

**KERN HEALTH SYSTEMS
2023 QUALITY IMPROVEMENT WORK PLAN**

**Kern Health Systems
2023 Quality Improvement Program Work plan**

On Track
In Jeopardy
Barrier

| ACTIVITY | DETAIL/TASK | TARGET DATE | ACCOUNTABILITY | Risk | STATUS | COMMENTS |
|--|--|-------------|--|------|----------|---|
| I. QUALITY MANAGEMENT AND IMPROVEMENTS | | | | | | |
| A. Annual Review/Approval of QI Program (QIP) Documents | | | | | | |
| 1. Approval QI Evaluation | Approval of 2022 QI Program Evaluation | 5/31/2023 | Chief Medical Officer (CMO) / QI Director | None | On Track | In progress - Board of Directors Meeting April 2023 |
| 2. Review/Update and Approval of QI Program Description | Approval of 2023 QI Program Description | 5/31/2023 | Chief Medical Officer (CMO) / QI Director | None | On Track | In progress - Board of Directors Meeting April 2023 |
| 3. Review/Update and Approval of QI Work Plan | Approval of 2023 QI Work Plan | 9/2/2022 | Chief Medical Officer (CMO) / QI Director | None | On Track | Board of Directors Meeting Agenda February 2023 |
| B. Clinical - Focused Studies | | | | | | |
| 1. State Required | | | | None | On Track | |
| 1.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 | 06/30/2023 | Chief Medical Officer (CMO) / QI Director | None | On Track | Final summary module in process for delivery to State-Appointed External Quality Review Organization (EQRO) in April 2023 |
| 1.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. | 06/30/2023 | Chief Medical Officer (CMO) / QI Director | None | On Track | Final summary module in process for delivery to State-Appointed External Quality Review Organization (EQRO) in April 2023 |
| C. MCAS Quality Measurements Monitoring & Support | | | | | | |
| 1. MCAS Audit and Rate Submission MY2022/R2023 | Report to State via NCQA and EQRO Auditor, HSAG | 7/31/2023 | Director of QI Director of Business Intelligence (BI) | None | On Track | Audit and rate development started November 2022. Medical Record Retrievals and Abstraction Reviews to begin February 2023 with submission of final rates no later than June 1, 2023. Audit completed by mid July 2023. |
| 2. Configure MCAS/HEDIS software for new measures (Cotiviti) MY2022/R2023 | Vendor, Cotiviti, to have all new measure configured, tested and changes approved by NCQA | 3/31/2023 | QI Director/ BI Director | None | On Track | On track for completion no later than end of March 2023 |
| 3. Configure KHS data and reports for new measures | KHS to modify data receipt, storage and reports to meet new DHCS MCAS specifications | 3/31/2023 | QI Director/ BI Director | None | On Track | Request for data and report updates submitted and BI Dept on track for completion by end of March 2023 |
| 4. Educate KHS Staff on MY2023 measures | KHS to educate internal staff on new requirements for MCAS | 3/31/2023 | Chief Medical Officer (CMO)/ QI Director | None | On Track | In process and on track for completing by end of April 2023 |
| 5. Educate providers on MY2023 measures | KHS to educate providers on new requirements for MCAS | 3/31/2023 | Chief Medical Officer (CMO)/ QI Director/ PNM Director | None | On Track | In process and on track for completing by April 2023 |
| 6. Meet MCAS Compliance Rates for MY2023 | Monitor progress in meeting Minimum Performance Level (MPL) of each MCAS measure for 2023 monthly. This will be used to evaluate improvement activities toward meeting all MCAS MPLs. | 12/31/2023 | Chief Medical Officer (CMO) / QI Director | None | On Track | On-going monitoring and trending on track with completion of updating MCAS data and reports to align with MY2023 measures. |
| Behavioral Health Domain 6.a Depression Remission or Response for Adolescents and Adults (DRR-E) 6.b Depression Screening and Follow-Up for Adolescents and Adults (DSF-E) 6.c Follow-Up After ED Visit for Mental Illness – 30 days (FUM) 6.d Follow-Up After ED Visit for Substance Abuse – 30 days (FUA) | Meet MPLs DRR-E MPL rate not yet provided by DHCS DSF-E MPL rate not yet provided by DHCS FUM 54.51 FUA 21.24 | | | | On Track | Monitoring initiated |

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| Childhood Health Domain 6.e Child and Adolescent Well – Care Visits (WCV) 6.f Childhood Immunization Status – Combination 10 (CIS-10) 6.g Developmental Screening in the First Three Years of Life (DEV) 6.h Immunizations for Adolescents – Combination 2 (IMA-2) 6.i Lead Screening in Children (LSC) 6.j Topical Fluoride for Children (TFL-CH) 6.k Well-Child Visits in the First 30 Months of Life – 0 to 15 Months – Six or More Well-Child Visits (W30-6+) 6.l Well-Child Visits in the First 30 Months of Life – 15 to 30 Months – Two or More Well-Child Visits (W30-2+) | Meet MPLs WCV 48.93 CIS-10 34.79 DEV MPL rate not yet provided by DHCS IMA-2 35.04 LSC 63.99 TFL-CH MPL rate not yet provided by DHCS W30+6 55.72 W30+2 65.83 | | | | On Track | Monitoring initiated |
| Chronic Disease Management Domain 6.m Asthma Medication Ratio (AMR) 6.n Controlling High Blood Pressure (CBP) 6.o Hemoglobin A1c Control for Patients With Diabetes – HbA1c Poor Control (> 9%) (HBD) | Meet MPLs AMR 64.26 CBP 59.85 HBD 39.9 | | | | On Track | Monitoring initiated |
| Reproductive Health Domain 6.p Chlamydia Screening in Women (CHL) 6.q Prenatal and Postpartum Care: Postpartum Care (PPC-Pst) 6.r Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-Pre) | Meet MPLs CHL 55.32 PPC-Pst 77.37 PPC-Pre 85.4 | | | | On Track | Monitoring initiated |
| Cancer Prevention Domain 6.s Breast Cancer Screening (BCS) 6.t Cervical Cancer Screening (CCS) | Meet MPLs BCS 50.95 CCS 57.64 | | | | On Track | Monitoring initiated |
| 7. MCAS Improvement Activities | Meet MPL for each MY 2023 MCAS measure | 12/31/2023 | Chief Medical Officer | None | On Track | In progress |
| 7.a Health Information Exchange | Establish HIE to support clinical information data sharing that allows timely and accurate data capture for MCAS compliance monitoring | 12/31/2023 | Business Intelligence Director | None | On Track | In progress |
| 7.b Provider Electronic Clinical Data Upload | Establish process to upload electronic medical record data upload from providers to support clinical information data access and timely and accurate data capture for MCAS compliance monitoring | 12/31/2023 | Business Intelligence Director | None | On Track | EMR data from Clinical Sierra Vista in place |
| 7c. Clinical Assessments in Community Settings | Establish process for KHS Population Health Management and Community & Social Services staff to conduct assessments such as - Health Risk Assessments - Depression Screening - Substances Use Screening in community settings such as homeless shelters, Department of Motor Vehicle offices, Social Security Office, etc. to support identification of member health care needs. | 12/31/2023 | Population Health Management Director; Director of Community & Social Services | None | On Track | In process |
| 7.d. Member Engagement & Rewards Program | Establish year-round, member outreach program focused on members with gaps in care. Redesign MCAS member rewards program to increase motivation for compliance with obtaining preventive health services and follow through with chronic condition self-care. | 12/31/2023 | Director of Member Engagement; Chief Medical Officer | None | On Track | In process |
| 7.e. Mobile Preventive Health Services Program | Establish network of providers to provide mobile health care services that will allow KHS to increase access to preventive health services in rural areas of Kern County and in ad hoc community events | 6/1/2023 | Senior Director of Provider Network; Deputy Director of Provider Contracting | None | On Track | In process |

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| 7.f. Urgent Care Utilization to Close Gaps in Care | Establish agreements with select urgent care providers to deliver services to close member gaps in care at their center | 7/1/2023 | Senior Director of Provider Network; Deputy Director of Provider Contracting | None | On Track | Initiated in Q4 or 2022 and is in development as an ongoing service |
| 7.g Provider Collaboration Meetings | Conduct monthly meetings with higher volume providers to review MCAS measure compliance and establish practice interventions to improve rates | 6/1/2023 | Chief Medical Officer; Director of Quality Improvement; Senior Director of Provider Network | None | On Track | In process |
| 7.g. Red Tier Action: Establish process for timely, complete, & accurate MCAS data | Develop process for timely, complete, & accurate data to measure MCAS compliance for strategy development and outcomes analysis | 6/1/2023 | Director of Business Intelligence; Director of Quality Improvement | None | On Track | In process |
| 7.h. Red Tier Action: Develop a Quality education program | Develop a quality education program to enable KHS staff & providers to develop & implement effective MCAS improvement strategies | 6/1/2022 | Director of Quality Improvement; Chief Medical Officer; Senior Director of Provider Network | None | On Track | In process |
| 7.i Red Tier Action: Communication process for organization-wide MCAS information sharing | Establish a communication process that supports strategic thought partnership, transparency, & decision-making for MCAS compliance throughout all levels of the organization | 6/1/2023 | Executive Leadership Team | None | On Track | In process |
| D. Other On-going Monitoring | | | | | | |
| 1. 30 day re-admissions | Conduct audit quarterly of 50 30-day hospital readmissions to identify trending related to quality of care and readmission prevention | Quarterly | Chief Medical Officer (CMO) / QI Director | None | On Track | First audit for 2023 will take place in 2nd quarter |
| 2. Potential Quality of Care Issues (PQI) | Complete investigation of all PQIs and any corrective action plans issued | Annually | Chief Medical Officer (CMO) / QI Director | None | On Track | Ongoing 2023 |
| 2.a. Grievances | Review all grievances for Quality of Care issues and refer those identified to QI Dept as a PQI | Annually | Chief Medical Officer (CMO) / QI Director | None | On Track | Ongoing 2023 |
| 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)/ Director QI | None | On Track | Ongoing and on track for 2023 |
| 3.a. Referral Process | Physician Site Monitoring / Quarterly reporting | Quarterly | | None | On Track | |
| 3.b. Initial Health Appointment (IHA) | Physician Site Monitoring / Quarterly reporting | Quarterly | | None | On Track | |
| 3.c. Critical elements | Physician Site Monitoring / Quarterly reporting | Quarterly | | None | On Track | |
| 3.d. Diabetes Care Monitoring | Physician Site Monitoring / Quarterly reporting | Quarterly | | None | On Track | |
| 3.e. Asthma Care Monitoring | Physician Site Monitoring / Quarterly reporting | Quarterly | | None | On Track | |
| 3.f. Maternity Care Monitoring | Physician Site Monitoring / Quarterly reporting | Quarterly | | None | On Track | |
| 3.g. Safety of Care - Autoclave - Bio-hazardous waste - Infection Control | Physician Site Monitoring / Quarterly reporting | Quarterly | | None | On Track | |
| 3.h. Bi-annual report to DHCS of FSRs completed | Generate and submit report of all site and medical record reviews (both initial, periodic and focus) to DHCS for January through June and July through December in accordance with DHCS report requirements | January 31st July 31st | Chief Medical Officer (CMO) / QI Director | None | On Track | January report submitted to DHCS on time |
| F. Provider Availability | | | | | | |
| 1. Primary Care Practitioners | | | | None | On Track | |
| 1.a. Numeric Standard - <i>Network Capacity Report</i> | Measure and Report to DHS | Annually | Senior Director of Provider Network, Chief Compliance Officer | None | On Track | Ongoing 2023 |
| 2. Specialty Practitioners | | | | | On Track | |
| 2.a. Numeric Standard - <i>Network Capacity Report</i> | Measure and Report to DHS | Annually | Senior Director of Provider Network, Chief Compliance Officer | None | On Track | Ongoing 2023 |
| 2.b. Geographic Standard - <i>Network Capacity Report</i> | Measure and Report | Annually | Senior Director of Provider Network, Chief Compliance Officer | None | On Track | Ongoing 2023 |

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| G. Provider Access | | | | | | |
| 1. Primary Care Appointments | | | | | On Track | |
| 1.a. Preventive Care Appointments Standard | Measure/Report to QI/UM Committee Quarterly | Annually | Senior Director of Provider Network, Chief Compliance Officer | None | On Track | Ongoing 2023 |
| 1.b. Routine Primary Care Appointments Standard | Measure/Report to QI/UM Committee Quarterly | Annually | Senior Director of Provider Network, Chief Compliance Officer | None | On Track | Ongoing 2023 |
| 1.c. Urgent Care Appointments Standard | Measure/Report to QI/UM Committee Quarterly | Annually | Senior Director of Provider Network, Chief Compliance Officer | None | On Track | Ongoing 2023 |
| 1.d. After-hours Care Standard | Measure/Report to QI/UM Committee Quarterly | Annually | Senior Director of Provider Network, Chief Compliance Officer | None | On Track | Ongoing 2023 |
| 2. Telephone access to Member Services | | | Senior Director of Provider Network, Chief Compliance Officer | | On Track | |
| 2.a. Abandonment rate | Measure/Report to QI/UM Committee Quarterly | Quarterly | Senior Director of Provider Network, Chief Compliance Officer | None | On Track | Ongoing 2023 |
| 2.b. Speed of answer | Measure/Report to QI/UM Committee Quarterly | Quarterly | Senior Director of Provider Network, Chief Compliance Officer | None | On Track | Ongoing 2023 |
| 3. Mental Health Appointment | Quarterly MOU Meetings/Grievances | As necessary | Director of UM; Director of Population Health Management | None | On Track | Ongoing 2023 |
| 2.a. Life-threatening Emergency Standard (immediate care) | Report as necessary to QI/UM Committee | As necessary | Senior Director of Provider Network, Chief Compliance Officer | None | On Track | Ongoing 2023 |
| 2.b. Non-life-threatening Emergency Standard | Report as necessary to QI/UM Committee | As necessary | Senior Director of Provider Network, Chief Compliance Officer | None | On Track | Ongoing 2023 |
| 2.c. Urgent needs Standard | Report as necessary to QI/UM Committee | As necessary | Senior Director of Provider Network, Chief Compliance Officer | None | On Track | Ongoing 2023 |
| 2.d. Routine office visit Standard (visit within 10 working days) | Report as necessary to QI/UM Committee | As necessary | Senior Director of Provider Network, Chief Compliance Officer | None | On Track | Ongoing 2023 |
| 2.e. Telephone access to screening and triage Standard | Report as necessary to QI/UM Committee | As necessary | Senior Director of Provider Network, Chief Compliance Officer | None | On Track | Ongoing 2023 |
| - 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 | On Track | Ongoing 2023 |
| I. CAHPS Survey | State administered survey every 2 years - Survey being administered for 2022 in Q1 of 2023 by DHCS/HSAG | 9/30/2023 | State Administered/CIO/Chief Medical Officer (CMO) / QI Director | None | On Track | On track |
| 1. Member data provided to EQRO for 2022 | Provide 2022 member data per EQRO specifications | Jan-23 | State Administered/CIO/Chief Medical Officer (CMO) / QI Director | None | On Track | Completed |
| 2. Results reported to QI/UM Committee | Present summary of report to QI/UM Committee for review and identification of improvement actions | 12/31/2023 | State Administered/CIO/Chief Medical Officer (CMO) / QI Director | None | On Track | Survey in process - timing of presentation to QI/UM Committee dependent on receipt from DHCS/HSAG |
| 3. Results reported to practitioners and providers | Report to Physician Advisory Committee | 12/31/2023 | State Administered/CIO/Chief Medical Officer (CMO) / QI Director | None | On Track | Survey in process - timing of presentation to QI/UM Committee dependent on receipt from DHCS/HSAG |
| J. Continuity of Care Monitoring | Monitored through Grievances, FSR/Peer Review, MCAS | Ongoing | Chief Medical Officer (CMO) / QI Director | | On Track | Ongoing 2023 |
| 1. Primary Care Practitioner (PCP) | Monitored through Grievances, FSR/Peer Review, MCAS | Ongoing | Chief Medical Officer (CMO) / QI Director | None | On Track | Ongoing 2023 |
| 2. PCP & Mental Health | Monitored through Grievances, Peer Review, MCAS | Ongoing | Chief Medical Officer (CMO) / QI Director | None | On Track | Ongoing 2023 |
| 3. Specialist | Monitored through Grievances, Peer Review, MCAS | Ongoing | Chief Medical Officer (CMO) / QI Director | None | On Track | Ongoing 2023 |
| K. Delegation of QI Activities | QI/UM delegation to Kaiser and VSP includes evaluation of QI program activities delegated through quarterly and annual report monitoring | 12/31/2022 | QI Director | None | On Track | Ongoing 2023 |
| L. Annual Review of QI Policies and Procedures | Submit to QI/UM Committee and DHCS | Annually and as necessary | Chief Medical Officer (CMO) / QI Director/Director Compliance | None | On Track | Ongoing 2023 |
| M. QI/UM Committee | | | | | On Track | |

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| 1. Reports and agenda items | Gathered from pertinent departments | Quarterly | Chief Medical Officer (CMO) / Chief Health Services Officer/QI Director | None | On Track | Ongoing 2023 |
| 2. Minutes | Attached to next meetings agenda and sent to Board of Directors | Quarterly | Chief Medical Officer (CMO) / Chief Health Services Officer/QI Director | None | On Track | Ongoing 2023 |
| 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 | None | On Track | Ongoing 2023 |
| 4. PO's and Check Requests | Fill out for each member attending meeting | Quarterly | Chief Medical Officer (CMO) / Chief Health Services Officer/QI Director | None | On Track | Ongoing 2023 |
| N. MCAS Member Engagement & Incentive Program | Conduct at least 3 campaigns using Interactive Voice Recognition, Text messaging and Mailers to contact members with Gaps in Care related to the MCAS measures. Outreach is focused on providing health education or reminders about preventive health measures and incentivizing them with a reward for closing a care gap. | Campaign 1 within 1st quarter Campaign 2 within 2nd quarter Campaign 3 within 3rd quarter | Chief Health Services Officer/QI Director/Health Education Director | None | On Track | First campaign on track for completion in 1st quarter |
| O. MCAS Committee | Multi-department committee focused on providing strategic direction and oversight of KHS' level of compliance with the MCAS measures. Committee meets at least quarterly | 12/31/2023 | Chief Medical Officer | None | On Track | Ongoing |
| 1. Update and disseminate MCAS Provider Guide and MCAS Coding Card for MY2022 MCAS Measures | Update the KHS MCAS Provider Guide to reflect measures for MY2022. 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. | 3/31/2022 | Director of Quality Improvement/Provider Network Management/Provider Relations Manager | None | On Track | Completed |
| 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 2023 | 4/30/2023 | Chief Medical Officer (CMO) / UM Director | None | On Track | In process |
| | Program Evaluation 2022 | 4/30/2023 | Chief Medical Officer (CMO) / UM Director | None | On Track | In Process |
| III. CREDENTIALING AND RECREDENTIALING | | | | | | |
| 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 | None | On Track | Ongoing 2023 |
| 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 | Quarterly | Chief Medical Officer (CMO) / Chief Health Services Officer/QI Director | None | On Track | Ongoing 2023 |
| 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 | Senior Director of Provider Network Management | None | On Track | Ongoing 2023 |
| 2. SNF's | Tracking grievances, PIC referrals, and Deaths Notifications with potential Quality issues | Ongoing | Senior Director of Provider Network Management | None | On Track | Ongoing 2023 |
| 3. Home Health Agencies | Tracking grievances, PIC referrals, and Deaths Notifications with potential Quality issues | Ongoing | Senior Director of Provider Network Management | None | On Track | Ongoing 2023 |
| 4. Free-Standing Surgery Centers | Tracking grievances, PIC referrals, and Deaths Notifications with potential Quality issues | Ongoing | Senior Director of Provider Network Management | None | On Track | Ongoing 2023 |
| 5. Inpatient MH/SA Facilities | Tracking grievances, PIC referrals, and Deaths Notifications with potential Quality issues | Ongoing | Senior Director of Provider Network Management | None | On Track | Ongoing 2023 |
| 6. Residential MH/SA Facilities | Tracking grievances, PIC referrals, and Deaths Notifications with potential Quality issues | Ongoing | Senior Director of Provider Network Management | None | On Track | Ongoing 2023 |

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| 7. Ambulatory MH/SA Facilities | Tracking grievances, PIC referrals, and Deaths Notifications with potential Quality issues | Ongoing | Senior Director of Provider Network Management | None | On Track | Ongoing 2023 |
| C. Ongoing Monitoring of Sanctions and Complaints | Ongoing; time sensitive; sanctions; grievance process | Ongoing | Senior Director of Provider Network Management/Compliance | None | On Track | Ongoing 2023 |
| D. Credentialing / Recredentialing File Audit | Ongoing KHS/Compliance random audits | Ongoing | Senior Director of Provider Network Management | None | On Track | Ongoing 2023 |
| E. Delegated Credentialing | Delegation will be for hospital based practitioners if hospital is TJC accredited | Annually / as necessary | Senior Director of Provider Network Management | None | On Track | Ongoing 2023 |
| F. Annual Review of Credentialing/Recredentialing Policies and Proc | Ongoing | Annually / as necessary | Senior Director of Provider Network Management | None | On Track | Ongoing 2023 |
| IV. MEMBER RIGHTS AND RESPONSIBILITIES | | | | | | |
| A. Statement of Members' Rights and Responsibilities | Review, annually / revise as necessary | Annually / as necessary | Director of Member Services | None | On Track | Ongoing 2023 |
| B. Distribution of Rights Statement to Members & Practitioners | As necessary | Annually / as necessary | Director of Member Services | None | On Track | Ongoing 2023 |
| C. Complaints and Appeals | Aggregate/analyze/report to QI/UM Committee Quarterly | Quarterly | Director of Member Services | None | On Track | Ongoing 2023 |
| 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 | None | On Track | Ongoing 2023 |
| | | | | None | On Track | Ongoing 2023 |
| | | | | None | On Track | Ongoing 2023 |
| E. Annual Analysis of Privacy and Confidentiality Policies | Review annually / Revise as needed | Ongoing | Director Compliance | None | On Track | Ongoing 2023 |
| F. Delegation of Members' Rights and Responsibilities Activities | Non-delegated. Grievance committee | N/A | Grievance Committee | None | On Track | Ongoing 2023 |
| G. Annual Review of Member Rights Policies and Procedures | Non-delegated | N/A | Grievance Committee | None | On Track | Ongoing 2023 |
| VI. MEDICAL RECORDS | | | | | | |
| A. Review of Medical Record Documentation Standards | Annually / revise as necessary | 2022 | Chief Medical Officer (CMO) / Director QI | None | On Track | Ongoing 2023 |
| B. Distribution of Standards to New Providers | Ongoing / as necessary | Ongoing | Senior Director of Provider Network Management | None | On Track | Ongoing 2023 |
| C. Audit of Medical Records Documentation | Refer to Credentialing/Recredentialing | Ongoing | Chief Medical Officer (CMO) / Director QI / Senior Director of Provider Network Management | None | On Track | Ongoing 2023 |
| D. Annual Review of Policies and Procedures | Annually and as necessary | Ongoing | Chief Medical Officer (CMO) / QI Director | None | On Track | Ongoing 2023 |