The Medical Director reports to and is supervised by the Chief Executive Officer. However, the Medical Director's job description specifies that the Medical Director has the ability and responsibility to inform the Chief Executive Officer, and if necessary the Board of Directors, if at any time the Medical Director believes his/her clinical decision making ability is being adversely hindered by administrative or fiscal considerations.

VII. ROLE OF ASSOCIATE MEDICAL DIRECTOR

The Associate Medical Director assists in the functions of the Health Services Department by collaborating with the Medical Director, Health Services staff, and other CenCal Health staff to oversee or carry out utilization management decisions, resolve clinical complaints and appeals, and provide physician input to peer review investigations, the provider credentialing process, and development and monitoring of the Authority's disease management programs. . The Associate Medical Director also serves on the PRC and CMC, and other staff teams and workgroups as appropriate. In the absence of the Medical Director, the Associate Medical Director functions as the Medical Director.

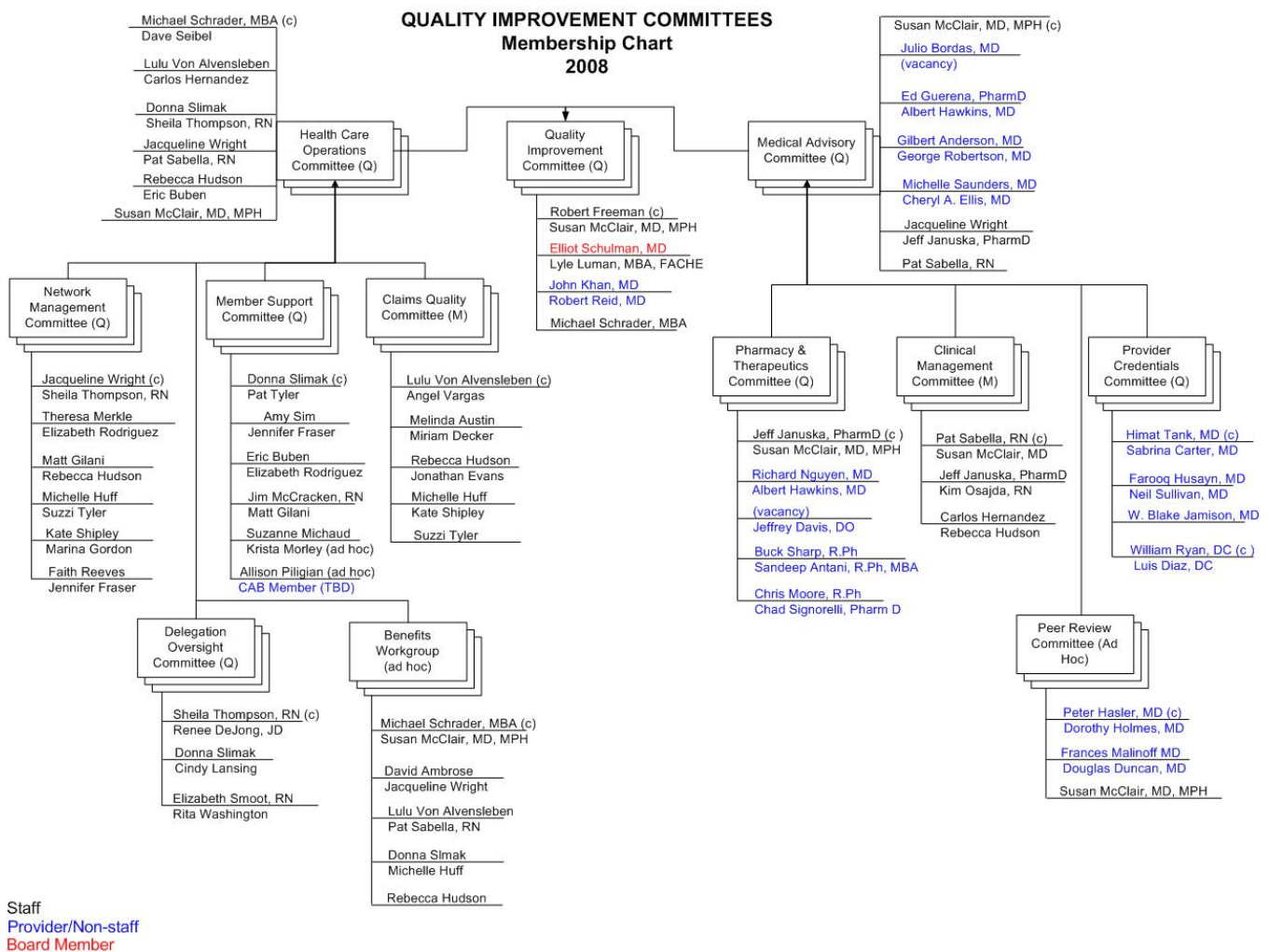
VIII. QUALITY COMMITTEE TABLE OF ORGANIZATION

The following organizational chart shows the key committees who advise CenCal Health’s Board of Directors and their reporting relationships:



IX. QUALITY COMMITTEE MEMBERSHIP

The following organizational chart shows specific committee membership for the QI functions of CenCal Health, and also illustrates reporting relationships between support staff and executive management (see “Membership” section under each QI committee description in Section V, “Quality Committees” for specific job position titles). Qualifications of staff responsible for QI studies and activities include an appropriate level of education, experience and training, which currently includes staff expertise in mathematics, IT programming, certified clinical coders, staff members of NCQA’s expert advisory panels that inform NCQA’s development of national quality measurement methodology and policy, two physicians, six registered nurses, and one attorney.



X. QUALITY COMMITTEE MEETINGS FOR CALENDAR YEAR

**2008
CenCal Health
Quality Committee Meeting Schedule**

	Q1			Q2			Q3			Q4		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
MAC		2nd Wed. evening			2nd Wed. evening			2nd Wed. evening			2nd Wed. evening	
CMC	1st Thurs. 2-3:30	1st Thurs. 2-3:30	1st Thurs. 2-3:30	1st Thurs. 2-3:30	1st Thurs. 2-3:30	1st Thurs. 2-3:30	1st Thurs. 2-3:30	1st Thurs. 2-3:30	1st Thurs. 2-3:30	1st Thurs. 2-3:30	1st Thurs. 2-3:30	1st Thurs. 2-3:30
P&T		3rd or 4th Tues		3rd or 4th Tues				3rd or 4th Tues			3rd or 4th Tues	
PCC	4th Wed.			4th Wed.			4th Wed.			4th Wed.		
PRC	ad hoc	ad hoc	ad hoc	ad hoc	ad hoc	ad hoc	ad hoc	ad hoc	ad hoc	ad hoc	ad hoc	ad hoc
HOC		3rd Mon. 10-12			3rd Mon. 10-12			3rd Mon. 10-12			3rd Mon. 10-12	
NMC		1st Tue. 2-3			1st Tue. 2-3			1st Tue. 2-3			1st Tue. 2-3	
MSC		2nd Wed. 2-3:30			2nd Wed. 2-3:30			2nd Wed. 2-3:30			2nd Wed. 2-3:30	
CQC		3rd Thurs. 10-11			3rd Thurs. 10-11			3rd Thurs. 10-11			3rd Thurs. 10-11	
DOC		1st Mon. 3-4			1st Mon. 3-4			1st Mon. 3-4			1st Mon. 3-4	
QIC		4th Thur. 4-5			4th Thur. 4-5			4th Thur. 4-5				1st Thurs. 4-5
BOD	Q4 '07 Report: 3rd Wed. evening			Q1 '08 Report in Brd Info Packet	Q1 '08 Report 3rd Wed. evening		Q2 '08 Report in Brd Info Packet		Q2 '08 Report 3rd Wed. evening	Q3 '08 Report 3rd Wed. evening		Q4 '08 Report at Jan '09 BOD

XI. AVAILABILITY OF QAIP TO PRACTITIONERS AND MEMBERS

The QAIP and prior year's QAIP Evaluation is available on CenCal Health's website at www.cencalhealth.org. These documents are also available on CenCal Health's employee intranet. Printed copies are available upon request.

**XII. UTILIZATION MANAGEMENT PROGRAM DESCRIPTION
(INCORPORATED AS A SEPARATE DOCUMENT)**