APPENDIX I
# CDPHP Quality Management (QM) Program Work Plan – 2016

<table>
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<tr>
<th>Key</th>
<th>Quality Indicator/ Initiative or Regulatory Agency/Standard</th>
<th>Goal Baseline/Target</th>
<th>Owner(s)</th>
<th>Start Date</th>
<th>Progress Towards Goal</th>
<th>End Date</th>
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<tbody>
<tr>
<td>🌼</td>
<td><strong>QM Program Description &amp; Work Plan (NCQA: QI 1.2; UM 1)</strong></td>
<td>Annual QM Program’s goals, objectives, structure and work plan for 2016 reviewed, approved by QMC &amp; Board by January 2016</td>
<td>A.O'Donnell Contributors: Applicable Business Owners</td>
<td>10/1/2015</td>
<td>Progress report towards goals submitted Quarterly to QMC</td>
<td>1/19/2016</td>
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<td>🌼</td>
<td><strong>Patient Safety Plan (Refer to Appendix II) Safety Plan 2016 (NCQA: QI 1.2)</strong></td>
<td>Annual plan on how CDPHP addresses patient safety improvement (NCQA QI 1.2) – approved by QMC &amp; Board</td>
<td>R. Golderman Contributors: A.O’Donnell</td>
<td>10/1/2015</td>
<td>Progress report towards goals submitted Quarterly to QMC</td>
<td>1/19/2016</td>
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<td>🌼</td>
<td><strong>Resource Coordination Program Description Workplan 2016 (Refer to full RC Program Description) (NCQA: UM 1ABC)</strong></td>
<td>Annual Resource Coordination Program Description &amp; Work plan on how the Plan addresses utilization management structure, physician and BH involvement, behavioral health aspects of the program, and determination of benefit coverage and medical necessity– approved by UMC, QMC &amp; Board</td>
<td>T. Langlais Contributors: B. Holtz</td>
<td>1/1/2016</td>
<td>Submit to UMC in 1st Q 2015, then reported up to QMC</td>
<td>3/31/2016</td>
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<td>🌼</td>
<td><strong>Resource Coordination Program Evaluation 2015 (Refer to separate RC Program Evaluation ) (NCQA: UM 1D)</strong></td>
<td>Annually review and document the effectiveness of the RC program and progress towards goals. Plan for 2016 program activities based on the results from RC 2015 Evaluation. Approved by UMC, QMC &amp; Board</td>
<td>T. Langlais Contributors: B. Holtz</td>
<td>10/1/2015</td>
<td>Submit to UMC in 1st Q 2016, then reported up to QMC</td>
<td>3/31/2016</td>
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<td>Key</td>
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<td>Annual Resource Coordination Program Policies Procedure Review 2016 (NCQA: UM 1-4)</td>
<td>Annually review/revise the RC policy and procedures for the upcoming year. Develop RC policies/procedures in collaboration with our strategic alliance partner, Independent Health.</td>
<td>T. Langlais&lt;br&gt;Contributors: B. Holtz&lt;br&gt;D. Stewart</td>
<td>1/1/2016</td>
<td>Submit to UMC on staggered schedule to assure annual review. UMC Policy Approvals &amp; Updates Reported quarterly up to QMC.</td>
<td>12/31/2016</td>
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<td>Assessment of Cultural, Linguistics &amp; language needs of membership and provider network to meet member needs NCQA: QI 1, NET 1A: DOH,CMS</td>
<td>Analysis of all available data (US Census, enrollment, CMS, HEDIS, CAHPS, NYSDOH) to determine if needs of members are being met. Assess the diversity of provider network to meet the needs of our members. Increase staff/provider cultural competency, health literacy and overall Health Equity through 2016 focus on LOB member health literacy and practitioner office practice on cultural competency.</td>
<td>J. Keohan&lt;br&gt;Contributors: HNS&lt;br&gt;K. Leyden Informatics Quality Review Nurses</td>
<td>1/1/2016</td>
<td>Progress report towards goal submitted at least annually to QMC</td>
<td>12/31/2016</td>
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<td>HEDIS ® 2016 HEDIS/QARR Submission HEDIS Medicare Submission</td>
<td>Completion of HEDIS® 2016 Project Goals/Objectives by the regulatory agencies due date: • Meet HEDIS Road Map goals • HEDIS Education Training- 95% Inter-Rater Score • HEDIS data collection within approved MMRV requirements • Full Compliance with NCQA Onsite HEDIS Audit • Complete HEDIS 2016 Data Submission by 6/15/2016 Meet or exceed the national or state 75th percentile for not less than 5 measures in HEDIS 2016</td>
<td>R. Golderman&lt;br&gt;Contributors: C. Roullier&lt;br&gt;S. Beck Informatics Quality Review HEDIS RNs</td>
<td>10/1/2015</td>
<td>Progress report towards goal submitted Quarterly to QMC</td>
<td>6/15/2016</td>
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<td>☐</td>
<td>NCQA HPA 2016 requirements for structure, process &amp; outcome by July 1, 2016. Conduct NCQA Preparatory File Reviews of the following areas in Q2-2016: CM, UM, BH, Pharmacy, and Credentialing &amp; Appeals. Close all gaps identified through file audit prior to close of Q4-2016. Goal: Achieve full 50 points out of possible 50 overall accreditation score for all accredited products.</td>
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<td>12/31/16</td>
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<td>☐</td>
<td>Implement New NCQA HPA Accreditation Standards for 2016</td>
<td>Maintain a constant state of survey readiness by implementing the new 2016 requirements, updates, corrections and policy clarifications as distributed by NCQA regarding QI, UM, NET, CR, RR &amp; MEM standards/elements/factors. Address any gaps in meeting the requirements and close the gaps by 7/1/16.</td>
<td>A.O’Donnell, NCQA Survey Team R. Golderman</td>
<td>7/1/2015</td>
<td>Progress report towards goal submitted Quarterly to QMC</td>
<td>12/31/2016</td>
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<td>☐</td>
<td>Delegation Oversight (Refer to Delegation Section XI)</td>
<td>Maintain Oversight of FDRs and other Delegated entities activities through quarterly reporting and annual documentation oversight by Joint Health Services Committee (JHSC) up to QMC and to the Board of Directors.</td>
<td>A.O’Donnell, Contributions: JHSC R. Golderman</td>
<td>1/01/2016</td>
<td>Oversight monitoring of delegates is reported quarterly to QMC and to the Board.</td>
<td>12/31/2016</td>
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<td>☐</td>
<td>Clinical Practice Guidelines &amp; Preventive Health Guidelines Management</td>
<td>Annual review for Preventive Care Guidelines, all others Biennial review. Chronic disease practice guidelines are reviewed and updated (per QMC schedule) by a Medical Director. All Guidelines are reviewed, revised and submitted according to schedule. The start date reflects the next date guidelines are reviewed, unless new national guidelines are released prior. Completion date reflects the date the guidelines are presented (with expected approval) at QMC.</td>
<td>C. Roullier, Contributions: R. Dal Col, MD QMC Med Directors</td>
<td>1/1/2016</td>
<td>Progress report towards goal submitted Quarterly to QMC of rotating schedule when due for review. All clinical practice guidelines are monitored for periodic ‘off cycle’ changes from NYS, USPSTF, CMS, etc.</td>
<td>12/31/2016</td>
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## CDPHP Quality Management (QM) Program
### Work Plan – 2016

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<tr>
<th>Key Indicator/Initiative or Regulatory Agency/Standard</th>
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<tr>
<td>Asthma</td>
<td>Chronic Disease Practice Guidelines- Biennial Review</td>
<td>C. Roullier</td>
<td>06/2017</td>
<td>Next review 5/2017</td>
<td>07/2017</td>
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<tr>
<td>Diabetes Mellitus</td>
<td>Chronic Disease Practice Guidelines- Biennial Review</td>
<td>C. Roullier</td>
<td>03/2017</td>
<td>Next Review 3/2017</td>
<td>05/2017</td>
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<tr>
<td>Diagnosis of Diabetes: Criteria &amp; Testing</td>
<td>Chronic Disease Practice Guidelines- Biennial Review</td>
<td>C. Roullier</td>
<td>03/2017</td>
<td>Next Review 3/2017</td>
<td>05/2017</td>
</tr>
<tr>
<td>Preventive Health Guidelines</td>
<td>Preventive Health: Children 0-12 years Adolescents 13-20 years Women &amp; Men – Use of pneumococcal conjugate vaccine</td>
<td>C. Roullier</td>
<td>01/2016</td>
<td>Next Review 1/2017</td>
<td>03/2017</td>
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<td>Influenza Prevention Control &amp; Reporting</td>
<td>Preventive Guidelines- Biannual Review</td>
<td>C. Roullier</td>
<td>01/2016</td>
<td>Next review 1/2017</td>
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<td></td>
<td>COPD</td>
<td>Chronic Disease Practice Guidelines- Biennial Review</td>
<td>C. Roullier</td>
<td>03/2017</td>
<td>Next review 3/2017</td>
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<tr>
<td></td>
<td>STI Screening Guidelines for sexually active patients</td>
<td>Preventive Guidelines- Biannual Review</td>
<td>C. Roullier</td>
<td>03/2016</td>
<td>Monitored at least annually for new updates</td>
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<tr>
<td></td>
<td>HIV Guidelines</td>
<td>Preventive Guidelines- Biannual Review</td>
<td>C. Roullier</td>
<td>01/2016</td>
<td>Monitored at least annually for new updates</td>
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<td></td>
<td>ADHD</td>
<td>Behavioral Health Chronic Disease Practice Guidelines- Biennial Review</td>
<td>C. Roullier</td>
<td>01/2016</td>
<td>Next review 1/2017</td>
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<tr>
<td></td>
<td>ADHD for Primary Care</td>
<td>Behavioral Health Chronic Disease Practice Guidelines- Biennial Review</td>
<td>C. Roullier</td>
<td>01/2016</td>
<td>Next review 1/2017</td>
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<td></td>
<td>Depression</td>
<td>Behavioral Health Chronic Disease Practice Guidelines- Biennial Review</td>
<td>C. Roullier</td>
<td>01/2016</td>
<td>Next review 1/2017</td>
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<td></td>
<td>Bipolar</td>
<td>Behavioral Health Chronic Disease Practice Guidelines- Biennial Review</td>
<td>C. Roullier</td>
<td>01/2017</td>
<td>Next review 1/2017</td>
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<tr>
<td></td>
<td>Schizophrenia</td>
<td>Behavioral Health Chronic Disease Practice Guidelines- Biennial Review</td>
<td>C. Roullier</td>
<td>01/2016</td>
<td>Next review 1/2017</td>
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<tr>
<td></td>
<td>Health Dialog Chronic Condition Guidelines</td>
<td>Annually Reviewed---Nationally recognized standards of care by nationally recognized organizations. Chronic Condition Guidelines in conjunction with our NCQA Disease Management Accredited delegate Health Dialog</td>
<td>C. Roullier</td>
<td>05/2016</td>
<td>Next review 5/2016</td>
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<td></td>
<td>Radiology Management Guidelines</td>
<td>In conjunction with our NCQA UM Certified eviCore- MedSolutions Delegate</td>
<td>R Dal Col,MD</td>
<td>01/2016</td>
<td>Next review 5/2016</td>
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*CDPHP 2016 QM Program Description: Appendix I-7*  
Confidential and Proprietary
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<tbody>
<tr>
<td></td>
<td>Continuity &amp; Coordination of Care Monitoring</td>
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<td></td>
<td>Continuity &amp; Coordination of Care Studies:</td>
<td>Annual Medical record study. The monitoring of care, the communication regarding the care, and the coordination of care from on setting to another. <em>From a specialist's care back to the PCP</em></td>
<td>C. Roullier</td>
<td>06/2016</td>
<td>Progress report towards goal Submitted annually to QMC</td>
<td>10/2016</td>
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<tr>
<td></td>
<td>Specialist to Primary Care Physician</td>
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<td></td>
<td>Facility to PCP</td>
<td>From a facility to practitioner</td>
<td>C. Roullier</td>
<td>06/2016</td>
<td>Progress report towards goal Submitted annually to QMC</td>
<td>10/2016</td>
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<tr>
<td></td>
<td>OB/GYN to PCP</td>
<td>Specialist to PCP</td>
<td>C. Roullier</td>
<td>06/2015</td>
<td>Progress report towards goal Submitted annually to QMC</td>
<td>10/2016</td>
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<tr>
<td></td>
<td>Advance Care Planning</td>
<td>Formal Chart review is no longer required as compliance is demonstrated by the amended executed Physician Contracts which have a clause addressing compliance with Advance Directives, effective 2012. <em>Charts are reviewed for the execution of Health Care proxy &amp; or MOLST</em></td>
<td>C. Roullier</td>
<td>06/2015</td>
<td>Progress report towards goal Submitted annually to QMC</td>
<td>10/2016</td>
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<tr>
<td></td>
<td>Medical record Documentation for Medical and BH records</td>
<td>Compliance with CDPHP’s standards for acceptable medical record documentation @ 90%; NCQA requirement for Continuity and Coordination of Care</td>
<td>C. Roullier</td>
<td>06/2015</td>
<td>Progress report towards goal Submitted annually to QMC</td>
<td>10/2016</td>
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<td></td>
<td>AD Hoc Regulatory Audits/ Quality of Care Studies</td>
<td>Ad Hoc quality studies as requested by regulatory agencies as NYSDOH, CMS, HEDIS 2015 and 2015 Interim HEDIS Measures.</td>
<td>C. Roullier</td>
<td>01/02/16</td>
<td>Progress report towards goal Submitted annually to QMC</td>
<td>12/31/2016</td>
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<td></td>
<td>Perinatal Study/Hysterectomy/ Sterilization Consents for Medicaid</td>
<td>NYSDOH Article 44</td>
<td>C. Roullier</td>
<td>07/2016</td>
<td>Progress report towards goal Submitted annually to QMC</td>
<td>9/2016</td>
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<td>Key</td>
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<tr>
<td></td>
<td>Continuity &amp; Coordination of Care Monitoring – Behavioral Health</td>
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<td>Behavioral Health to Medical Providers</td>
<td>To improve continuity and coordination of care between medical and behavioral health practitioners within the CDPHP community BH is focused on <strong>6 Critical Areas</strong> to Monitor &amp; Evaluate annually:</td>
<td>C. Rorie-Alexandrov T. Doherty</td>
<td>01/12016</td>
<td>Progress report towards goal Submitted Quarterly to QMC</td>
<td>12/31/2016</td>
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<tr>
<td></td>
<td>Behavioral Health to Medical Providers <em>(continued)</em></td>
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<td></td>
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<td><strong>1. Exchange of Information</strong> – monitored via Provider Satisfaction Survey</td>
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<td><strong>2. Appropriate Diagnosis, Treatment and Referral</strong> HEDIS Measure: Antidepressant Medication Management (AMM)</td>
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<td><strong>3. Psychopharmacological Medications</strong> HEDIS Measure: Follow-up Care for Children Prescribed ADHD Medication (ADD)</td>
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<td><strong>4. Screening and Management of Coexisting Disorders</strong> HEDIS Measure: Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)</td>
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<td><strong>5. Preventive Behavioral Program</strong> Postpartum Depression Screening</td>
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<td><strong>6. Needs of Individuals with SPMI</strong> HEDIS Measure: Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</td>
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<td><strong>Programs To Improve Quality</strong></td>
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<td>Enhanced Primary Care (EPC)</td>
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<td>NCQA: PCMH Level III</td>
<td><strong>Meet or exceed EPC Effectiveness Measures:</strong></td>
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<td><strong>Population Health:</strong></td>
<td>Breast Cancer Screening BCS</td>
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<td>Cervical Cancer Screening CCS</td>
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<td></td>
<td>Childhood &amp; Adolescent Immunizations CIS + IMA + HPV</td>
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<td>Chlamydia Screening CHL</td>
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<td>Colorectal Cancer Screening COL</td>
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<td>Lead Testing in Children LSC</td>
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<td><strong>Managing Chronic Conditions &amp; Medications</strong></td>
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<td>Asthma Medication Ratio AMR</td>
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<td>Pharmacotherapy management of COPD Exacerbation (bronchodilators &amp; corticosteroids) PCE</td>
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<td>Composite of 3 Diabetes measures (Eye, A1C, Nephropathy) CDC</td>
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<td>Persistent Medication Management MPM</td>
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<td>(ACE/ARB + Digoxin + Diuretics)</td>
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<td><strong>Antibiotic Use In Adults &amp; Children</strong></td>
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<td>Three antibiotic use measures (adult bronchitis, children with Pharyngitis, children with URI) AAB+CWP+URI</td>
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<td><strong>Behavioral Health</strong></td>
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<td>Antidepressant Medication Management – Continuation phase AMM</td>
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<td>Follow-up Care for Children Prescribed ADHD Medication – Continuation phase ADD</td>
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<td>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (30 day) IET</td>
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<td>J. Heath</td>
<td>E. Martin</td>
<td>1/1/2016</td>
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<td>1. Did you get an appointment with your doctor as quickly as you thought you needed to?</td>
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<td>2. Wait time to see provider in relation to actual appt time</td>
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<td>3. Did the provider give you easy to understand information about your health concerns?</td>
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<td>4. Did the provider seem to know important information about your medical history</td>
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<td>5. Did someone from the office follow up to give you test results?</td>
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<td>6. Were clerks and receptionists helpful</td>
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<td>7. How long did it take for the doctor’s office staff to return your call?</td>
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<td>8. How often did this doctor seem informed about your care with specialists?</td>
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<td>9. Did the office give you information about what to do if you needed care during evenings, weekends, or holidays?</td>
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<td>10. In the last 12 months, how often were you able to obtain care you needed during evenings, weekends, or holidays?</td>
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## CDPHP Quality Management (QM) Program Work Plan – 2016

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**CDPHP 2016 QM Program Description: Appendix I-13**

Confidential and Proprietary
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- C15- HEDIS Diabetes Care – Blood Sugar Controlled
- C16- HEDIS Controlling Blood Pressure

**Managing Chronic Long Term Conditions**

**Outcome Measures:**
- C19- HEDIS Plan All-Cause Readmissions

**CAHPS - Member Experience with Health Plan**

**Experience/Complaint:**
- C20-CAHPS Getting Needed Care
- C21- CAHPS Getting Appointments & Care Quickly
- C22- CAHPS Customer Service
- C23- CAHPS Overall Rating of Health Care Quality
- C24- CAHPS Overall Rating of Plan
- C25-CAHPS Care Coordination

**Member Complaints & Improvements in Plan’s Performance Experience/Complaints:**
- C26- CTM - Complaints about the Health Plan
- C27- Beneficiary - Members Choosing to Leave the Plan

**Member Complaints & Improvements in Plan’s Performance Outcome Measure:**
- C3129- Plan Ratings - Quality Improvement (5X)

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<td>Patient Safety and Drug Pricing Accuracy Process</td>
<td></td>
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<tr>
<td></td>
<td>Measure:</td>
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</tr>
<tr>
<td></td>
<td>- D10- Multiple - Medicare Plan Finder Price Accuracy</td>
<td>99  99</td>
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</tbody>
</table>

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**CDPHP 2016 QM Program Description: Appendix I-17**

Confidential and Proprietary
## CDPHP Quality Management (QM) Program
### Work Plan – 2016

<table>
<thead>
<tr>
<th>Key</th>
<th>Quality Indicator/Initiative or Regulatory Agency/Standard</th>
<th>Goal</th>
<th>Owner(s)</th>
<th>Start Date</th>
<th>Progress Towards Goal</th>
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</thead>
<tbody>
<tr>
<td>M</td>
<td>Patient Safety and Drug Pricing Accuracy</td>
<td>Intermediate Measure:</td>
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<tr>
<td></td>
<td>D12-PDE- Part D Medication Adherence for Oral Diabetes</td>
<td>82</td>
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<tr>
<td></td>
<td>D13- PDE- Part D Medication Adherence for Hypertension</td>
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<td></td>
<td>D14- PDE- Part D Medication Adherence for Cholesterol</td>
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<td></td>
<td>Effectiveness of Care:</td>
<td>Goal</td>
<td>Contributors:</td>
<td></td>
<td>Submitted Annually to QMC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adherence to Antipsychotics Medications for Individuals with Schizophrenia</td>
<td></td>
<td>S. Nelson</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adolescent Preventive Care</td>
<td></td>
<td>S. Banardo</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Adult BMI Assessment</td>
<td></td>
<td>BH Team</td>
<td></td>
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<tr>
<td></td>
<td>Antidepressant Medication Management</td>
<td></td>
<td>Informatics</td>
<td></td>
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<tr>
<td></td>
<td>Appropriate Testing for Pharyngitis</td>
<td></td>
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<tr>
<td></td>
<td>Asthma Medication Ratio</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Avoidance of Antibiotics for Adults with Acute Bronchitis</td>
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<tr>
<td></td>
<td>Breast Cancer Screening</td>
<td></td>
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<td></td>
<td>Chlamydia Testing for Sexually Active Women</td>
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<td></td>
<td>Childhood Immunization</td>
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<td></td>
<td>Cholesterol Management for Patients with Cardiovascular Event</td>
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<tr>
<td></td>
<td>Comprehensive Diabetes Care</td>
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<td></td>
<td>Comprehensive Diabetes Control</td>
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CDPHP 2016 QM Program Description: Appendix I-18 Confidential and Proprietary
<table>
<thead>
<tr>
<th>Key</th>
<th>Quality Indicator/Initiative or Regulatory Agency/Standard</th>
<th>Goal Baseline/Target</th>
<th>Owner(s)</th>
<th>Start Date</th>
<th>Progress Towards Goal</th>
<th>End Date</th>
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<tr>
<td></td>
<td>• Diabetes Screening for People with Schizophrenia or Bipolar Disorder</td>
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<tr>
<td></td>
<td>• Disease-Modifying Anti-Rheumatic Drugs for Rheum. Arthritis</td>
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<tr>
<td></td>
<td>• Flu Shots for Adults (CAHPS) Ages 50-64</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• Follow Up After Hospitalization for Mental Illness</td>
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<tr>
<td></td>
<td>• Follow Up for Children Newly Prescribed ADHD Medication – Initial</td>
<td></td>
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<tr>
<td></td>
<td>• Comprehensive Care for People Living with HIV/AIDS</td>
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<tr>
<td></td>
<td>• Immunizations for Adolescents</td>
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<td></td>
<td>• Medical Assistance with Tobacco Cessation (CAHPS)</td>
<td></td>
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<tr>
<td></td>
<td>• Medication Management for People with Asthma</td>
<td></td>
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<tr>
<td></td>
<td>• Persistence of Beta-Blocker Treatment After a Heart Attack</td>
<td></td>
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<td></td>
<td>• Pharmacotherapy for COPD Exacerbation</td>
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<td></td>
<td>• Postpartum Care</td>
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<tr>
<td></td>
<td>• Use of Imaging Studies for Low Back Pain</td>
<td></td>
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<tr>
<td></td>
<td>• Use of Spirometry Testing in the Assessment of COPD</td>
<td></td>
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<tr>
<td></td>
<td>• Weight Assessment and Counseling for Children and Adolescents</td>
<td></td>
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<td></td>
<td><strong>Access and Availability</strong></td>
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<tr>
<td></td>
<td>• Annual Dental Visits Ages 2 -18</td>
<td></td>
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<tr>
<td></td>
<td><strong>Use of Services</strong></td>
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<tr>
<td></td>
<td>• Well Child Visits in the First 15 Months – Five or more visits</td>
<td></td>
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</table>
## CDPHP Quality Management (QM) Program
### Work Plan – 2016

<table>
<thead>
<tr>
<th>Key</th>
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<th>Goal Baseline/Target</th>
<th>Owner(s)</th>
<th>Start Date</th>
<th>Progress Towards Goal</th>
<th>End Date</th>
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<tbody>
<tr>
<td></td>
<td>• Well Child Visits in the 3rd, 4th, 5th and 6th Year</td>
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<td></td>
<td>• Well Care Visits for Adolescents Ages 12-21</td>
<td></td>
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<tr>
<td></td>
<td>CAHPS Satisfaction Survey Measure: (30 points)</td>
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<tr>
<td></td>
<td>• Rating of Health Plan</td>
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<tr>
<td></td>
<td>• Getting Care Needed</td>
<td></td>
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<tr>
<td></td>
<td>• Customer Service &amp; Information</td>
<td></td>
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<tr>
<td></td>
<td>Prevention Quality Indicators (PQIs) and Pediatric Quality Indicators (PDIs) (20 points):</td>
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<tr>
<td></td>
<td>• Adult Composite (all PQIs except respiratory)</td>
<td></td>
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<tr>
<td></td>
<td>• Adult Respiratory (PQI #5 &amp; #15)</td>
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<tr>
<td></td>
<td>• Pediatric Composite (all PDIs except Asthma)</td>
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<tr>
<td></td>
<td>• Pediatric Asthma (PDI #14)</td>
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**Goal:** The Plan’s Quality Performance trend moves in a positive direction towards improvement when compared to plans past MY performance the current MY x 20% improvement from NYS Goal of 100%.

### Programs to Improve Quality

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Description</th>
<th>Owner(s)</th>
<th>Start Date</th>
<th>Progress Towards Goal</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Primary Care (CPCi) Initiative</td>
<td>Comprehensive Primary Care (CPCi) Initiative is a four year (2013-2016) multi-payer initiative fostering collaboration between CMS and private health care payers to strengthen primary care in the Capital District/Hudson Valley health care market. <strong>Goal:</strong> Monitor and focus on improving quality of care and controlling costs through provision of data and joint activities.</td>
<td>E. Wood</td>
<td>11/1/2012</td>
<td>Progress report towards goal submitted at least annually to QMC.</td>
<td>12/31/2016</td>
</tr>
</tbody>
</table>
### CDPHP Quality Management (QM) Program

#### Work Plan – 2016

<table>
<thead>
<tr>
<th>Key</th>
<th>Quality Indicator/ Initiative or Regulatory Agency/Standard</th>
<th>Goal: Baseline/Target</th>
<th>Owner(s)</th>
<th>Start Date</th>
<th>Progress Towards Goal</th>
<th>End Date</th>
</tr>
</thead>
</table>
|     | Radiology Management                                       | Medical Necessity Review Program for high tech imaging in collaboration with our delegate eviCore/ healthcare (formerly MedSolutions). This program will expand to all product lines including Medicare on 1/1/2016.  

*Quality Performance Matrix 2015 for Medicaid CHPS* will focus on the HEDIS/QARR measure Re: Use of Imaging for low back pain. ([Refer to Section on Quality Performance Quality Matrix 2015, pg. 63 of 2016 Workplan](#))

Goal: Reduce the use of high tech imaging and increase the use of conservative therapies by our PCPs and specialist. | M. Elliott  
R. Dal Col  
**Contributors:**  
eviCore/ MedSolutions  
Medical Necessity Review Program Team | 1/01/2016 | Progress report towards goal reported monthly through practitioner and practice performance reports on Imaging approvals from eviCore and reviewed by the medical director and director of RC.  
Monitor monthly Interim HEDIS 2016 for the Use of Imaging for Low Back Pain.  
Quarterly reporting to Joint Health Services Committee (JHSC) and up to QMC. | 12/31/2016 |
## CDPHP Quality Management (QM) Program
### Work Plan – 2016

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<thead>
<tr>
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<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy: Medication Therapy Management (MTM) Program</td>
<td>CDPHP’s MTM program for 2016 is designed to ensure that medications prescribed to targeted enrollees are appropriately used to optimize therapeutic outcomes through improved medication use, and aimed at reducing the risk of adverse drug events, including adverse drug interactions. The program will utilize community pharmacists to provide this service to the targeted enrollees. The program will include an individual comprehensive medication reviews (CMR), and additional targeted interventions as appropriate with our members and prescribing providers. <strong>Goal:</strong> Avoidance of adverse hospital events as well as decreased ER utilization and inpatient admissions in these groups of targeted enrollees. Increased adherence of chronic medication in MTM enrollees as measured by the Medication Possession Ratio (MPR). Direct support to increase Medicare Stars measures with appropriate drug utilization management.</td>
<td>L. Reed</td>
<td>Ongoing</td>
<td>Progress report towards goal submitted semi-annually to QMC through Pharmacy &amp; Therapeutics Committee (P&amp;T) reports.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

### CAHPS- Annual Satisfaction Surveys

<table>
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<th>Key Indicator/Initiative or Regulatory Agency/Standard</th>
<th>Goal Baseline/Target</th>
<th>Owner(s)</th>
<th>Start Date</th>
<th>Progress Towards Goal</th>
<th>End Date</th>
</tr>
</thead>
</table>
| Medicaid CAHPS Survey Results | Multiple linear regression analyses were run on the SPH Analytics Commercial Adult Book of Business to assess which composites are Key Drivers of Rating of Health Plan, Rating of Health Care, and Rating of Personal Doctor to identify opportunities for improvement: (survey in field 2/2016-5/2016):  
  - Customer Service  
  - How well doctors communicate  
  - How well doctors communicate coordination of care  
  - Goal: Improvement that is statistically significant. | R. Golderman Informatics  
S. Beck | 1/1/2016 | Progress report towards goal submitted annually to QMC | 5/20/2016 |
<table>
<thead>
<tr>
<th>Key</th>
<th>Quality Indicator/ Initiative or Regulatory Agency/Standard</th>
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<th>Progress Towards Goal</th>
<th>End Date</th>
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</thead>
</table>
| 🔄 | Commercial HMO & PPO Products CAHPS Survey | Improve CAHPS Survey results specific to Areas Identified as “Monitor” or “Opportunity” as compared to SPH Analytics CAHPS Book of Business (survey in field 2/2016-5/2016):  
  - Customer Service  
  - How well doctors communicate  
  - Coordination of Care  
Goal: Improvement that is statistically significant. | R. Golderman Informatics S. Beck Member Provider Satisfaction Team Contributors: C. Schlude | 1/1/2016 | Progress report towards goal submitted Annually to QMC | 5/20/2016 |
| 🔄 | Medicare HMO & PPO Products CAHPS Survey | Improve CAHPS Survey results specific to Areas Identified as “Monitor” or “Opportunity” as compared to SPH Analytics CAHPS Book of Business (survey in field 2/2016-5/2016):  
  - Member Experience with Health Plan: Coordination of Care  
  - Getting Care Quickly (PPO)  
  - Getting Needed Rx Drugs (HMO & PPO)  
| New Member Survey | Measure new member understanding of benefits and address opportunities for improvement as identified through the survey 2016 results. | | L. Kordas Contributors: Informatics R. Golderman | 01/2016 | Progress report towards goal submitted Annually to QMC | 12/2016 |
### CDPHP Quality Management (QM) Program Work Plan – 2016

<table>
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<tr>
<th>Key Quality Indicator/Initiative or Regulatory Agency/Standard</th>
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<th>End Date</th>
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</thead>
<tbody>
<tr>
<td><strong>Member Satisfaction with PCP</strong></td>
<td>CG CAHPS survey performed to measure level of member satisfaction with care provided by imputed physician during the survey period.</td>
<td>B. Freer</td>
<td>10/2015</td>
<td>Progress report towards goal submitted Annually to QMC</td>
<td>03/2016</td>
</tr>
<tr>
<td><strong>Case Management</strong></td>
<td>Survey performed to determine how well case management programs are meeting member’s needs, specifically related to positive impact on members’ recovery. Maintain/improve previous levels of satisfaction</td>
<td>C. Schlude</td>
<td>1/2016</td>
<td>Progress report towards goal submitted Annually to QMC</td>
<td>12/2016</td>
</tr>
<tr>
<td><strong>Physician Satisfaction Survey</strong></td>
<td>Survey performed to measure level of physician satisfaction with the Plan Maintain/improve previous levels of satisfaction</td>
<td>B. Freer</td>
<td>1/2016</td>
<td>Progress report towards goal submitted Annually to QMC</td>
<td>5/2016</td>
</tr>
<tr>
<td><strong>Call Center Satisfaction Survey</strong></td>
<td>Call Center Satisfaction Survey will be conducted monthly throughout 2016 by the survey vendor, SPH Analytics Maintain/improve previous levels of satisfaction</td>
<td>L. Kordas</td>
<td>1/2016</td>
<td>Progress report towards goal submitted quarterly to QMC</td>
<td>12/2016</td>
</tr>
<tr>
<td>Key</td>
<td>Quality Indicator/Initiative or Regulatory Agency/Standard</td>
<td>Goal Baseline/Target</td>
<td>Owner(s)</td>
<td>Start Date</td>
<td>Progress Towards Goal</td>
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<tr>
<td></td>
<td>HEDIS Effectiveness Quality Measures</td>
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<tr>
<td></td>
<td>Childhood Immunizations (CIS)</td>
<td>The percentage of 2 year olds who are appropriately immunized on or before the 2(^{nd}) birthday</td>
<td>C. Roullier E. Martin</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
</tr>
<tr>
<td>Key</td>
<td>Quality Indicator/ Initiative or Regulatory Agency/Standard</td>
<td>Goal Baseline/Target</td>
<td>Owner(s)</td>
<td>Start Date</td>
<td>Progress Towards Goal</td>
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<tr>
<td>M</td>
<td>Combo 3: 4 DTaP, 3 IPV, 1 MMR, 3HIB, 3 HEP B, 1 VZV, 4PCV</td>
<td>HMO/POS: 81% Medicaid/CHPs: 77% PPO: 83%</td>
<td>C. Roullier</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
</tr>
<tr>
<td>M</td>
<td>Well Child Visits in the 1st 15 months of Life (W15)</td>
<td>The percentage of members who receive the appropriate number of well child visits with their PCP during the first 15 months of life. HMO/POS: 94% Medicaid/ CHPs: 81% PPO: 90%</td>
<td>C. Roullier</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
</tr>
<tr>
<td>M</td>
<td>Well Child Visits Age 3–6 (W34)</td>
<td>The percentage of members aged 3-6 who received an annual appropriate well child visits with their PCP in the calendar year HMO/POS: 90% Medicaid/ CHPs: 79% PPO: 89%</td>
<td>C. Roullier</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
</tr>
<tr>
<td>M</td>
<td>Lead Screening (LSC)</td>
<td>The percentage of members who receive lead screening on or before 2 years of age. HMO/POS: 89% Medicaid/ CHPs: 83% PPO: 87%</td>
<td>C. Roullier</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
</tr>
<tr>
<td>M</td>
<td>Immunizations for Adolescents (IMA) (Score Card)</td>
<td>The percentage of adolescents 13 years of age who had: 1 does of meningococcal conjugate or meningococcal polysaccharide vaccine on or between the member’s 11th or 13th birthday &amp; one Tdap or TD on or between the ember’s 10th &amp; 13th birthdays. HMO/POS: 75% Medicaid/ CHPs:69% PPO:74%</td>
<td>C. Roullier</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
</tr>
<tr>
<td>Key</td>
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<td>Goal Baseline/Target</td>
<td>Owner(s)</td>
<td>Start Date</td>
<td>Progress Towards Goal</td>
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<tr>
<td>1</td>
<td>Human Papilloma Virus (HPV) for female Adolescents</td>
<td>The percentage of female adolescents 13 years of age who had 3 doses of the HPV vaccine by their 13th birthday. HMO/POS: 15% Medicaid/ CHPs:15% PPO:19%</td>
<td>C. Roullier</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
</tr>
<tr>
<td>2</td>
<td>Adolescents Well Care Visits (AWC)</td>
<td>The percentage of members aged 12-2 who receive an annual well care visit with a PCP or OB/GYN in calendar year HMO/POS: 69% Medicaid/ CHPs:61% PPO:66%</td>
<td>C. Roullier</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
</tr>
<tr>
<td>3</td>
<td>Breast Cancer Screening (BCS)</td>
<td>The percentage of women members 50-74 years of age when had a mammogram to screen for breast cancer on or between October 1 two years prior to the measurement year, and December 31st of the measurement year. HMO/POS: 50-74: 80% Medicaid: 50-74: 61% PPO: 50-74: 75% Medicare HMO: see stars goals above Medicare PPO: see stars goals above</td>
<td>C. Roullier</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
</tr>
<tr>
<td>4</td>
<td>Appropriate Treatment for Children with Upper Respiratory Infection (URI)</td>
<td>The percentage of children 3 months to 18 years who were given a diagnosis of URI, and who were not dispensed an antibiotic prescription HMO/POS: 92% Medicaid/ CHPs:92% PPO: 92%</td>
<td>C. Roullier</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
</tr>
<tr>
<td>5</td>
<td>Appropriate Testing for Children with Pharyngitis (CWP)</td>
<td>The percentage of children 2-18 years, who were given a diagnosis Pharyngitis, dispensed an antibiotic and who received a group A Strept test for the episode. HMO/POS: 93% PPO: 90% Medicaid/ CHPs:88%</td>
<td>C. Roullier</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
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<tr>
<td>M 4</td>
<td>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)</td>
<td>The percentage of adults 18-64 years diagnosed with acute bronchitis who were not dispensed an antibiotic prescription HMO/POS: 16% Medicaid/CHPs: 25% PPO: 23%</td>
<td>C. Roullier Contributors: Performance Management</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
</tr>
<tr>
<td>M 4</td>
<td>Osteoporosis Management in Women Who had A Fracture (OMW)</td>
<td>The percentage of women members 67+ years of age who had a fracture, and then had either a bone mineral density test or prescription for a drug to treat or prevent osteoporosis in the 6 months after the date of the fracture Medicare HMO: see stars goals above Medicare PPO: see stars goals above</td>
<td>C. Aguglia Contributors: T. Scotti Medicare STARS Team</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
</tr>
<tr>
<td>M 3</td>
<td>Cervical Cancer Screening (CCS)</td>
<td>The percentage of women 21-64 years of age who have had a cervical cytology within the past 3 years or those aged 30-64 who had cervical cytology/human papilloma virus (HPV) co-testing every 5 years. HMO/POS: 80% Medicaid: 74% PPO: 82%</td>
<td>C. Roullier Contributors: Population Health &amp; Wellness</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
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<tr>
<td>M 2</td>
<td>Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)</td>
<td>The percentage of adolescent females ages 16-20 who were screened unnecessarily for cervical cancer HMO/POS: 4% Medicaid: 4% PPO: 4%</td>
<td>C. Roullier</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
</tr>
<tr>
<td>M 1</td>
<td>Adults’ Access to Preventive/ Ambulatory Health Services (AAP)</td>
<td>The percentage of members 20 years of age and older who had an ambulatory or preventive care visit during the measurement year. HMO/POS: 98% Medicaid: 92% PPO: 98%</td>
<td>C. Roullier Contributors: Population Health &amp; Wellness</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
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<tr>
<td>CHL</td>
<td>Chlamydia Screening in Women (CHL)</td>
<td>The percentage of women 16-24 years of age who were identified as sexually active and who had at least 1 test for Chlamydia in the calendar year. HMO/POS: 65% Medicaid/CHPs: 64% PPO: 63% C. Roullier</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
<td>6/16/2016</td>
</tr>
<tr>
<td>COL</td>
<td>Colorectal Cancer Screening (COL)</td>
<td>The percentage of adults aged 50-75 who had appropriate screening for colorectal cancer HMO/POS: 76% Medicaid: 43% PPO: 76% Medicare HMO: see stars goals above Medicare PPO: see stars goals above C. Roullier</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
<td>6/16/2016</td>
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<tr>
<td>PBH</td>
<td>Persistence of Beta Blocker Treatment After a Heart Attack (PBH)</td>
<td>The percentage of members age 18+ discharged from July 1, 2013-June 3, 2014 with a diagnosis of AMI who received persistent beta blocker treatment for 6 Months after discharge HMO/POS: 97% Medicaid: 95% PPO: 93% Medicare HMO: 97% Medicare PPO: small n C. Roullier</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
<td>6/16/2016</td>
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<tr>
<td>M</td>
<td>Comprehensive Diabetes Care (CDC)</td>
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</tr>
<tr>
<td>M</td>
<td>The percentage of members age 18-75 with diabetes who have evidence of appropriate diabetes care as measured by the following indicators:</td>
<td>C. Roullier</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
<td>6/16/2016</td>
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<tr>
<td></td>
<td>HMO/POS: 92% Medicaid: 88% PPO: 90% Medicare HMO 93% Medicare PPO: 92%</td>
<td>C. Roullier</td>
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<tr>
<td></td>
<td>HMO/POS: 22% Medicaid: 39% PPO: 25% Medicare HMO 17% Medicare PPO: 17%</td>
<td>C. Roullier</td>
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<tr>
<td></td>
<td>HMO/POS: 69% Medicaid: 54% PPO: 70% Medicare HMO 76% Medicare PPO: 78%</td>
<td>C. Roullier</td>
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CDPHP Quality Management (QM) Program
Work Plan – 2016
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</thead>
<tbody>
<tr>
<td>M</td>
<td>Comprehensive Diabetes Care (CDC) 4. Good HbA1c Control (&lt;7%)</td>
<td>HMO/POS: 45% Medicaid: 36% PPO: 44%</td>
<td>C. Roullier</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
<td>6/16/2016</td>
</tr>
<tr>
<td>M</td>
<td>Comprehensive Diabetes Care (CDC) 5. Retinal Eye Exam Performed</td>
<td>HMO/POS:63% Medicaid: 60% PPO: 66% Medicare HMO: see stars goals above Medicare PPO: see stars goals above</td>
<td>C. Roullier</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
<td>6/16/2016</td>
</tr>
<tr>
<td>M</td>
<td>Comprehensive Diabetes Care (CDC) 6. Medical Attention for Nephropathy</td>
<td>HMO/POS:84% Medicaid: 78% PPO: 84% Medicare HMO: see stars goals above Medicare PPO: see stars goals above</td>
<td>C. Roullier</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
<td>6/16/2016</td>
</tr>
<tr>
<td>M</td>
<td>Comprehensive Diabetes Care (CDC) 7. Blood Pressure control (&lt;140/90 mm/hg)</td>
<td>HMO/POS: 76% Medicaid: 73% PPO: 70% Medicare HMO: 76% Medicare PPO: 69%</td>
<td>C. Roullier</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
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<tr>
<td>M</td>
<td>Diabetes Screening for People with Schizophrenia or bipolar Disorder Who Are using Antipsychotic Medications (SSD)</td>
<td>The percentage of members 18-64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. Medicaid: 83%</td>
<td>C. Roullier Contributors: BH Team</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
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</tr>
<tr>
<td>M</td>
<td>Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)</td>
<td>The percentage of members 18-64 years of age with schizophrenia and diabetes, who had both and LDL-C test and an HbA1c test during the measurement year. Medicaid: 77%</td>
<td>C. Roullier Contributors: BH Team</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
<td>6/16/2016</td>
</tr>
<tr>
<td>M</td>
<td>Cardiovascular Monitoring for People with Diabetes with Cardiovascular Disease and Schizophrenia (SMC)</td>
<td>The percentage of members 18-64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year. Medicaid: small n</td>
<td>C. Roullier Contributors: BH Team</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
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</tr>
<tr>
<td>M</td>
<td>Antidepressant Medication Management (AMM)</td>
<td>The percentage of members age 18+ with a Dx of major depression who receive appropriate pharmacological management for the treatment of depression.</td>
<td>C. Roullier Contributors: BH Team Performance Management</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
<td>6/16/2016</td>
</tr>
<tr>
<td>M</td>
<td>Antidepressant Medication Management (AMM) Effective Acute Phase Treatment</td>
<td>The percentage of members who remained on treatment for at least 12 weeks. HMO/POS:70% Medicaid: 53%</td>
<td>C. Roullier Contributors: BH Team</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
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## Work Plan – 2016

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</thead>
</table>
| ![Key] | **PPO:** 70%  
Medicare HMO 83%  
Medicare PPO: 86% | | Performance Management | | | |
| ![Key] | **Antidepressant Medication Management (AMM)**  
*Effective Continuation Phase Treatment* | The percentage of members who remained on treatment for at least 6 weeks.  
HMO/POS: 58%  
Medicaid: 34%  
PPO: 57%  
Medicare HMO 73%  
Medicare PPO: 83% | C. Roullier  
Contributors: BH Team | 1/1/2016 | Progress on Monthly Interim HEDIS report & quarterly reports on progress towards goal submitted to QMC | 6/16/2016 |
| ![Key] | **Controlling High Blood Pressure (CBP)** | Member percentage with hypertension, ages 18-85, whose blood pressure is adequately controlled (<140/90) during the measurement year.  
HMO/POS: 71%  
Medicaid: 65%  
PPO: 69%  
Medicare HMO: see stars goals above  
Medicare PPO: see stars goals above | C. Roullier  
Contributors: Medicare STARS Team | 1/1/2016 | Progress on Monthly Interim HEDIS report & quarterly reports on progress towards goal submitted to QMC | 6/16/2016 |
| ![Key] | **Use of Appropriate Medication for People with Asthma (ASM)** | The percentage of members age 5-64 identified as having persistent asthma and were appropriately prescribed medications during the measurement year. | C. Roullier  
Contributors: | 1/1/2016 | Progress on Monthly Interim HEDIS report & quarterly reports on | 6/16/2016 |
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<tr>
<td></td>
<td>Asthma</td>
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<td>progress towards goal submitted to QMC</td>
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<td></td>
<td>Ages 5-11 years</td>
<td>HMO/POS: 5-11: 95%</td>
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<td></td>
<td>progress towards goal submitted to QMC</td>
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<td>Ages 12-18 years</td>
<td>12-18: 95%</td>
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<td>progress towards goal submitted to QMC</td>
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<td>Ages 19-50 years</td>
<td>19-50: 93%</td>
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<td>progress towards goal submitted to QMC</td>
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<td></td>
<td>Ages 51-64 years</td>
<td>51-64: 95%</td>
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<td>progress towards goal submitted to QMC</td>
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<td>Total</td>
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<td>progress towards goal submitted to QMC</td>
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<td>Medicaid/CHPs: 5-11: 90%</td>
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<td>progress towards goal submitted to QMC</td>
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<td>12-18: 83%</td>
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<td>progress towards goal submitted to QMC</td>
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<td>19-50: 80%</td>
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<td>progress towards goal submitted to QMC</td>
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<td>51-64: 87%</td>
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<td>progress towards goal submitted to QMC</td>
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<td>PPO: 5-11: 100%</td>
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<td>progress towards goal submitted to QMC</td>
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<td>12-18: 94%</td>
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<td>progress towards goal submitted to QMC</td>
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<td>19-50: 92%</td>
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<td>progress towards goal submitted to QMC</td>
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<td>51-64: 95%</td>
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<tr>
<td>M</td>
<td>Medication Management for People with Asthma (MMA)</td>
<td>The percentage of members age 5-64 during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported. 1.) The percent of members who remained on an asthma controller medication for at least 50% of the treatment period. 2.) The percent of members who remained on an asthma controller medication for at least 75% of the treatment period.</td>
<td>C. Roullier, J. Wilson</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
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<td></td>
<td>HMO/POS: 5-11: 50%, 70% 75%, 40% 12-18: 50%, 68% 75%, 43% 19-50: 50%, 80% 75%, 55% 51-64: 50%, 85% 75%, 65% Total: 50%, 79% 75%, 56%</td>
<td>Medicaid/CHPs: 5-11: 50%, 55% 75%, 30% 12-18: 50%, 60% 75%, 34% 19-50: 50%, 58% 75%, 30% 51-64: 50%, 64% 75%, 35% Total: 50%, 55% 75%, 31%</td>
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<td>PPO: 5-11: 50%, 60% 75%, 36% 12-18: 50%, 70% 75%, 54% 19-50: 50%, 73% 75%, 47% 51-64: 50%, 84% 75%, 57% Total: 50%, 75% 75%, 48%</td>
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<tr>
<td>M</td>
<td>Asthma Medication Ratio (AMR)</td>
<td>The percentage of members age 5-64 who were identified as having persistent asthma and had a ratio of controller medication to total asthma medication of 0.50 or greater during the measurement year.</td>
<td>C. Roullier, J. Wilson</td>
<td>1/1/2016</td>
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<tr>
<td></td>
<td>HMO/POS: 83% Medicaid/CHPs: 66% PPO: 82%</td>
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<td>Baseline/Target</td>
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<td></td>
<td>Prenatal and Postpartum care (PPC)</td>
<td>The percentage of members who gave birth that received appropriate prenatal and postpartum care.</td>
<td>C. Roullier</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
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<tr>
<td></td>
<td>1.) Timeliness of prenatal care 2.) Postpartum Care</td>
<td>1.) The percentage of members who gave birth that received a prenatal care visit in the 1st trimester:</td>
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<td></td>
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<td>HMO/POS: 91%</td>
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<td>Medicaid: 88%</td>
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<td>PPO: 93%</td>
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<td>2.) The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.</td>
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<td>HMO/POS: 82%</td>
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<td></td>
<td>Medicaid: 70%</td>
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<td>PPO: 86%</td>
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<td>Use of Spirometry Testing in the Assessment and diagnosis of COPD (SPR)</td>
<td>The percentage of members age 40+ with new diagnosis or newly acquired COPD who received appropriate spirometry testing to confirm the diagnosis.</td>
<td>C. Roullier</td>
<td>1/1/2016</td>
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<td></td>
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<td>HMO/POS: 45%</td>
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<td>Medicaid: 40%</td>
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<td>PPO: 42%</td>
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<td></td>
<td>Medicare HMO: 42%</td>
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<td></td>
<td>Medicare PPO: 41%</td>
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</tbody>
</table>
## Pharmacotherapy

**Management of COPD Exacerbation (PCE) 2 Rates:**

1. **Dispensed a bronchodilator within 30 days of the event.**
   - HMO/POS: 81%, 81%
   - Medicaid: 85%, 78%
   - PPO: 83%, 75%
   - Medicare HMO: 85%, 80%
   - Medicare PPO: 73%, 85%

2. **Dispensed systemic corticosteroid within 14 days of the event.**

The percentage of COPD Exacerbations for members 40+ of age who had an acute inpatient discharge or ED visit between January 1 - November 30 of the measurement year and were dispensed appropriate medications. Two rates are reported.

<table>
<thead>
<tr>
<th>Owner(s)</th>
<th>Start Date</th>
<th>Progress Towards Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. Roullier</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
</tr>
<tr>
<td><strong>Contributors:</strong></td>
<td></td>
<td></td>
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<tr>
<td>Performance Management-EPC Metrics</td>
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<tr>
<th>End Date</th>
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<tbody>
<tr>
<td>6/16/2016</td>
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</table>

## Potentially Harmful drug-Disease Interactions in the Elderly (DDE)

4 Rates:

1. **Hx of falls and Rx for tricyclic antidepressants, antipsychotics or sleep agents**
2. **Dementia and an Rx for tricyclic antidepressants’ or anticholinergic agents.**
3. **CRF & Rx for nonaspirin NSAIDS or COX-2 NSAIDS.**
4. **Total rate.**

The percentage of Medicare members 65 years of age who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory Rx for a potentially harmful medication, concurrent with or after the diagnosis.

<table>
<thead>
<tr>
<th>Owner(s)</th>
<th>Start Date</th>
<th>Progress Towards Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. Roullier</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
</tr>
<tr>
<td><strong>Contributors:</strong></td>
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<tr>
<td>Performance Management-EPC Metrics</td>
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<tr>
<th>End Date</th>
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<tbody>
<tr>
<td>6/16/2016</td>
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<tr>
<td>Key</td>
<td>Quality Indicator/ Initiative or Regulatory Agency/Standard</td>
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<tr>
<td>-----</td>
<td>----------------------------------------------------------</td>
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<tr>
<td><strong>M</strong></td>
<td>Follow-up Care for Children Prescribed ADHD Meds (ADD)</td>
</tr>
<tr>
<td></td>
<td><strong>Initiation Phase:</strong></td>
</tr>
<tr>
<td></td>
<td>I follow-up visit in first 30 days</td>
</tr>
<tr>
<td></td>
<td><strong>Continuation &amp; Maintenance:</strong></td>
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<tr>
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<td>on medication for 2010 days and had at least 2 follow up visits within 9 months after the initiation phase ended</td>
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</tr>
<tr>
<td><strong>M</strong></td>
<td>Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)</td>
</tr>
<tr>
<td></td>
<td><strong>Medicaid:</strong></td>
</tr>
<tr>
<td><strong>M</strong></td>
<td>Use of Imaging Studies for Low Back Pain (LBP)</td>
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</tbody>
</table>
## CDPHP Quality Management (QM) Program
### Work Plan – 2016

<table>
<thead>
<tr>
<th>Key</th>
<th>Quality Indicator/ Initiative or Regulatory Agency/Standard</th>
<th>Goal Baseline/Target</th>
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<th>Start Date</th>
<th>Progress Towards Goal</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>Disease Modifying Anti-Rheumatoid Arthritis (ART)</td>
<td>The percentage of members ages 18+ diagnosed with RA and who were dispensed at least one ambulatory Rx for a DMARD.</td>
<td>C. Roullier</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
<td>6/16/2016</td>
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<tr>
<td></td>
<td></td>
<td>HMO/POS 90%</td>
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<td></td>
<td></td>
<td>Medicaid: 83%</td>
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<td></td>
<td></td>
<td>PPO: 89%</td>
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<td></td>
<td></td>
<td>Medicare HMO 89%</td>
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<td></td>
<td>Medicare PPO: 79%</td>
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<tr>
<td>M</td>
<td>Annual Monitoring for Patients on Persistent Medications (MPM) 5 Rates: 1.)ACE or ARBs 2.)Digoxin 3.)Diuretics 4.) Total Rate</td>
<td>The percentage of members age 18+- taking selected therapeutic agents (ACE,ARB, Digoxin, Diuretics) for at least 180 treatment days who have at least one serum potassium and either a serum creatinine or BUN and those taking anticonvulsants at least one serum concentration level monitoring</td>
<td>C. Roullier</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
<td>6/16/2016</td>
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<td></td>
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<td>HMO/POS 85%</td>
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<td>Medicaid: 89%</td>
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<td>PPO: 89%</td>
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<td>Medicare HMO 95%</td>
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<td>Medicare PPO: 93%</td>
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<td>2.) Digoxin HMO/POS 90%</td>
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<td></td>
<td>Medicaid: 95%</td>
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<td>PPO: 87%</td>
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<td>Medicare HMO 97%</td>
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<td>Medicare PPO: 94%</td>
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<td>3.) Diuretics HMO/POS 88%</td>
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<td>Medicaid: 89%</td>
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<td>PPO: 84%</td>
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<td>Medicare HMO 95%</td>
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<td></td>
<td>Medicare PPO: 94%</td>
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<tr>
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<td>Progress Towards Goal</td>
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<tr>
<td>Use of High Risk Medications in the Elderly (DAE)</td>
<td>The percentage of Medicare members age 66 and older who received 1 high risk medication or received at least 2 different high medications.</td>
<td>C. Roullier</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
<td>6/16/2016</td>
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<tr>
<td>1.) At least one high risk medication</td>
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<td>2.) At least two high risk medications</td>
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<tr>
<td>Follow Up After Hospitalization for Mental Illness (FUH) 2 Rates:</td>
<td>The percentage of members age 6 and older who were followed up as an outpatient following hospitalization for mental illness.</td>
<td>C. Roullier</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
<td>6/16/2016</td>
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<tr>
<td>1.) Follow up within 30 days of discharge</td>
<td></td>
<td>E. Martin</td>
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<tr>
<td>2.) Follow up within 7 days of discharge</td>
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<tr>
<td>Frequency of On-Going Prenatal Care (FPC)</td>
<td>The percentage of pregnant women who received the appropriate number of prenatal visits.</td>
<td>C. Roullier</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
<td>6/16/2016</td>
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<tr>
<td></td>
<td>Medicaid: 75% with &gt; 81% of expected visits</td>
<td>E. Martin</td>
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</tbody>
</table>

CDPHP 2016 QM Program Description: Appendix I-40

Confidential and Proprietary
<table>
<thead>
<tr>
<th>Key</th>
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</thead>
<tbody>
<tr>
<td>M</td>
<td>Adult BMI Assessment (ABA)</td>
<td>The percentage of members 18-74 years of age who had outpatient visit and who had their Body Mass Index (BMI) documented during the measurement year or the year prior to the measurement year.</td>
<td>C. Roullier</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
<td>6/16/2016</td>
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<tr>
<td></td>
<td></td>
<td>HMO/POS: 93%</td>
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<td></td>
<td>Medicaid: 84%</td>
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<td>PPO: 86%</td>
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<td></td>
<td></td>
<td>Medicare HMO: see stars goals above</td>
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<td>Medicare PPO: see stars goals above</td>
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<tr>
<td>M</td>
<td>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</td>
<td>The percentage of members 3-17 years of age who had outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition, counseling for physical activity during the measurement year.</td>
<td>C. Roullier</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS report &amp; quarterly reports on progress towards goal submitted to QMC</td>
<td>6/16/2016</td>
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<tr>
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<td>1.) BMI Percentile</td>
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<td>HMO/POS: 87%</td>
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<td></td>
<td></td>
<td>Medicaid/CHPS: 78%</td>
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<td></td>
<td>PPO: 87%</td>
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<td>2.) Counseling for Nutrition</td>
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<td>HMO/POS: 85%</td>
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<td></td>
<td></td>
<td>Medicaid/CHPS: 78%</td>
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<td>PPO: 81%</td>
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<td>3.) Counseling for Physical Activity</td>
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<td></td>
<td></td>
<td>HMO/POS: 76%</td>
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<td></td>
<td>Medicaid/CHPS: 65%</td>
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<td></td>
<td></td>
<td>PPO: 76%</td>
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### CDPHP Quality Management (QM) Program
#### Work Plan – 2016

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</tr>
</thead>
</table>
| M   | HIV/AIDS Comprehensive Care  
1.)Engaged in Care  
2.)Viral Load Monitoring  
3.)Syphilis Screening | The percentage of members who qualified through at least one method as living with HIV/AIDS during the year prior to the measurement year, and received: two outpatient visits for primary care or HIV related care during the measurement year and at least one visit in the second half of the measurement year, two viral load tests conducted during the measurement year with at least one viral load test in the first half and one in the second half of the year, and one syphilis test conducted during the measurement year.  
**Medicaid:**  
1.) Engaged in care: 93% (QARR Measure)  
2.) Viral Load Monitoring: 77%  
3.) Syphilis Screening: 66% | C. Roulier  
Contributors: Schlude | 1/1/2016 | Progress on Monthly Interim HEDIS report & quarterly reports on progress towards goal submitted to QMC & the NYS DOH as part of Quality Performance Matrix 2015 for HIV-Engaged in Care | 6/16/2016 & 12/31/16 |
| M   | Adolescent Preventive Care Measures (APC) | The percentage of members age 12-17 screened for sexual activity, depression, tobacco use and substance abuse during the measurement year.  
**Sexual Activity**  
HMO/POS: 66%  
Medicaid/CHPS: 60%  
PPO: 65%  
**Depression**  
HMO/POS: 58%  
Medicaid/CHPS: 48%  
PPO: 50%  
**Tobacco Use**  
HMO/POS: 80%  
Medicaid/CHPS: 65%  
PPO: 75%  
**Substance Abuse**  
HMO/POS: 75% | C. Roulier  
## Statin Therapy for Patients with Cardiovascular Disease (SPC) – New Measure 2016

<table>
<thead>
<tr>
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</thead>
</table>
| Percentages of males 21-75 years of age & females 40-75 years of age during measurement year, who were Id as having clinical atherosclerotic CVD & met the following criteria:  
  1. Received Statin Therapy. Members who were dispensed at least one high or moderate intensity statin med during the measurement period.  
  2. Statin Adherence 80%. Members who remained on a high or moderate intensity statin med for at least 80% of the treatment period. | C. Roullier  
Contributors:  
S. Beck | 1/1/2016 | Progress on Monthly Interim HEDIS report & quarterly reports on progress towards goal submitted to QMC | 6/15/2016 |

### Complaints & Appeals

<table>
<thead>
<tr>
<th>Complaints and Appeals</th>
<th>Goal: Baseline year for data</th>
<th>Owner(s)</th>
<th>Start Date</th>
<th>Progress Towards Goal</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Complaints and Appeals</strong></td>
<td>Members who express any level of dissatisfaction and who request that a provider or service be reviewed.</td>
<td>J. Keohan</td>
<td>Ongoing</td>
<td>Progress towards goal submitted quarterly to QMC</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Acknowledge, review and respond per Policy and Procedure</td>
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<thead>
<tr>
<th>Complaint and Appeal Turnaround Time</th>
<th>Goal: Baseline year for data</th>
<th>Owner(s)</th>
<th>Start Date</th>
<th>Progress Towards Goal</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of time to resolve member complaints &lt; 30 calendar days</td>
<td>J. Keohan</td>
<td>Ongoing</td>
<td>Progress towards goal submitted quarterly to QMC</td>
<td>Ongoing</td>
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</table>

<table>
<thead>
<tr>
<th>Complaint and Appeal Analysis</th>
<th>Goal: Baseline year for data</th>
<th>Owner(s)</th>
<th>Start Date</th>
<th>Progress Towards Goal</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify areas of member dissatisfaction and improve performance, and member education of policies, contracts and benefits. Conduct 1st, 2nd and 3rd level appeals according to regulatory requirements.</td>
<td>J. Keohan</td>
<td>Ongoing</td>
<td>Progress towards goal submitted quarterly to QMC</td>
<td>Ongoing</td>
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</table>

<table>
<thead>
<tr>
<th>External Appeals</th>
<th>Goal: Baseline year for data</th>
<th>Owner(s)</th>
<th>Start Date</th>
<th>Progress Towards Goal</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor external appeals volume, upheld and overturn rates monthly. Monitor for any trends.</td>
<td>J. Keohan</td>
<td>Ongoing</td>
<td>Progress towards goal submitted quarterly to QMC</td>
<td>Ongoing</td>
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<tr>
<td>Goal: Upheld rate of External Appeals 100%</td>
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<table>
<thead>
<tr>
<th>Grievance Hearings</th>
<th>Goal: Baseline year for data</th>
<th>Owner(s)</th>
<th>Start Date</th>
<th>Progress Towards Goal</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor member grievance hearings results monthly. Monitor for trends.</td>
<td>J. Keohan</td>
<td>Ongoing</td>
<td>Progress towards goal submitted quarterly to QMC</td>
<td>Ongoing</td>
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<tr>
<td>Goal: Overturn rate of Grievance Hearings 0%</td>
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### Key

**QM Program**

**Description:** Appendix I

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### CDPHP Quality Management (QM) Program

**Work Plan – 2016**

<table>
<thead>
<tr>
<th>Key</th>
<th>Quality Indicator/Initiative or Regulatory Agency/Standard</th>
<th>Goal Baseline/Target</th>
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<th>Progress Towards Goal</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IRE Appeals Report</td>
<td>Monitor appeals volume referred to IRE agency, Maximus and the overturn and upheld rates monthly. Monitor for trends. Goal: Overturn rate of IRE Appeals 0%</td>
<td>J. Keohan</td>
<td>Ongoing</td>
<td>Progress towards goal submitted quarterly to QMC</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Environmental Member Complaints</td>
<td>Monitor for and investigate any member environmental complaint regarding a provider office site. Goal: Investigation completed in 30 days of receipt of the complaint</td>
<td>J. Keohan Contributors: Quality Review Nurses</td>
<td>Ongoing</td>
<td>Progress towards goal submitted quarterly to QMC</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Regulatory Agency Closed Complaints</td>
<td>Monitor the investigation of regulatory agency i.e. DOI, DOH, etc. complaints: type, volume closed and upheld monthly Goal: Regulatory Agency Upheld rate 84%</td>
<td>R. Rothstein Contributor: Corporate Compliance</td>
<td>Ongoing</td>
<td>Progress towards goal submitted quarterly to QMC</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

### Disease Management

<table>
<thead>
<tr>
<th></th>
<th>Goal Baseline/Target</th>
<th>Owner(s)</th>
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<th>Progress Towards Goal</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronary Artery Disease (CAD)</td>
<td>Chronic disease programs delegated to Health Dialog, Monthly reports are received from HD. Goal: Increase focus on gaps in care, particularly related to diabetes measures.</td>
<td>C. Schlude Contributors: Health Dialog</td>
<td>1/1/2011</td>
<td>Progress towards goal submitted semi-annually to QMC</td>
<td>12/31/2016</td>
</tr>
</tbody>
</table>
# CDPHP Quality Management (QM) Program Work Plan – 2016

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<tbody>
<tr>
<td></td>
<td>Case Management</td>
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<tr>
<td></td>
<td>Community Based Case management</td>
<td>Continue to evaluate current case management community assignments to ensure maximum engagement with vulnerable, low-income populations. When appropriate, re-allocate resources to increase case management exposure in existing community exposure or for case management penetration in a new community.</td>
<td>C. Schlude, J. Wilson, C. Zeppieri</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted quarterly to QMC</td>
<td>12/31/2016</td>
</tr>
<tr>
<td></td>
<td>Case Management Enrollment</td>
<td>Monitor CM enrollment with goal of 2% total member engagement in CDPHP case management program.</td>
<td>C. Schlude, J. Wilson, C. Zeppieri</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted quarterly to QMC</td>
<td>12/31/2016</td>
</tr>
<tr>
<td></td>
<td>CM Targeted HEDIS Initiative</td>
<td>Case Management will have two separate targeted initiatives to address Diabetes and Asthma quality measures.</td>
<td>C. Schlude, J. Wilson, C. Zeppieri</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted quarterly to QMC</td>
<td>12/31/2016</td>
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<td></td>
<td>Resource Coordination : Technology Assessment</td>
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<td></td>
<td>Technology Assessment</td>
<td>Evaluate new technology and/or new uses for existing technology, including medical and behavioral health technologies. GOAL: The Technology Assessment Team shall meet to review, provide consideration for approval of new and existing medical and behavioral health technologies. Related policies are approved by the Policy Committee</td>
<td>T. Langlais, D. Stewart</td>
<td>1/1/2016</td>
<td>Submit to UMC ad hoc; report quarterly to QMC</td>
<td>12/31/2016</td>
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<tr>
<td></td>
<td>Resource Coordination : Service Indicators</td>
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<tr>
<td></td>
<td>Receipt/Determination Turnaround</td>
<td>Percent of determinations made in 3 business days or less from date of when complete information is received. Goal: TAT =&gt; 96%</td>
<td>M. Elliot</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted quarterly to QMC</td>
<td>12/31/2016</td>
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## CDPHP Quality Management (QM) Program Work Plan – 2016

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<tr>
<td>M. Elliot</td>
<td>Percentage of callers who hang up prior to being connected to a phone representative</td>
<td>Goal: &lt;= 5%</td>
<td>M. Elliot</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted quarterly to QMC</td>
<td>12/31/2016</td>
</tr>
<tr>
<td>M. Elliot</td>
<td>Percentage of calls answered in 120 seconds or less</td>
<td>Goal: =&gt; 75%</td>
<td>M. Elliot</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted quarterly to QMC</td>
<td>12/31/2016</td>
</tr>
<tr>
<td>H. Hebert</td>
<td>To measure use of services and identify incidences of higher or lower than expected utilization using the following key indicators: Measure rates: Days/1000 Discharges /1000 Inpatient Length of Stay ER/1000 visits HEDIS 2015 data to evaluate 2014 results</td>
<td>GOAL: Under Utilization- 2015 HEDIS Data- less than 10th percentile Over- Utilization- 2015 HEDIS Data- greater than 90th percentile</td>
<td>H. Hebert</td>
<td>1/1/2016</td>
<td>Utilization data will be reported at quarterly UM meetings in 2016  o SNF LOS and readmissions benchmarks to be determined 1/31/16  o Inpatient acute readmissions benchmark to be determined 1/31/16  o Readmission Avoidance Program with Eddy VNA benchmarks to determine outcomes for readmissions with specific dx (CHF, COPD, pneumonia, MI/CAD, UTI, diabetes) 1/31/16</td>
<td>12/31/2016</td>
</tr>
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## CDPHP Quality Management (QM) Program
### Work Plan – 2016

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<td></td>
<td><strong>Behavioral Health : Service Indicators</strong></td>
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<td></td>
<td><strong>Behavioral Health Member Services</strong></td>
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<tr>
<td></td>
<td>Telephone Abandonment Rate</td>
<td>Percentage of callers who hang up prior to being connected to a phone representative</td>
<td>C. Rorie-Alexandrov</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted quarterly to QMC</td>
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<tr>
<td></td>
<td>Goal: &lt;= 5%</td>
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<tr>
<td></td>
<td><strong>Behavioral Health Member Services</strong></td>
<td>Length of time BH caller waits before call is answered</td>
<td>C. Rorie-Alexandrov</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted quarterly to QMC</td>
<td>12/31/2016</td>
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<tr>
<td></td>
<td>Average Speed of Answer</td>
<td>Goal: ASA &lt; 30 seconds</td>
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<tr>
<td></td>
<td><strong>Behavioral Health Member Services</strong></td>
<td>Percentage of member calls answered in 30 seconds or less</td>
<td>C. Rorie-Alexandrov</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted quarterly to QMC</td>
<td>12/31/2016</td>
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<tr>
<td></td>
<td>Call Answer Timeliness Percent</td>
<td>Goal: &gt; 70%</td>
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<tr>
<td></td>
<td><strong>Behavioral Health</strong></td>
<td>Percent of determinations made in 3 business days or less from date of complete information</td>
<td>C. Rorie-Alexandrov</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted quarterly to QMC</td>
<td>12/31/2016</td>
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<tr>
<td></td>
<td>Turnaround Time for determinations</td>
<td>Goal: TAT &gt;= 96%</td>
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<td></td>
<td><strong>Inter-rater Reliability</strong></td>
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<td></td>
<td><strong>Inter-rater Reliability</strong></td>
<td>Each CDPHP staff person who makes decisions on clinical or contractual benefits shall be tested (evaluated) for consistency in applying the criteria.</td>
<td>L. Swett</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted annually to QMC</td>
<td>12/31/2016</td>
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<td></td>
<td>Department GOAL</td>
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<td></td>
<td>Ambulatory Review Specialists</td>
<td>90%</td>
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<tr>
<td></td>
<td>Appeals Analysts/Clinical Appeals Specialists</td>
<td>90%</td>
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<tr>
<td></td>
<td>Case Management (Long Term, Social Work)</td>
<td>90%</td>
<td></td>
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<tr>
<td></td>
<td>Inpatient Care Coordinators</td>
<td>90%</td>
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</tbody>
</table>

### Contributors:
- M. Elliott
- C. Roullier
- Pharmacy RC
# CDPHP Quality Management (QM) Program
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<tr>
<td>Medical Directors</td>
<td>90%</td>
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<tr>
<td>Pharmacists/Pharmacy Technical Benefits Specialists</td>
<td>90%</td>
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<tr>
<td>Referral Services (Case Managers/OOA &amp; Specialists)</td>
<td>90%</td>
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<tr>
<td>Quality review Specialists</td>
<td>90%</td>
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<tr>
<td>Member Complaints &amp; Quality Committees Coordinator</td>
<td>90%</td>
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<tr>
<td>Disease Management</td>
<td>90%</td>
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<tr>
<td>Behavior Health Services</td>
<td>90%</td>
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</tbody>
</table>

### Population Health and Wellness

<table>
<thead>
<tr>
<th>Community Calendar</th>
<th>Community-based programs that help our healthy members stay healthy and assist those with existing medical conditions to optimize their health and functional capacity. <strong>Goal:</strong> Increase number of members who participate in condition-specific free wellness programs throughout the service area for LOB</th>
<th>E. Martin</th>
<th>1/1/2016</th>
<th>Progress towards goal submitted semi-annually to QMC</th>
<th>12/31/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthier Generation Benefit</td>
<td>Comprehensive health benefits for eligible children ages 3 to 18 to prevent, access and treat childhood obesity. <strong>Goal:</strong> 1.) Increase utilization of the childhood overweight and obesity diagnoses codes by PCPs and RDs</td>
<td>E. Martin</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted semi-annually to QMC</td>
<td>12/31/2016</td>
</tr>
<tr>
<td>Workplace Wellness</td>
<td>Workplace wellness program provides employer groups health promotion activities and support to help improve employee health and manage health care costs. Groups participating in the Shared Health program receive additional clinical data management support in combination with financial strategies aimed to reduce their health care spending. <strong>Goal:</strong> Engage interested employer groups to develop and implement customized workplace wellness plans.</td>
<td>E. Martin</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted semi-annually to QMC</td>
<td>12/31/2016</td>
</tr>
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<tr>
<td>M</td>
<td>Targeted Member Outreach</td>
<td>Targeted member communication campaigns designed to increase member awareness and knowledge around various preventive health measures or identified gaps in care are delivered to improve member health outcomes. <strong>Goal:</strong> Improve member health outcomes as measured through interim HEDIS 2016.</td>
<td>E. Martin</td>
<td>1/1/2016</td>
<td>Progress on Monthly Interim HEDIS 2016 report &amp; quarterly reports on progress towards goal submitted to QMC</td>
</tr>
<tr>
<td>Key Quality Indicator/ Initiative or Regulatory Agency/Standard</td>
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<tr>
<td><strong>Internal Operations Service Indicators</strong></td>
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<tr>
<td><strong>Document Management</strong></td>
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<tr>
<td>Document Management: Claims Entry Turnaround</td>
<td>Monthly Claims entry Turnaround time (TAT): Weekly monitoring and Evaluation of the Number of days from receipt to entry on the system</td>
<td>K. Moffre</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted quarterly to QMC</td>
<td>12/31/2016</td>
</tr>
<tr>
<td>Goal: 99% in 3 business days 100% in 4 business days</td>
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<tr>
<td><strong>Claims Department</strong></td>
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<tr>
<td>Claims Adjudication Turnaround TAT</td>
<td>Monthly monitoring of length of time to adjudicate a claim in the system</td>
<td>A Guidi</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted quarterly to QMC</td>
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</tr>
<tr>
<td>Goal: 98% within 30 days</td>
<td></td>
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<tr>
<td>Claims Adjudication Accuracy</td>
<td>Percentage of claims adjudicated without processing errors</td>
<td>A Guidi</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted quarterly to QMC</td>
<td>12/31/2016</td>
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<tr>
<td>Goal: 98%</td>
<td></td>
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<tr>
<td><strong>Membership and Billing: Enrollment</strong></td>
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<tr>
<td>Group Application</td>
<td>Weekly monitoring of Time Standards by Manager. Length of time to process 100% of all completed employer group applications to ensure members enrolled with appropriate benefit packages</td>
<td>C. Salzer and K. Keller</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted quarterly to QMC</td>
<td>12/31/2016</td>
</tr>
<tr>
<td>Goal: 7.5 business days</td>
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<tr>
<td><strong>Accuracy Goal:</strong> 95-99% Group Quality Score</td>
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<tr>
<td>Member Application Processing</td>
<td>Weekly monitoring of Time Standards by Manager Length of time to process 100% of all completed applications to ensure timely delivery of member ID cards <strong>Goal:</strong> 7.5 business days <strong>Accuracy Goal:</strong> 95-99% Member Quality Score</td>
<td>C. Salzer and K. Keller</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted quarterly to QMC</td>
<td>12/31/2016</td>
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<tr>
<td>Member ID Card Turnaround Time</td>
<td>Weekly monitoring of Time Standards by Manager. Length of time to generate new ID cards. <strong>Goal:</strong> TAT for Member ID cards within 9 business days</td>
<td>C. Salzer and K. Keller</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted quarterly to QMC</td>
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<tr>
<td><strong>Provider Services</strong></td>
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</tr>
<tr>
<td>Average Speed to Answer provider calls</td>
<td>Length of time caller waits before call is answered. Measure and monitor data monthly. <strong>Goal:</strong> ASA less of equal to 5:00 minutes</td>
<td>J. DiDonna</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted quarterly to QMC</td>
<td>12/31/2016</td>
</tr>
<tr>
<td>Quality Score -Phone Unit</td>
<td>Identify opportunities and trends. <strong>Goal:</strong> Quality Score of 93-98%</td>
<td>J. DiDonna</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted quarterly to QMC</td>
<td>12/31/2016</td>
</tr>
<tr>
<td>Correspondence Turnaround Time</td>
<td>Length of time from receipt to completion. Measure and monitor data monthly. <strong>Goal:</strong> TAT within 21 days</td>
<td>J. DiDonna</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted quarterly to QMC</td>
<td>12/31/2016</td>
</tr>
<tr>
<td>Quality Score-Inventory Unit</td>
<td>Identify opportunities and trends. <strong>Goal:</strong> Quality Score of 94-98%</td>
<td>J. DiDonna</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted quarterly to QMC</td>
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<td><strong>Member Services</strong></td>
<td></td>
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<tr>
<td>Abandonment Rates</td>
<td>Monitor and measures data weekly of the percentage of callers who hang up prior to being connected to a phone representative <strong>Goal:</strong> &lt;= 5%</td>
<td>C. Gates <strong>Contributors:</strong> All LOB MS Call Center Supervisors</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted quarterly to QMC</td>
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<tr>
<td></td>
<td>Average Speed to Answer</td>
<td>Monitor and measures data weekly LOB call center metrics regarding the percentage of calls answered in</td>
<td>C. Gates</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted quarterly to QMC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Goal: &lt; 30 seconds</td>
<td>Contributors: All LOB MS Call Center Supervisors</td>
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</tr>
<tr>
<td>% of Calls Answered</td>
<td>Monitor and measures data weekly on LOB call center metrics regarding percent of calls answered in 30 seconds or less. <strong>Goal:</strong> 80%</td>
<td></td>
<td>C. Gates, Contributors: All LOB MS Call Center Supervisors</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted quarterly to QMC</td>
</tr>
<tr>
<td>Quality Score</td>
<td>Monitor and measures data weekly on LOB call center metrics regarding accurate and appropriate delivery of information to customers as monitored by quality coaching staff. Identify opportunities and trends. <strong>Goal:</strong> 93-98%</td>
<td></td>
<td>C. Gates, Contributors: All LOB MS Call Center Supervisors</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted quarterly to QMC</td>
</tr>
<tr>
<td>Correspondence Turnaround time</td>
<td>Monitor and measures data weekly on LOB call center metrics regarding correspondence TAT. <strong>Goal:</strong> resolve &lt;= 21 days</td>
<td></td>
<td>C. Gates, Contributors: All LOB MS Call Center Supervisors</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted quarterly to QMC</td>
</tr>
<tr>
<td>Secure E-mail/Average days to respond</td>
<td>Monitor and measures data weekly on LOB call center metrics regarding secure email average days to respond. <strong>Goal:</strong> 1 business day</td>
<td></td>
<td>C. Gates, Contributors: All LOB MS Call Center Supervisors</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted quarterly to QMC</td>
</tr>
<tr>
<td>Secure E-mail/Average days to complete</td>
<td>Monitor and measures data weekly on LOB call center metrics regarding secure email average days to complete. <strong>Goal:</strong> 1 business day</td>
<td></td>
<td>C. Gates, Contributors: All LOB MS Call Center Supervisors</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted quarterly to QMC</td>
</tr>
<tr>
<td>Secure E-mail/Responded within 1 business day</td>
<td>Percent of secure emails responded to within 1 business day. <strong>Goal:</strong> 100%</td>
<td></td>
<td>C. Gates, Contributors: All LOB MS Call Center Supervisors</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted quarterly to QMC</td>
</tr>
<tr>
<td>Key</td>
<td>Quality Indicator/Initiative or Regulatory Agency/Standard</td>
<td>Goal Baseline/Target</td>
<td>Owner(s)</td>
<td>Start Date</td>
<td>Progress Towards Goal</td>
</tr>
<tr>
<td>-----</td>
<td>----------------------------------------------------------</td>
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</tr>
<tr>
<td></td>
<td>New Member Outbound – Orientation Program Calls</td>
<td>Outbound educational telephone calls to new members-monitored monthly Goal: Weekly outbound calls are made</td>
<td>L. Kordas</td>
<td>1/1/2016</td>
<td>Progress towards goal submitted annually to QMC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Credentialing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monthly Credentialing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monitor Time to process initial Credentialing application</td>
<td>To ensure that all initial applications are completed and approved within 60-90 days of receipt of a completed application. Goal: 90% are completed in 90 days</td>
<td>J. Keohan</td>
<td>Ongoing</td>
<td>Submit findings to Credentials Committee monthly for approval and report up to QMC quarterly</td>
</tr>
<tr>
<td></td>
<td>Delegation Oversight (Refer to Section IX for details on each delegate)</td>
<td>Review of delegate’s initial and recredentialing performance against delegation contract criteria by conducting file audits of each delegate, site visits, as needed, and annual documentation review.</td>
<td>J. Keohan</td>
<td>Ongoing</td>
<td>Submit findings to Credentials Committee monthly for approval and report up to both Joint Health Services Committee &amp; QMC quarterly</td>
</tr>
<tr>
<td></td>
<td>Monthly Recredentialing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monitor Time to complete recredentialing</td>
<td>To ensure that all active practitioners in scope are recredentialied at least every 36 months Goal: 100% at least every 36 months</td>
<td>J. Keohan</td>
<td>Ongoing</td>
<td>Submit findings to Credentials Committee monthly for approval and report up to QMC quarterly</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Credentialing Policy &amp; Procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Annual review of credentialing policies &amp; procedures</td>
<td>To ensure that all credentialing policies and procedures are reviewed by the Credentials Committee at least annually and updated as needed through the year</td>
<td>J. Keohan</td>
<td>1/1/2016</td>
<td>Submit to Credentials Committee on staggered schedule to assure staggered review of all policies. Approvals and updates reported to quarterly to QMC</td>
</tr>
<tr>
<td>Key</td>
<td>Quality Indicator/ Initiative or Regulatory Agency/Standard</td>
<td>Goal Baseline/Target</td>
<td>Owner(s)</td>
<td>Start Date</td>
<td>Progress Towards Goal</td>
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<td>------------------------</td>
</tr>
<tr>
<td>M</td>
<td>Member Complaint Data - Credentialing</td>
<td></td>
<td>J. Keohan</td>
<td>1/1/2016</td>
<td>Report to Credentials Committee biannually and up to QMC</td>
</tr>
<tr>
<td></td>
<td>Member provider/practitioner complaints</td>
<td>Credentialing monitors members who express dissatisfaction with providers and practitioners and reports biannually to Credentials Committee</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Member Complaint Data - Credentialing

- Member provider/practitioner complaints
  - Credentialing monitors members who express dissatisfaction with providers and practitioners and reports biannually to Credentials Committee
  - Owner: J. Keohan
  - Start Date: 1/1/2016
  - Progress Towards Goal: Report to Credentials Committee biannually and up to QMC
  - End Date: 12/31/2016
## Accessibility and Access

| After Hours Accessibility study | Conduct an accessibility study and report findings to the Credentials Committee:  
To ensure that members contact a live voice  
**Goal:** 85%  
To ensure the practitioner responds within one hour  
**Goal:** 100% | J. Keohan | 1/1/2016 | Submit findings to Credentials Committee for review/approval and report up to QMC annually, or more frequent if needed. | 12/31/2016 |
| Practice Site Assessment for Appointment Access | To ensure that the plan’s access standards are met. Site visits are conducted to identify appointments based on criteria  
**Goal:** 100%  
**Appointment Access Standards:**  
Urgent care within 48 hours  
Sick care visits within 24 hours  
Emergency care immediately  
Routine primary care within 4 weeks  
Initial prenatal (in 1st trimester) within 3 weeks  
Initial prenatal (in 2nd or 3rd trimester) within a week  
Initial family planning within 2 weeks  
Initial newborn visit within 2 weeks of hospital discharge  
**Behavioral Health Appointment Access Standards:**  
Emergency care immediately  
Non-life threatening emergency care within 6 hours  
Chemical dependency/urgent care within 48 hours  
Routine care within 10 business days | J. Keohan  
**Contributors:**  
B. Freer  
B. Cocozza  
Provider Relations  
BH Quality | 1/1/2016 | Submit findings to Credentials Committee for review/approval and report up to QMC quarterly | 12/31/2016 |
# GeoAccess Monitoring

To ensure geographical distribution availability of primary care and high volume specialty providers including behavioral health providers utilizing GeoAccess software.

**Goal:** 85% combined average to meet access standards

**GeoAccess Availability Standards**

<table>
<thead>
<tr>
<th>Miles/Minutes</th>
<th>Goal/Type</th>
<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Internal Medicine</td>
<td>30 miles/30 min.</td>
<td>7/1/2015</td>
</tr>
<tr>
<td>3 Family/GM</td>
<td>30 miles/30 min.</td>
<td>7/1/2015-6/30/16</td>
</tr>
<tr>
<td>3 Pediatricians</td>
<td>30 miles/30 min.</td>
<td>7/1/2015-6/30/16</td>
</tr>
<tr>
<td>2 OB/GYNs</td>
<td>30 miles/30 min</td>
<td>7/1/2015-6/30/16</td>
</tr>
<tr>
<td>2 Specialist from each of the types designated as high–volume</td>
<td>30 miles/30 min</td>
<td>7/1/2015-6/30/16</td>
</tr>
<tr>
<td>1 Mental Health/Substance Abuse Treatment</td>
<td>30 miles/30 min</td>
<td>7/1/2015-6/30/16</td>
</tr>
<tr>
<td>2 Social Workers</td>
<td>30 miles/30 min</td>
<td>7/1/2015-6/30/16</td>
</tr>
<tr>
<td>2 Psychiatrists</td>
<td>30 miles/30 min</td>
<td>7/1/2015-6/30/16</td>
</tr>
<tr>
<td>2 Psychologists</td>
<td>30 miles/30 min</td>
<td>7/1/2015-6/30/16</td>
</tr>
<tr>
<td>1 Pharmacy- urban</td>
<td>3 miles/10 min</td>
<td>7/1/2015-6/30/16</td>
</tr>
<tr>
<td>1 Pharmacy- rural/suburban</td>
<td>10 miles/20 min</td>
<td>7/1/2015-6/30/16</td>
</tr>
<tr>
<td>1 24 hour Pharmacy (where available)</td>
<td>15 miles/25 min</td>
<td>7/1/2015-6/30/16</td>
</tr>
</tbody>
</table>

**Contributors:**

<table>
<thead>
<tr>
<th>Informatics</th>
<th>7/1/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate Analytics/Informatics</td>
<td>7/1/2015-6/30/16</td>
</tr>
</tbody>
</table>

Submit findings annually to Credentials Committee for review/approval and report up to QMC

**End Date:** 10/4/2016
<table>
<thead>
<tr>
<th>Key</th>
<th>Quality Indicator/Initiative or Regulatory Agency/Standard</th>
<th>Goal Baseline/Target</th>
<th>Owner(s)</th>
<th>Start Date</th>
<th>Progress Towards Goal</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 Hospital, x-ray, MRI, optometrist, inpatient psychiatric, inpatient med rehab, skilled nursing facility, SNF, Home health agency, &amp; ambulatory surgery clinic</td>
<td>30 miles/30 min</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Laboratory- urban</td>
<td>20 miles/30 min</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Laboratory- rural/suburban</td>
<td>40 miles/60 min</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Cardiac Catherization, kidney transplant, major treatment, neonatal intensive care and open heart surgery</td>
<td>60 miles/90 min</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ratio Analysis</td>
<td>To conduct a ratio analysis to measure the number of practitioners who serve in primary care, and high volume specialty, including behavioral health. The ratio standard used is realistic for the community and the delivery system and the ratio considers the clinical safety.</td>
<td></td>
<td>J. Keohan</td>
<td>7/1/2015</td>
<td>Corporate Analytics/Informatics to complete year analysis report 7/1/2015-6/30/16</td>
</tr>
<tr>
<td></td>
<td>Ratio Standard: NYS DOH Practitioner to Member Ratio:</td>
<td>1:1500 1 FTE</td>
<td></td>
<td></td>
<td>Submit findings annually to Credentials Committee for review/approval and report up to QMC</td>
<td>10/4/2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1:2400 1 FTE with a mid-level practitioner support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Specialty Capacity

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Population per Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>OB/GYN</td>
<td>10,400</td>
</tr>
<tr>
<td>Allergy/Immunology</td>
<td>121,780</td>
</tr>
<tr>
<td>Cardiology</td>
<td>32,210</td>
</tr>
<tr>
<td>Dermatology</td>
<td>35,420</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>121,780</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>38,410</td>
</tr>
<tr>
<td>Hematology</td>
<td>27,740</td>
</tr>
<tr>
<td>Oncology</td>
<td>27,740</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>110,960</td>
</tr>
<tr>
<td>Nephrology</td>
<td>90,780</td>
</tr>
<tr>
<td>Neurology</td>
<td>94,210</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>21,520</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>16,530</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>31,210</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>92,470</td>
</tr>
</tbody>
</table>

**Goal**

Annually reviewed based on Bureau of Managed Care Certification and Surveillance Standards compared to number of people in community.

**Baseline/Target**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Population per Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>OB/GYN</td>
<td>10,400</td>
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<tr>
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<td>Plastic Surgery</td>
<td>92,470</td>
</tr>
</tbody>
</table>

**Owner(s)**

J. Keohan

**Contributors:**

Informatics

**Start Date**

7/1/2015

**Progress Towards Goal**

Corporate Analytics/Informatics to complete year analysis report 7/1/2015-6/30/16.

Submit findings annually to Credentials Committee for review/approval and report up to QMC

**End Date**

6/30/2016

10/04/2016

## Panel Status

**Goal**

Monitor the open and closed panel status of our network to assure member adequate access to practitioners.

**Baseline/Target**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Population per Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>OB/GYN</td>
<td>10,400</td>
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<td>92,470</td>
</tr>
</tbody>
</table>

**Owner(s)**

J. Keohan

**Contributors:**

Informatics

**Progress Towards Goal**

Submit findings annually to Credentials Committee for review/approval and report up to QMC

**End Date**

Ongoing
# CDPHP Quality Management (QM) Program
## Work Plan – 2016

### QARR- Quality Performance MATRIX 2015 (2014 Measurement Year (MY)) Compared to State Wide Averages (SWA)

<table>
<thead>
<tr>
<th>Key</th>
<th>Quality Indicator/ Initiative or Regulatory Agency/Standard</th>
<th>Goal Baseline/Target</th>
<th>Owner(s)</th>
<th>Start Date</th>
<th>Progress Towards Goal</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Conduct Root cause Analysis for each measure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Develop and implement Plans of Correction (POC) (i.e. Action Plans) for the Quality Performance Matrix 2015 (refer to separate POCs 2015 for action plan details)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>- Work with eviCore healthcare, radiology management vendor, to improve use of imaging for low back pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Monitor progress towards goal via interim HEDIS 2016 (MY 2015)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>- POC Teams meet monthly to discuss progress towards goal and to update actions, if needed to better move the measures.</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

**Note:**
- Progress towards goals submitted via quarterly reports to QMC and up to the Board of Directors.
### CDPHP Quality Management (QM) Program
#### Work Plan – 2016

<table>
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<th>Key</th>
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</tbody>
</table>

#### NYS Performance Improvement Project PIP 2015-2016

<table>
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<th>Key</th>
<th>Quality Indicator/ Initiative or Regulatory Agency/Standard</th>
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<th>Owner(s)</th>
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<th>Progress Towards Goal</th>
<th>End Date</th>
</tr>
</thead>
</table>
|     | Improving Member Identification and Maximizing Appropriate Utilization of Smoking Cessation Benefits | The following objectives will be accomplished in year one of the project at selected EPC practices, which have a high volume of Medicaid members. Baseline measurements will be determined using 2014 data. **Objectives/Goals:** 1. Increase the number of Medicaid members assessed for tobacco use by case management by 10%. 2. Develop and implement a standard of care of tobacco use identification and treatment in targeted provider settings, including follow-up and relapse prevention, among adult Medicaid members, and where applicable, pregnant women and pregnant teens. 3. Increase the utilization of tobacco cessation counseling or services benefits by 10% in targeted provider settings. 4. Increase the utilization of tobacco cessation counseling or services benefits by 10% among those members already utilizing a cessation pharmacotherapy agent. 5. Refer at least 10 members to alternative tobacco cessation support programs. | C. Roullier   
Contributors:  
Medical Director  
Pharmacy Population Health | 1/4/2016 | Progress towards goal submitted quarterly to QMC | 12/31/2016 |