

**Florida Health Care Plan, Inc.**  
**2020 Quality Improvement Work Plan**  
**PLEASE NOTE THAT ALL 2020 REPORTS ARE DUE NO LATER THAN 7/1/2020**

**Part I- Development Activities**

<b>QI Development Activities (New requirements or new processes)</b>	<b>Responsible Person(s)</b>	<b>Committee(s)</b>	<b>Completion Date</b>
<b><i>New 2020 NCQA Standard Requirements</i></b>			
Ensure the QI program description explains the relationship between QI and PHM program oversight and operations (QI 1A).	J. Adams	Performance Improvement Committee (PIC)	
Ensure the cultural needs and preferences analysis considers either data gathered from members OR literature on cultural needs and preferences of individuals with similar race, ethnicity and linguistic characteristics of your members and assesses whether your practitioner network meets member needs (NET 1A).	P. Haedrich	Customer Satisfaction Committee (CS)	
		Performance Improvement Committee (PIC)	
Conduct a separate analysis of out-of-network behavioral health requests and utilization for all accredited product lines when evaluating behavioral health network adequacy (NET 3A).	P. Haedrich	Customer Satisfaction Committee (CS)	
		Performance Improvement Committee (PIC)	
Develop a policy and procedure that outlines the process to maintain data integrity for the UM denial system which meets UM 12A requirements.	S. Sanderson	Health Outcomes and Patient Engagement Committee (HOPE)	
		Performance Improvement Committee (PIC)	
Implement the audit process required to assess the data integrity for the UM denial system (UM 12A).	S. Sanderson	N/A – Tracking and Monitoring	
Develop a policy and procedure that outlines the process to maintain data integrity for the UM appeal system which meets UM 12B requirements.	D. Siciliano	N/A – Tracking and Monitoring	
Implement the audit process required to assess the data integrity for the UM appeal system (UM 12B).	D. Siciliano	N/A – Tracking and Monitoring	
Develop a policy and procedure that outlines the process to maintain data integrity for the credentialing system which meets CR 1C requirements.	C. Gehringer	Credentialing/Peer Review Committee	
Implement the audit process required to assess the data integrity for the credentialing system (CR 1C).	C. Gehringer	Credentialing/Peer Review Committee	

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Ensure that new member communications for members in commercial and Marketplace product lines includes content which informs them about the right to external independent review of appeals (ME 3A).	D. Siciliano	N/A – Tracking and Monitoring	1/2020

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**Part II– Annual QI Activities**

<b>Annual QI Activities</b>	<b>Annual Review<sup>1</sup></b>	<b>Responsible Person</b>	<b>Committee(s)</b>	<b>Completion Date</b>
Prepare QI Program Evaluation (QI 1).	Yes	J. Adams	PIC	
Prepare QI Program Description (QI 1) ➤ Incorporate the recommendations from the QI program evaluation.	Yes	J. Adams	PIC	
Prepare the annual QI work plan (QI 1)	Yes	J. Adams	PIC	
Monitor previously identified issue (QI 1): <b><i>Specify issue identified through QI process which needs follow through to ensure actions were effective</i></b>		J. Adams	PIC	
Monitor at least four aspects of continuity and coordination of care between medical care providers (QI 3A). 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	HOPE	
			PIC	
Implement actions to improve three aspects of continuity and coordination of care between medical care providers (QI 3B).	Yes	S. Sanderson	HOPE	
			PIC	
Measure the effectiveness of at least three actions implemented to improve continuity and coordination of care between medical care providers (QI 3C).	Yes	S. Sanderson	HOPE	
			PIC	
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 4A-B)	Yes	S. Sanderson	HOPE	
			PIC	
Measure the effectiveness of at least two actions implemented to improve continuity and coordination of care between medical and behavioral health care providers (QI 4C).	Yes	S. Sanderson	HOPE	
			PIC	
Review and approve the QI program for all QI delegates, regardless of NCQA accreditation or certification status (QI 5C factor 1)	Yes	N/A if no delegation		

<sup>1</sup> 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.

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Annual QI Activities	Annual Review <sup>1</sup>	Responsible Person	Committee(s)	Completion Date
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 and C).	Yes	S. Sanderson	HOPE	
			PIC	
Compile a report that demonstrates your process to at least annually segment and stratify the entire enrolled population into subsets for targeted intervention based on their health needs (PHM 2D).	Yes	S. Sanderson	HOPE	
			PIC	
Conduct a comprehensive analysis of PHM strategy activities (PHM 6A). Complete the data analysis and implement actions to improve performance for at least one opportunity (PHM 6B).	Yes	S. Sanderson J. Adams	HOPE	
			PIC	
Measure PCP, high-volume and high impact specialist, and behavioral health practitioner availability against organization standards (NET 1B-D).	Yes	P. Haedrich	CS	
			PIC	
Measure compliance with organization standards for PCP appointment and after-hours accessibility (NET 2A).	Yes	P. Haedrich	CS	
			PIC	
Measure compliance with organization standards for behavioral health practitioner appointment accessibility (NET 2B).	Yes	P. Haedrich	CS	
			PIC	
Measure compliance with organization standards for high volume and high impact specialist appointment accessibility (NET 2C).	Yes	P. Haedrich	CS	
			PIC	
Analyze member experience with accessing the network through review of member complaints, appeals, member survey data about access 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	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, out-of-network utilization 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	CS	
			PIC	

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Identify opportunities to improve access to behavioral health services through review of data from NET 1D and NET 2B analyses plus member complaints, appeals, out-of-network utilization 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	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	CS	
			PIC	
Review and approve the network management procedures for all NET delegates, regardless of NCQA accreditation or certification status (NET 7E factor 1)		N/A if no delegation		
Prepare UM Program Evaluation (UM 1)	Yes	S. Sanderson	HOPE	
			PIC	
Prepare UM Program Description (UM 1) ➤ Incorporate recommendations from UM Program Evaluation	Yes	S. Sanderson	HOPE	
			PIC	
Review and update UM criteria (UM 2).	Yes	S. Sanderson	N/A – Tracking and Monitoring	
Evaluate consistency of UM decision-making by all reviewers (UM 2) ➤ Implement actions for improvement based on results	Yes	S. Sanderson	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 5D).	No	S. Sanderson A. Albans	HOPE	
			PIC	
Distribute formulary information to all existing practitioners and members (UM 11B).	Yes	B. Spitz	N/A – Tracking and Monitoring	

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Review and update pharmacy management procedures (UM 11D).	Yes	B. Spitz	N/A – Tracking and Monitoring	
Review and update the formulary (UM 11D)	Yes	B. Spitz	N/A – Tracking and 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	HOPE PIC	
Report data on tracking and trending patterns of complaints and sentinel events/adverse occurrences about individual practitioners at least every 6 months (CR 5)	Semi-annual	C. Gehringer	Credentialing/Peer Review Committee	
Review and approve the CR program for all CR delegates, regardless of NCQA accreditation or certification status (CR 8C factor 1)	Yes	N/A if no delegation		
Distribute notice informing all existing practitioners and members about the opportunity to request a copy of the Member Rights and Responsibility Statement (ME 1B).	Yes	J. Adams	N/A – Tracking and Monitoring	
Distribute information about how to use benefit plan to all existing members (ME 2A).	Yes	C. Martinez	N/A – Tracking and Monitoring	
Measure the quality and accuracy of pharmacy benefit information communicated via the web, assessing each function required in ME 5A (ME 5C).	Yes	B. Spitz	Pharmacy and Therapeutics Committee (P and T) PIC	
Measure the quality and accuracy of pharmacy benefit information communicated via the phone (ME 5C).	Yes	B. Spitz	P and T PIC	
Measure the quality and accuracy of PCP change requests submitted via the web (ME 6C).	Yes	P. Haedrich	CS PIC	
Measure the quality and accuracy of information regarding services requiring referral and authorization on the web (ME 6C).	Yes	S. Sanderson	CS PIC	

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Measure the quality and accuracy of treatment cost estimator information available on the web (ME 6C).	Yes	S. Berberich	CS PIC	
Measure the quality and accuracy of information communicated via the phone regarding which services require referral and authorization and estimated treatment costs (ME 6C).	Yes	D. Siciliano	CS PIC	
Measure email inquiry turnaround time and quality of responses (ME 6D).	Yes	D. Siciliano	CS PIC	
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 (ME 7C and D).	Yes	D. Siciliano	CS PIC	
Conduct a separate analysis of member complaints and appeals related to behavioral health services (ME 7E).	Yes	D. Siciliano	CS PIC	
Conduct a separate survey to measure member satisfaction with behavioral health services (ME 7E).	Yes	D. Siciliano	CS PIC	
Identify opportunities to improve behavioral health services based on ME 7E analyses, implement actions to improve performance and measure the effectiveness of the actions (ME 7F).	Yes	D. Siciliano	CS PIC	
Perform annual delegation site visits to evaluate compliance with Health Plan and NCQA standards (QI 5, PHM 7, NET 6, UM 13, CR 8, ME 8)	Yes	N/A if no delegation		
Collect HEDIS and CAHPS data for all accredited product lines.	Yes	J. Adams	CS (CAHPS) PIC	

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**Part III -Biennial QI Activities**

<b>Biennial QI Activities<sup>2</sup></b>	<b>Responsible Person</b>	<b>Committee</b>	<b>Completion Date</b>
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).	R. Barnard S. Berberich M. Ruel	HOPE	
		PIC	
Assess the racial, ethnic, linguistic and cultural needs and characteristics of members and determine whether the contracted provider network adequately meets those needs (NET 1A)	P. Haedrich	CS	7/2019
		PIC	
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	CS	
		PIC	
Evaluate new member understanding of marketing communications and implement actions to improve (ME 3C).	C. Martinez	CS	7/2019
		PIC	

<sup>2</sup> 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.