Florida Health Care Plan, Inc.
2019 Quality Improvement Work Plan

Overview of Work Plan

The QI Work Plan template is organized in the following sections:

- Part I- Development Activities
  This section of the work plan identifies **new** activities that need to be developed or enhanced to meet accreditation standards requirements. This work plan template includes the activities required to comply with Health Plan standards requirements that became effective in 2019. If your survey is under the 2019 standards, you must demonstrate a history of implementing the new requirements at least 6 months before your survey. Once a requirement is one year old, then organizations must demonstrate of history of implementation of that requirement for at least 12 months prior to their survey and when a requirement is two years old, then organizations must demonstrate of history of implementation of that requirement for at least 24 months prior to their survey.

  Once development activities are implemented, add future activity for that topic to the applicable work plan section.

- Part II Annual QI Activities
  Activities that must be completed every 12 months are included in this section. This supports efficient coordination of QI activities across the organization. It is also very helpful when there is a staff change; typically new staff are not familiar with all the activities that must occur annually. To complicate matters further, it is difficult for new staff to locate information about the last time an activity occurred without a tracking system.
  In addition, the NCQA scoring guidelines specify that certain activities must be completed annually. NCQA defines annual as **at least every 12 months** with a two-month grace period. Annual activities completed within 14 months of the previous review receive a full compliance designation. Work plan activities with an "annual" requirement are denoted with a "Yes" in the Annual Review column of this section of the work plan. Use this section of the work plan to schedule and monitor compliance with NCQA's "annual" requirements.

- Part III-Biennial Activities
  This section of the work plan includes activities completed at least every 24 months. Some NCQA scoring guidelines specify an activity must occur at least every two years. All of those requirements are listed in this section of the work plan.

Florida Health Care Plan, Inc.
2019 Quality Improvement Work Plan

Part I- Development Activities

QI Development Activities (New requirements or new processes)	Responsible Person	Start Date	Deadline	Committee Reported to	Completion Date
New 2019 NCQA Standard Requirements					
Compile a report which assesses the impact of population health activities on care process or outcome, cost or utilization and member experience (PHM 6A).	S. Sanderson J. Adams	July 2018	July 2019	HOPE PIC	
Identify opportunities to improve PHM activities based on the impact report and implement actions to improve one PHM program or activity (PHM 6B).	S. Sanderson J. Adams	July 2018	July 2019	HOPE PIC	
In addition to the documented process, collect evidence of distribution of materials for four programs that involve interactive contact, demonstrating how members are informed about the programs.	S. Sanderson J. Adams	July 2018	July 2019	HOPE PIC	

Florida Health Care Plan, Inc.
2019 Quality Improvement Work Plan

Part II– Annual QI Activities

Annual QI Activities	Annual Review[1]	Responsible Person	Start Date	Committee and Report Date	Completion Date
QUALITY IMPROVEMENT STANDARDS					
Prepare QI Program Evaluation (QI 1).	Yes	J. Adams	Dec 2018	PIC	
Prepare QI Program Description (QI 1) ➢ Incorporate the recommendations from the QI program evaluation.	Yes	J. Adams	Dec 2018	PIC	
Prepare the annual QI work plan (QI 1)	Yes	J. Adams	Feb 2019	PIC	
Publish annual member newsletter with results of QI activities and effectiveness of actions for improvement (QI 2 B)	Yes	J. Adams	Feb 2019	N/A	
Measure compliance with organization standards for customer service telephone accessibility (QI 4A).	Yes	D. Siciliano	June 2018	CS	
				PIC	
If organization operates behavioral health triage function, measure compliance with standards for behavioral health triage telephone accessibility (QI 4B).	Yes	N/A			
Complete an analysis of non-behavioral health related member complaints, appeals, and CAHPS satisfaction survey results to identify opportunities to address sources of member dissatisfaction (QI 4C and D).	Yes	D. Siciliano	June 2018	CS	
				PIC	
Conduct a separate analysis of member complaints and appeals related to behavioral health services (QI 4E).	Yes	D. Siciliano	Nov 2018	CS	
				PIC	
Conduct a separate survey to measure member satisfaction with behavioral health services (QI 4E).	Yes	D. Siciliano	Nov 2018	CS	
				PIC	

[1] NCQA's Scoring Guidelines include requirements for completion of a number of activities on an "annual" basis. NCQA defines annual as **at least every 12 months** with a two-month grace period. Annual reviews completed within 14 months of the previous review receive a full compliance designation. Work plan activities with an "annual" requirement are denoted with a "Yes" in the Annual Review Column.

Florida Health Care Plan, Inc.
2019 Quality Improvement Work Plan

Annual QI Activities	Annual Review[1]	Responsible Person	Start Date	Committee and Report Date	Completion Date
Identify opportunities to improve behavioral health services based on QI 4E analyses, implement actions to improve performance and measure the effectiveness of the actions (QI 4F).	Yes	D. Siciliano	Nov 2018	CS	
				PIC	
Analyze member satisfaction with UM process (QI 4G). ➢ Identify sources of dissatisfaction with UM process.	Yes	S. Sanderson	June 2018	HOPE	
				PIC	
Analyze practitioner satisfaction with UM process (QI 4G). ➢ Identify sources of dissatisfaction with UM process.	Yes	S. Sanderson	June 2018	HOPE	
				PIC	
Address identified sources of member and practitioner dissatisfaction with the UM process (QI 4G). ➢ Implement actions targeting sources of dissatisfaction.	Yes	S. Sanderson	June 2018	HOPE	
				PIC	
Monitor at least four aspects of continuity and coordination of care between medical care providers (QI 5A). Data must be collected on both member movement between practitioners and member movement across settings. ➢ Identify four opportunities for improvement, at least one for each aspect measured	Yes	S. Sanderson	Aug 2018	HOPE	
				PIC	
Implement actions to improve three aspects of continuity and coordination of care between medical care providers (QI 5B).	Yes	S. Sanderson	Aug 2018	HOPE	
				PIC	
Measure the effectiveness of at least three actions implemented to improve continuity and coordination of care between medical care providers (QI 5C).	Yes	S. Sanderson	Aug 2018	HOPE	
				PIC	
Publish an article in the member newsletter about the availability of assistance for adolescents transitioning from pediatric to adult care (QI 5D factor 2).	Yes	H. Schwegler S. Sanderson	Nov 2018	N/A – Tracking/ Monitoring	
Monitor the continuity and coordination of medical and behavioral health care, addressing all 6 requirements in this element. Analyze results and implement at least two actions to address opportunities for improvement (QI 6A-B)	Yes	S. Sanderson	Aug 2018	HOPE	
				PIC	

Florida Health Care Plan, Inc.
2019 Quality Improvement Work Plan

Annual QI Activities	Annual Review[1]	Responsible Person	Start Date	Committee and Report Date	Completion Date
Measure the effectiveness of at least two actions implemented to improve continuity and coordination of care between medical and behavioral health care providers (QI 6C).	Yes	S. Sanderson	Aug 2018	HOPE	
				PIC	
Review and approve the QI program for all QI delegates, regardless of NCQA accreditation or certification status (QI 7E factor 1)	Yes	N/A			
POPULATION HEALTH MANAGEMENT STANDARDS					
Update the Population Health Management Strategy Description to ensure it reflects the current approach used to address member needs across the continuum of care (PHM 1A).	Yes	S. Sanderson J. Adams	May 2018	HOPE	
				PIC	
Ensure there is a process to inform all members eligible for PHM programs that include interactive contact with information about how they became eligible to participate, how to use program service and how to opt in or opt out (PHM 1B).	Yes	S. Sanderson J. Adams	May 2018	HOPE	
				PIC	
Conduct an analysis of the needs and characteristics of the entire health plan population. Identify sub-populations that require assistance and determine whether the current population health program services and resources are adequately meeting those needs (PHM 2B).	Yes	S. Sanderson	Aug 2018	HOPE	
				PIC	
Implement a process to at least annually segment and stratify the entire enrolled population into subsets for targeted intervention based on their health needs. Compile the report which shows the number of eligible members for each program during the prior measurement year. (PHM 2D).	Yes	S. Sanderson	Aug 2018	HOPE	
				PIC	
Prepare a report which shows the percent of total payments made during the reporting period that are value-based payments (VBP). Categorize the organization's VBP arrangements into the types outlined in the PHM 3B explanation for reporting (PHM 3B).	Yes	R. Barnard S. Berberich M. Ruel	Feb 2018	HOPE	
				PIC	

Florida Health Care Plan, Inc.
2019 Quality Improvement Work Plan

Annual QI Activities	Annual Review[1]	Responsible Person	Start Date	Committee and Report Date	Completion Date
Compile evidence which shows how the organization supports network practitioners and providers in moving to population-based care during the prior measurement year (PHM 3A).	Yes	S. Sanderson J. Adams		HOPE	
				PIC	
Measure satisfaction of members participating in complex case management, implement actions as needed to improve performance and measure effectiveness of the actions (PHM 5F).	Yes	H. Schwegler S. Sanderson	June 2018	HOPE	
				PIC	
NET STANDARDS					
Measure PCP, high-volume and high impact specialist, and behavioral health practitioner availability against organization standards (NET 1B-D).	Yes	P. Haedrich	June 2018	CS	
				PIC	
Measure compliance with organization standards for PCP appointment and after-hours accessibility (NET 2A).	Yes	P. Haedrich	Aug 2018	CS	
				PIC	
Measure compliance with organization standards for behavioral health practitioner appointment accessibility (NET 2B).	Yes	P. Haedrich	Aug 2018	CS	
				PIC	
Measure compliance with organization standards for high volume and high impact specialist appointment accessibility (NET 2C).	Yes	P. Haedrich	Aug 2018	CS	
				PIC	
Analyze member experience with accessing the network through review of member complaints, appeals and out-of-network utilization for behavioral health and non-behavioral health services to identify network gaps which could impact member ability to access care (NET 3A).	Yes	P. Haedrich	Aug 2018	CS	
				PIC	
Identify opportunities to improve access to non-behavioral health services through review of data from NET 1B and C and NET 2A and C analyses plus member complaints, appeals and CAHPS survey results related to non-behavioral health network adequacy. Implement actions to address at least one opportunity and measure the effectiveness of those interventions (NET 3B).	Yes	P. Haedrich	Aug 2018	CS	
				PIC	

Florida Health Care Plan, Inc.
2019 Quality Improvement Work Plan

Annual QI Activities	Annual Review[1]	Responsible Person	Start Date	Committee and Report Date	Completion Date
Identify opportunities to improve access to behavioral health services through review of data from NET 1D and NET 2B analyses plus member complaints, appeals and survey results related to behavioral health network adequacy. Implement actions to address at least one opportunity and measure the effectiveness of those interventions (NET 3C).	Yes	P. Haedrich	Aug 2018	CS	
				PIC	
Analyze member complaints, appeals, out-of-network requests or utilization and QHP enrollee satisfaction survey results for Marketplace enrollees separately from other enrollees, identify opportunities, and implement actions to address the opportunities (NET 4C and D).	Yes	D. Siciliano	May 2018	CS	
				PIC	
Evaluate the accuracy of the online physician directory data on office locations and phone numbers, hospital affiliations, accepting new patients and awareness of physician office staff of practitioner network participation status using valid methodology. Analyze results, identify opportunities to improve the accuracy of information in the directory and implement action to improve performance (NET 6C and D).	Yes	P. Haedrich	Aug 2018	CS	
				PIC	
Review and approve the network management procedures for all NET delegates, regardless of NCQA accreditation or certification status (NET 7E factor 1)	Yes	N/A if no delegation			
UTILIZATION MANAGEMENT STANDARDS					
Prepare UM Program Evaluation (UM 1)	Yes	S. Sanderson	June 2018	HOPE	
				PIC	
Prepare UM Program Description (UM 1) ➢ Incorporate recommendations from UM Program Evaluation	Yes	S. Sanderson	June 2018	HOPE	
				PIC	
Review and update UM criteria (UM 2).	Yes	S. Sanderson	May 2018	N/A Tracking/ Monitoring	

Florida Health Care Plan, Inc.
2019 Quality Improvement Work Plan

Annual QI Activities	Annual Review[1]	Responsible Person	Start Date	Committee and Report Date	Completion Date
Evaluate consistency of UM decision-making by all reviewers (UM 2) ➢ Implement actions for improvement based on results	Yes	C. Graham S. Sanderson	June 2018	HOPE PIC	
Analyze the timeliness of all UM decisions and notifications (both approvals and denials). Report data separately for each UM case type (urgent and non-urgent precertification, urgent concurrent and post-service) for non-behavioral, behavioral and pharmacy services (UM 5G).	No	C. Graham S. Sanderson	June 2018	HOPE PIC	
Publish written notice to members in commercial and Marketplace product lines which informs them about the right to external independent review of appeals (UM 8B).	Yes	C. Graham S. Sanderson	June 2018	N/A Tracking/ Monitoring	
Distribute formulary information to all existing practitioners and members (UM 11B).	Yes	B. Spitz	April 2018	N/A Tracking/ Monitoring	
Ensure there is a process to notify affected members and their prescribers of negative formulary changes on an ongoing basis (UM 11B).	No	B. Spitz	April 2018	N/A Tracking/ Monitoring	
Review and update pharmacy management procedures (UM 11D).	Yes	B. Spitz	April 2018	N/A Tracking/ Monitoring	
Review and update the formulary (UM 11D)	Yes	B. Spitz	April 2018	N/A Tracking/ Monitoring	
Review and approve the UM program for all UM delegates, regardless of NCQA accreditation or certification status (UM 13E factor 1)	Yes	S. Sanderson	Jan 2019	HOPE	
CREDENTIALING STANDARDS					
Report data on tracking and trending patterns of complaints and sentinel events/adverse occurrences about individual practitioners at least every 6 months (CR 5)	No- needs semi-annual	C. Gehringer	April 2019	Credentialing/Peer Review Committee	
Review and approve the CR program for all CR delegates, regardless of NCQA accreditation or certification status (CR 8E factor 1)	Yes	N/A			

Florida Health Care Plan, Inc.
2019 Quality Improvement Work Plan

Annual QI Activities	Annual Review[1]	Responsible Person	Start Date	Committee and Report Date	Completion Date
RIGHTS AND RESPONSIBILITY STANDARDS					
Distribute Member Rights and Responsibility Statement to all practitioners and members (RR 1B).	Yes	J. Adams	May 2018	N/A Tracking/Monitoring	
Distribute information about how to use benefit plan to all existing members (RR 3A).	Yes	C. Martinez	March 2018	N/A Tracking/Monitoring	
MEMBER CONNECTION STANDARDS					
Measure the quality and accuracy of pharmacy benefit information communicated via the web, assessing each function required in MEM 2A (MEM 2C).	Yes	B. Spitz	April 2018	P and T PIC	
Measure the quality and accuracy of pharmacy benefit information communicated via the phone (MEM 2C).	Yes	B. Spitz	April 2018	P and T PIC	
Measure the quality and accuracy of PCP change and ID card requests submitted via the web (MEM 3C).	Yes	P. Haedrich C. Martinez	Feb 2019	CS PIC	
Measure the quality and accuracy of information regarding services requiring referral and authorization on the web (MEM 3C).	Yes	S. Sanderson	June 2018	CS PIC	
Measure the quality and accuracy of treatment cost estimator information available on the web (MEM 3C).	Yes	S. Berberich	June 2018	CS PIC	
Measure the quality and accuracy of information communicated via the phone regarding which services require referral and authorization and estimated treatment costs (MEM 3C).	Yes	D. Siciliano	April 2018	CS PIC	
Measure email inquiry turnaround time and quality of responses (MEM 3D).	Yes	D. Siciliano	May 2018	CS PIC	
Perform annual delegation site visits to evaluate compliance with Health Plan and NCQA standards (QI 7, PHM 7, NET 7, UM 13, CR 8, RR 5 and MEM 5)	Yes	N/A if no delegation	N/A if no delegation		
Collect HEDIS and CAHPS data for all accredited product lines.	Yes	J. Adams	Oct 2018	PIC	

Part III -Biennial QI Activities

Biennial QI Activities[2]	Responsible Person	Start Date	Committee and Report Date	Completion Date
Assess the cultural needs and characteristics of members and determine whether the contracted provider network adequately meets those needs (NET 1A)	P. Haedrich	June 2017 (due June 2019)	CS PIC	
Publish information about appropriate use of incentives for UM decisions to all members, contracted practitioners and providers and all staff who make UM decisions (including approvals) (UM 4).	S. Sanderson	Dec 2018 (due 2020)	N/A – Tracking/Monitoring	
Conduct usability testing of the online practitioner directory whenever changes are made to the user interface, but no less than every three years (NET 6K).	P. Haedrich	Aug 2017 (due Aug 2019)	CS PIC	
Evaluate new member understanding of marketing communications and implement actions to improve (RR 4C).	C. Martinez	Feb 2019 (due 2021)	CS PIC	

[2] This section lists NCQA requirements that must be performed at least every 2 years. You may perform them annually if desired, but that is not required.