

**KERN HEALTH SYSTEMS
2020 QUALITY IMPROVEMENT WORK PLAN**

**Kern Health Systems
2021 Quality Improvement Program Work plan**

ACTIVITY	DETAIL/TASK	TARGET DATE	ACCOUNTABILITY	Risk	STATUS
I. QUALITY MANAGEMENT AND IMPROVEMENTS					
A. Annual Review/Approval of QI Program (QIP) Documents					
1. Approval QI Evaluation	Approval of 2020 QI Program Evaluation	9/1/2021	Chief Medical Officer (CMO) / QI Director	None	Board of Directors Meeting Agenda August 2021
2. Review/Update and Approval of QI Program Description	Approval of 2021 QI Program Description	9/1/2021	Chief Medical Officer (CMO) / QI Director	None	Board of Directors Meeting Agenda August 2021
3. Review/Update and Approval of QI Work Plan	Approval of 2021 QI Work Plan	9/1/2021	Chief Medical Officer (CMO) / QI Director	None	Board of Directors Meeting Agenda August 2021
B. Clinical - Focused Studies					
1. State Required				None	
a. Asthma Medication Ration PIP - Improving Asthma Medication Ratio Compliance in Children 5-21 years of age	18 month performance improvement project (PIP) overseen by HSAG focused on improvements with the Asthma Disease Management Program and Asthma Mitigation Project to increase correct medication usage by asthmatic members	Ongoing into 2022	Chief Medical Officer (CMO) / QI Director	None	Ongoing through 2022
b. Improving the Health and Well Being of low income children, ages 3- 21 years, through Well Child Visits (WCV)	18 month performance improvement project (PIP) overseen by HSAG focused on improvements with increasing the number of children ages 3 - 21 years old with completing an annual well care visit.	Ongoing into 2022	Chief Medical Officer (CMO) / QI Director	None	Ongoing through 2022
C. RY 2021 MCAS Monitoring (Medi-Cal) / Quality Measurements					
1. MCAS Audit Roadmap	Report to State EQRO Auditor - HSAG	1/29/2021	Director of QI/Director of Business Intelligence/Director of Claims/Director of IT/Chief Network Administration Officer	None	Completed
2. Configure MCAS/HEDIS software for new measures (Cotiviti)	Vendor, Cotiviti, to have all new measure configured, tested and changes approved by NCQA	3/31/2021	QI Director/ IT Director	None	Completed
3. Configure KHS data and reports for new measures	KHS to modify data receipt, storage and reports to meet new DHCS MCAS specifications	3/31/2021	QI Director/ IT Director	None	Complete
4. Educate KHS Staff on MY2021 measures	KHS to educate internal staff on new requirements for MCAS	3/31/2021	Chief Medical Officer (CMO)/ QI Director	None	Complete
5. Educate providers on MY2021 measures	KHS to educate providers on new requirements for MCAS	7/1/2021	Chief Medical Officer (CMO)/ QI Director/ PNM Director	None	In Progress
6. Antidepressant Medication Management – Acute & Continuation Phase Treatment (AMM-Acute and AMM-Cont)	Report final rate annually to QI/UM Committee/Board of Directors (BOD)/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
7. Asthma Medication Ratio (AMR)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
8. Breast Cancer Screening (BCS)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
9. Cervical Cancer Screening (CCS)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
10. Child and Adolescent Well-Care Visits (WCV)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
11. Chlamydia Screening in Women (CHL)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
12. Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) (CDC-H9)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
13. Controlling High Blood Pressure (CBP)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
14. Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
15. Immunizations for Adolescents: Combination 2 (IMA-2)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
16. Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
17. Prenatal and Postpartum Care: Postpartum Care (PPC-Pst)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
18. Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-Pre)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
19. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Assessment for Children/Adolescents (WCC-BMI)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress

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20. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Nutrition (WCC-N)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
21. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Physical Activity (WCC-PA)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
22. Well-Child Visits in the First 30 Months of Life (W30)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
23. Ambulatory Care: Emergency Department (ED) Visits (AMB-ED)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
24. Concurrent Use of Opioids and Benzodiazepine (COB)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
25. Contraceptive Care—All Women: Long Acting Reversible Contraception (CCW-LARC)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
26. Contraceptive Care—All Women: Most or Moderately Effective Contraception (CCW-MMEC)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
27. Contraceptive Care—Postpartum Women: LARC—3 Days (CCW-LARC3)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
28. Contraceptive Care—Postpartum Women: LARC—60 Days (CCP-LARC60)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
29. Contraceptive Care—Postpartum Women: Most or Moderately Effective Contraception—3 Days (CCP-MMEC3)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
30. Contraceptive Care—Postpartum Women: Most or Moderately Effective Contraception—60 Days (CCP-MMEC60)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
31. Developmental Screening in the First Three Years of Life (DEV)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
32. Follow-Up Care for Children Prescribed Attention-Deficit / Hyperactivity Disorder (ADHD) Medication: Continuation and Maintenance Phase (ADD-C&M)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
33. Follow-Up Care for Children Prescribed Attention-D (ADD-Init)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
34. Plan All-Cause Readmissions (PCR)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
35. Screening for Depression and Follow-Up Plan (CDF)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
36. Use of Opioids at High Dosage in Persons Without Cancer (OHD)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
36. Use of Opioids at High Dosage in Persons Without Cancer (OHD)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
D. Other On-going Monitoring					
1. 30 day re-admissions	In annual QI Plan Evaluation for 2020 to QI/UMC & BOD in 2021	Annually	Chief Medical Officer (CMO) / QI Director	None	Ongoing 2021
2. Potential Inappropriate Care (PIC)	In annual QI Plan Evaluation for 2020 to QI/UMC & BOD in 2021	Annually	Chief Medical Officer (CMO) / QI Director	None	Ongoing 2021
3. Facility Site Reviews (FSR)	Provider review of physical offices to ensure DHCS site safety and other requirements are met.	Quarterly	Chief Medical Officer (CMO) / Chief Health Services Officer/ Director QI	Medium	Ongoing 2021 - Due to COVID-19 Pandemic, reviews are being done virtually when possible. DHCS assessing plan to address reviews for providers not completed during the pandemic after PHE.
a. Referral Process	Physician Site Monitoring / Quarterly reporting	Quarterly		Medium	
b. IHEBA - Staying Healthy Assessment	Physician Site Monitoring / Quarterly reporting	Quarterly		Medium	
c. Initial Health Assessment (IHA)	Physician Site Monitoring / Quarterly reporting	Quarterly		Medium	
d. Critical elements	Physician Site Monitoring / Quarterly reporting	Quarterly		Medium	
e. Diabetes Care Monitoring	Physician Site Monitoring / Quarterly reporting	Quarterly		Medium	
f. Asthma Care Monitoring	Physician Site Monitoring / Quarterly reporting	Quarterly		Medium	
g. Maternity Care Monitoring	Physician Site Monitoring / Quarterly reporting	Quarterly		Medium	

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4. 2021 Facility Site Review - DHCS New APL 20-006	DHCS updated the requirements for Site and Medical Record Reviews that were supposed to take effect July 1, 2020. Due to the pandemic, implementation has been delayed until 6 months after the public health emergency related to the pandemic ends.	Contingent on DHCS identification of effective date	QI Director / Chief Network Administration Officer		Ongoing 2021
a. Implement Form Changes	Identify and implement process for documenting each type of FSR using the new forms finalized by DHCS			None	
b. Implement Reporting Changes	Identify changes to existing FSR reports and new reports needed based on the new, finalized FSR guidelines from DHCS			None	
c. Educate Staff on New Forms & Requirements	Develop and deliver educational information for KHS staff on the changes to the forms and FSR requirements			None	
d. Educate Providers on New Requirements	Develop and deliver educational information for network providers on the new FSR requirements by DHCS			None	
E. Safety of Clinical Care				Medium	Ongoing 2021 - Due to COVID-19 Pandemic, reviews are being done virtually when possible. DHCS assessing plan to address reviews for providers not completed during the pandemic after PHE.
1. Autoclave	Credentialing/Rec credentialing/As necessary	12/31/2021	Chief Medical Officer (CMO) / QI Director	Medium	Ongoing 2021
2. Bio-hazardous waste	Credentialing/Rec credentialing/As necessary	12/31/2021	Chief Medical Officer (CMO) / QI Director	Medium	Ongoing 2021
3. Infection Control	Credentialing/Rec credentialing/As necessary	12/31/2021	Chief Medical Officer (CMO) / QI Director	Medium	Ongoing 2021
4. Facility Site Review (FSR) DHS Database	FSR database of completed site reviews	12/31/2021	Chief Medical Officer (CMO) / QI Director	Medium	Ongoing 2021
5. Focused Reviews - Critical Elements	Physician Site Monitoring / Quarterly Reporting to QI/UMC	Quarterly	Chief Medical Officer (CMO) / QI Director	Medium	Ongoing 2021
F. Availability				Medium	Ongoing 2021 - Due to COVID-19 Pandemic, reviews are being done virtually when possible. DHCS assessing plan to address reviews for providers not completed during the pandemic after PHE.
1. Primary Care Practitioners				Medium	
a. Numeric Standard - <i>Network Capacity Report</i>	Measure and Report to DHS	Annually	Chief Network Administration Officer, Director Compliance	Medium	Ongoing 2021
2. Specialty Practitioners				Medium	
a. Numeric Standard - <i>Network Capacity Report</i>	Measure and Report to DHS	Annually	Chief Network Administration Officer, Director Compliance	Medium	Ongoing 2021
b. Geographic Standard	Measure and Report	Annually	Chief Network Administration Officer, Director Compliance	Medium	Ongoing 2021
G. Access				Medium	Ongoing 2021 - Due to COVID-19 Pandemic, reviews are being done virtually when possible. DHCS assessing plan to address reviews for providers not completed during the pandemic after PHE.
1. Primary Care Appointments					
a. Preventive Care Appointments Standard	Measure/Report to QI/UM Committee Quarterly	Annually	Chief Network Administration Officer, Director Compliance	Medium	Ongoing 2021
b. Routine Primary Care Appointments Standard	Measure/Report to QI/UM Committee Quarterly	Annually	Chief Network Administration Officer, Director Compliance	Medium	Ongoing 2021
c. Urgent Care Appointments Standard	Measure/Report to QI/UM Committee Quarterly	Annually	Chief Network Administration Officer, Director Compliance	Medium	Ongoing 2021
e. After-hours Care Standard	Measure/Report to QI/UM Committee Quarterly	Annually	Chief Network Administration Officer, Director Compliance	Medium	Ongoing 2021
2. Telephone access to Member Services					
a. Abandonment rate	Measure/Report to QI/UM Committee Quarterly	Quarterly	Chief Network Administration Officer, Director Compliance	Medium	Ongoing 2021
b. Speed of answer	Measure/Report to QI/UM Committee Quarterly	Quarterly	Chief Network Administration Officer, Director Compliance	Medium	Ongoing 2021
3. Mental Health Appointment	Quarterly MOU Meetings/Grievances	As necessary	Director of UM; Director of CM	Medium	Ongoing 2021

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a. Life-threatening Emergency Standard (immediate care)	Report as necessary to QI/UM Committee	As necessary	Chief Network Administration Officer, Director Compliance	Medium	Ongoing 2021
b. Non-life-threatening Emergency Standard	Report as necessary to QI/UM Committee	As necessary	Chief Network Administration Officer, Director Compliance	Medium	Ongoing 2021
c. Urgent needs Standard	Report as necessary to QI/UM Committee	As necessary	Chief Network Administration Officer, Director Compliance	Medium	Ongoing 2021
d. Routine office visit Standard (visit within 10 working days)	Report as necessary to QI/UM Committee	As necessary	Chief Network Administration Officer, Director Compliance	Medium	Ongoing 2021
e. Telephone access to screening and triage Standard	Report as necessary to QI/UM Committee	As necessary	Chief Network Administration Officer, Director Compliance	Medium	Ongoing 2021
- Caller reaches non-recorded voice					
- Abandonment rate					
H. Encounters, Complaints, Grievances and Appeals Data Analysis	Report aggregate data quarterly to QI/UM Committee	Quarterly	Director of Member Services	None	Ongoing 2021
I. CAHPS Survey	State administered survey every 2 years	12/31/2021	State Administered/CIO/Chief Medical Officer (CMO) / QI Director	None	Results should be distributed by DHCS by March 2022
1. Member data provided to EQRO to conduct CAHPS survey in 2021	Provide member data per EQRO specifications	2/28/2021	State Administered/CIO/Chief Medical Officer (CMO) / QI Director	None	Completed
2. Results reported to QI/UMC	Report to QI/UMC	12/31/2021	State Administered/CIO/Chief Medical Officer (CMO) / QI Director	None	On Track
3. Results reported to practitioners and providers	Report to Physician Advisory Committee	12/31/2021	State Administered/CIO/Chief Medical Officer (CMO) / QI Director	None	On Track
J. Continuity of Care Monitoring	Monitored through Grievances, FSR/Peer Review, MCAS	Ongoing	Chief Medical Officer (CMO) / QI Director		Ongoing 2021
1. Primary Care Practitioner (PCP)	Monitored through Grievances, FSR/Peer Review, MCAS	Ongoing	Chief Medical Officer (CMO) / QI Director		Ongoing 2021
2. PCP & Mental Health	Monitored through Grievances, Peer Review, MCAS	Ongoing	Chief Medical Officer (CMO) / QI Director		Ongoing 2021
3. Specialist	Monitored through Grievances, Peer Review, MCAS	Ongoing	Chief Medical Officer (CMO) / QI Director		Ongoing 2021
K. Delegation of QI Activities	QI/UM delegation to Kaiser and VSP includes ongoing reporting of Grievances, QI Program, Evaluation and Work plan	12/31/2021	QI Director		Ongoing 2021
L. Annual Review of QI Policies and Procedures	Submit to QI/UMC and DHCS	Annually and as necessary	Chief Medical Officer (CMO) / QI Director/Director Compliance		Ongoing 2021
M. QI/UM Committee					
1. Reports and agenda items	Gathered from pertinent departments	Quarterly	Chief Medical Officer (CMO) / Chief Health Services Officer/QI Director		Ongoing 2021
2. Minutes	Attached to next meetings agenda and sent to Board of Directors	Quarterly	Chief Medical Officer (CMO) / Chief Health Services Officer/QI Director		Ongoing 2021
3. Form 700 (Statement of Economic Interests)	Send to all committee members yearly	Initial / Yearly December	Chief Medical Officer (CMO) / Chief Health Services Officer/QI Director		Ongoing 2021
4. PO's and Check Requests	Fill out for each member attending meeting	Quarterly	Chief Medical Officer (CMO) / Chief Health Services Officer/QI Director		Ongoing 2021
N. MCAS Member Engagement & Incentive Program	Implement program for using Interactive Voice Recognition, Text messaging and Mailers to contact members with Gaps in Care related to the MCAS measures either providing health education or reminders about preventive health measures. The program includes establishing specific member incentives for completion of health care activities that resolve their care gaps. At least 2 member outreach campaigns will be completed this year.	12/31/2021	Chief Health Services Officer/QI Director/Health Education Director		Ongoing 2021
O. MCAS Committee	Establish new, multi-department committee to - provide direction and oversight of KHS' level of compliance with the MCAS measures and - provide direction, input and approval of KHS' strategies, and actions to meet or better compliance with the minimum performance level (MPL) for each MCAS measure as set by DHCS.	2/26/2021	Chief Health Services Officer/QI Director		Completed

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1. Strengths, Weaknesses, Opportunities and Threats (SWOT) Action Plan for MCAS measures compliance	An action plan to develop KHS' infrastructure for compliance with MCAS measures will be developed based on a SWOT analysis done in the fall of 2020. The Action plan is a 2 year effort with support and collaboration from DHCS.	12/31/2022	Chief Health Services Officer/QI Director		Ongoing through 2022
2. Update and disseminate MCAS Provider Guide and MCAS Coding Card for MY2021 MCAS Measures	Update the KHS MCAS Provider Guide to reflect measures for MY2021. The guide provides a definition and specifications for each measure, diagnosis and service codes as applicable and tips for achieving compliance. The guide is made available to all KHS providers accountable to meet these measures. The coding card lists the most commonly used service and diagnosis codes for documenting completion of MCAS measures.	8/1/2021	Director of Quality Improvement/Provider Network Management/Provider Relations Manager		In process
II. UTILIZATION MANAGEMENT - See UM Work Plan					
A. Annual Review/Approval of UM Program Documents by KHS QI/UMC and Board of Directors.	Program Description 2021	10/1/2021	Chief Medical Officer (CMO) / Chief Health Services Officer/QI Director		QI/UMC August 2021 Agenda
	Evaluation 2020	10/1/2021	Chief Medical Officer (CMO) / Chief Health Services Officer/QI Director		QI/UMC August 2021 Agenda
III. CREDENTIALING AND RE-CREDENTIALING					
A. Initial Credentialing Site Visit & Medical Record	Site and Medical Record Reviews done to validate new provider's compliance with DHCS regulatory requirements. Both reviews must be passed before a provider can be added to the KHS Provider Network.	Ongoing	Chief Medical Officer (CMO) / Chief Health Services Officer/QI Director		Ongoing 2021
B. Organization Providers Quality Assessment	Data Reviews are received from QI/UM/Compliance/MS for any opportunities for improvement identified. QI Department performs review of readmissions within 30 days of discharge and member deaths notifications for potential inappropriate	At least quarterly	Chief Medical Officer (CMO) / Chief Health Services Officer/QI Director		Ongoing 2021
1. Hospitals	Tracking grievances, PIC referrals, Deaths Notifications with potential Quality issues, and a sampling of readmissions within 30 days of discharge for possible quality issues related to readmission	Ongoing	Chief Network Administration Officer		Ongoing 2021
2. SNF's	Tracking grievances, PIC referrals, and Deaths Notifications with potential Quality issues	Ongoing	Chief Network Administration Officer		Ongoing 2021
3. Home Health Agencies	Tracking grievances, PIC referrals, and Deaths Notifications with potential Quality issues	Ongoing	Chief Network Administration Officer		Ongoing 2021
4. Free-Standing Surgery Centers	Tracking grievances, PIC referrals, and Deaths Notifications with potential Quality issues	Ongoing	Chief Network Administration Officer		Ongoing 2021
5. Inpatient MH/SA Facilities	Tracking grievances, PIC referrals, and Deaths Notifications with potential Quality issues	Ongoing	Chief Network Administration Officer		Ongoing 2021
6. Residential MH/SA Facilities	Tracking grievances, PIC referrals, and Deaths Notifications with potential Quality issues	Ongoing	Chief Network Administration Officer		Ongoing 2021
7. Ambulatory MH/SA Facilities	Tracking grievances, PIC referrals, and Deaths Notifications with potential Quality issues	Ongoing	Chief Network Administration Officer		Ongoing 2021
C. Ongoing Monitoring of Sanctions and Complaints	Ongoing; time sensitive; sanctions; grievance process	Ongoing	Chief Network Administration Officer/Compliance		Ongoing 2021
D. Credentialing / Recredentialing File Audit	Ongoing KHS/Compliance random audits	Ongoing	Chief Network Administration Officer		Ongoing 2021
E. Delegated Credentialing	Delegation will be for hospital based practitioners if hospital is TJC accredited	Annually / as necessary	Chief Network Administration Officer		Ongoing 2021
F. Annual Review of Credentialing/Recredentialing Policies and Proc	Ongoing	Annually / as necessary	Chief Network Administration Officer		Ongoing 2021
IV. MEMBER RIGHTS AND RESPONSIBILITIES					
A. Statement of Members' Rights and Responsibilities	Review, annually / revise as necessary	Annually / as necessary	Director of Member Services		Ongoing 2021

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B. Distribution of Rights Statement to Members & Practitioners	As necessary	Annually / as necessary	Director of Member Services		Ongoing 2021
C. Complaints and Appeals	Aggregate/analyze/report to QI/UM Committee Quarterly	Quarterly	Director of Member Services		Ongoing 2021
D. Grievance Report (HFP)	Report number and types of benefit grievances for previous calendar year - geographic region, ethnicity, gender and primary language	Quarterly	Director of Member Services		Ongoing 2021
					Ongoing 2021
					Ongoing 2021
E. Annual Analysis of Privacy and Confidentiality Policies	Review annually / Revise as needed	Ongoing	Director Compliance		Ongoing 2021
F. Delegation of Members' Rights and Responsibilities Activities	Non-delegated. Grievance committee	N/A	Grievance Committee		Ongoing 2021
G. Annual Review of Member Rights Policies and Procedures	Non-delegated	N/A	Grievance Committee		Ongoing 2021
VI. MEDICAL RECORDS					
A. Review of Medical Record Documentation Standards	Annually / revise as necessary	2021	Chief Medical Officer (CMO) / Chief Health Services Officer/ Director QI		Ongoing 2021
B. Distribution of Standards to New Providers	Ongoing / as necessary	Ongoing	Director of Provider Network Management		Ongoing 2021
C. Audit of Medical Records Documentation	Refer to Credentialing/Recredentialing	Ongoing	Chief Medical Officer (CMO) / Chief Health Services Officer/ Director QI / Director of Provider Network Management		Ongoing 2021
D. Annual Review of Policies and Procedures	Annually and as necessary	Ongoing	Chief Medical Officer (CMO) / QI Director		Ongoing 2021