

**Florida Health Care Plan, Inc.
2018 Quality Improvement Work Plan**

Part I- Development Activities

QI Development Activities (New requirements or new processes)	Responsible Person	Start Date	Deadline	Committee and Report Date	Completion Date
<i>New 2018 NCQA Standard Requirements</i>					
Draft a Population Health Management Strategy Description which defines the approach used to address member needs across the continuum of care (PHM 1A).	S. Sanderson J. Adams	Jan 2018	July 2018	TBD 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).	S. Sanderson J. Adams	Jan 2018	July 2018	TBD PIC	
If not currently available, implement a process to integrate data from multiple sources to use to deliver population health management services (PHM 2A).	S. Sanderson J. Adams	Jan 2018	July 2018	TBD PIC	
Incorporate analysis of data on social determinants of health into the annual population assessment (PHM 2A).	S. Sanderson J. Adams	Jan 2018	July 2018	TBD PIC	
Identify community resources available to assist members with social determinants of health gaps. Establish procedures for staff to refer members to these resources as needed when delivering PHM services (PHM 2C).	S. Sanderson J. Adams	Jan 2018	July 2018	TBD PIC	
Develop and implement a process to at least annually segment and stratify the entire enrolled population into subsets for targeted intervention based on their health needs (PHM 2D).	S. Sanderson J. Adams	Jan 2018	July 2018	TBD PIC	
Identify methods the organization uses to support network practitioners and providers in moving to population-based care and gather evidence demonstrating it occurs (PHM 3A).	S. Sanderson J. Adams	Jan 2018	July 2018	TBD PIC	

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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).	S. Sanderson Ron Barnard/ J. Adams	Jan 2018	July 2018	TBD	
				PIC	
Modify the case management assessment to reflect updated NCQA expectations for PHM 3D factors 3, 5, 6 and 10 (PHM 3D). Organizations must demonstrate at least 12 months compliance with the updated requirements during your CM survey file review (PHM 3D).	S. Sanderson J. Adams	Jan 2018	July 2018	TBD	
				PIC	
Develop a plan and timeframe for completion of a comprehensive analysis of PHM strategy activities (PHM 6A). Complete the data analysis in 2019 and implement actions to improve performance for at least one opportunity (PHM 6B).	S. Sanderson J. Adams	Jan 2018	July 2018	TBD	
				PIC	
Include an analysis of out-of-network requests or utilization for all accredited product lines when evaluating non-behavioral health and behavioral health network adequacy (NET 3A).	Sherrie Hutchinson	Jan 2018	July 2018	TBD	
				PIC	

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Part II- Annual QI Activities

Annual QI Activities	Annual Review 1	Responsible Person	Start Date	Committee Reported To	Completion Date
QUALITY IMPROVEMENT STANDARDS					
Prepare QI Program Evaluation (QI 1).	Yes	J. Adams	Dec 2017	PIC	
Prepare QI Program Description (QI 1) <ul style="list-style-type: none"> • Incorporate the recommendations from the QI program evaluation. 	Yes	J. Adams	Dec 2017	PIC	
Prepare the annual QI work plan (QI 1)	Yes	J. Adams	Dec 2017	PIC	
Publish annual member newsletter with results of QI activities and effectiveness of actions for improvement (QI 2 B)	Yes	J. Adams	Dec 2017	N/A- Tracking/Monitoring	
Measure compliance with organization standards for customer service telephone accessibility (QI 4A).	Yes	D. Siciliano	July 2017	CS PIC	
Measure compliance with standards for behavioral health triage telephone accessibility (QI 4B).	Yes	D. Siciliano	July 2017	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 (QI 4C and D).	Yes	D. Siciliano	July 2017	CS PIC	
Conduct a separate analysis of member complaints and appeals related to behavioral health services (QI 4E).	Yes	D. Siciliano	July 2017	CS PIC	
Conduct a separate survey to measure member satisfaction with behavioral health services (QI 4E).	Yes	D. Siciliano	July 2017	CS PIC	
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	July 2017	CS PIC	
Analyze member satisfaction with UM process (QI 4G). <ul style="list-style-type: none"> • Identify sources of dissatisfaction with UM process. 	Yes	C. Graham S. Sanderson	June 2017	TBD PIC	
Analyze practitioner satisfaction with UM process (QI 4G). <ul style="list-style-type: none"> • Identify sources of dissatisfaction with UM process. 	Yes	C. Graham S. Sanderson	June 2017	TBD 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.

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Address identified sources of member and practitioner dissatisfaction with the UM process (QI 4G). <ul style="list-style-type: none"> Implement actions targeting sources of dissatisfaction. 	Yes	C. Graham S. Sanderson	June 2017	TBD	
				PIC	
Monitor at least four aspects of continuity and coordination of care between medical care providers (QI 5A) [STANDARD FORMERLY WITHIN QI 8]. Data must be collected on both member movement between practitioners and member movement across settings. <ul style="list-style-type: none"> Identify four opportunities for improvement, at least one for each aspect measured 	Yes	H. Schwegler S. Sanderson	June 2017	TBD	
				PIC	
Implement actions to improve three aspects of continuity and coordination of care between medical care providers [QI 5B) – [STANDARD FORMERLY WITHIN QI 8]	Yes	H. Schwegler S. Sanderson	June 2017	TBD	
				PIC	
Measure the effectiveness of at least three actions implemented to improve continuity and coordination of care between medical care providers (QI 5C) - [STANDARD FORMERLY WITHIN QI 8]	Yes	H. Schwegler S. Sanderson	June 2017	TBD	
				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) - [STANDARD FORMERLY WITHIN QI 8]	Yes	H. Schwegler S. Sanderson	Nov 2018	TBD	
				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 6A-B) - [STANDARD FORMERLY WITHIN QI 9]	Yes	H. Schwegler S. Sanderson	June 2017	TBD	
				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 6C)- [STANDARD FORMERLY WITHIN QI 9]	Yes	H. Schwegler S. Sanderson	June 2017	TBD	
				PIC	
Review and approve the QI program for all QI delegates, regardless of NCQA accreditation or certification status (QI 7E factor 1)	Yes	J. Adams	Sept 2017	PIC	

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Annual QI Activities	Annual Review 1	Responsible Person	Start Date	Committee Reported To	Completion Date
POPULATION HEALTH MANAGEMENT STANDARDS					
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) - [STANDARD FORMERLY WITHIN QI 5]	Yes	S. Sanderson	June 2017	TBD	
				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). [STANDARD FORMERLY WITHIN QI 5]	Yes	S. Sanderson	June 2017	TBD	
				PIC	
NET STANDARDS					
Measure PCP, high-volume and high impact specialist, and behavioral health practitioner availability against organization standards (NET 1B-D).	Yes	S. Hutchinson	July 2017	CS	
				PIC	
Measure compliance with organization standards for PCP appointment and after-hours accessibility (NET 2A).	Yes	S. Hutchinson	July 2017	CS	
				PIC	
Measure compliance with organization standards for behavioral health practitioner appointment accessibility (NET 2B).	Yes	S. Hutchinson	July 2017	CS	
				PIC	
Measure compliance with organization standards for high volume and high impact specialist appointment accessibility (NET 2C).	Yes	S. Hutchinson	July 2017	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	S. Hutchinson	July 2017	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	S. Hutchinson	July 2017	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 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	S. Hutchinson	June 2017	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	Aug 2017	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	S. Hutchinson	Aug 2017	CS	
				PIC	
Review and approve the network management procedures for all NET delegates, regardless of NCQA accreditation or certification status (NET 7E factor 1)		S. Hutchinson	Aug 2017	PIC	
UTILIZATION MANAGEMENT STANDARDS					
Prepare UM Program Evaluation (UM 1)	Yes	C. Graham S. Sanderson	June 2017	TBD	
				PIC	
Prepare UM Program Description (UM 1) • Incorporate recommendations from UM Program Evaluation	Yes	C. Graham S. Sanderson	June 2017	TBD	
				PIC	
Review and update UM criteria (UM 2).	Yes	C. Graham S. Sanderson	May 2017	N/A- Tracking/Monitoring	
Evaluate consistency of UM decision-making by all reviewers (UM 2) • Implement actions for improvement based on results	Yes	C. Graham S. Sanderson	June 2017	TBD	
				PIC	

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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 2017	TBD	
				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 2017	N/A – Tracking/Monitoring	
Distribute formulary information to all existing practitioners and members (UM 11B).	Yes	B. Spitz	May 2017	N/A – Tracking/Monitoring	
Review and update pharmacy management procedures (UM 11D).	Yes	B. Spitz	May 2017	N/A – Tracking/Monitoring	
Review and update the formulary (UM 11D)	Yes	B. Spitz	May 2017	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)		S. Sanderson	June 2017	TBD	
				PIC	
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	S. Goins	July 2017	Credentialing Committee	
RIGHTS AND RESPONSIBILITY STANDARDS					
Distribute Member Rights and Responsibility Statement to all practitioners and members (RR 1B).	Yes	J. Adams	May 2017	N/A – Tracking/Monitoring	
Distribute information about how to use benefit plan to all existing members (RR 3A).	Yes	C. Martinez	March 2017	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 2017	P and T	
				PIC	

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Measure the quality and accuracy of pharmacy benefit information communicated via the phone (MEM 2C).	Yes	B. Spitz	April 2017	P and T PIC	
Measure the quality and accuracy of PCP change requests submitted via the web (MEM 3C).	Yes	M. Anderson S. Hutchinson	April 2017	CS PIC	
Measure the quality and accuracy of ID card requests submitted via the web (MEM 3C).	Yes	C. Martinez	April 2017	CS	
Measure the quality and accuracy of information regarding services requiring referral and authorization on the web (MEM 3C).	Yes	S. Sanderson	April 2017	CS PIC	
Measure the quality and accuracy of treatment cost estimator information available on the web (MEM 3C).	Yes	S. Hutchinson	April 2017	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 2017	CS PIC	March 2018 April 2018
Measure email inquiry turnaround time and quality of responses (MEM 3D).	Yes	D. Siciliano	April 2017	CS PIC	
OTHER					
Perform annual delegation site visits to evaluate compliance with Health Plan and NCOA standards (QI 7, PHM 7, NET 7, UM 13, CR 8, RR 5 and MEM 5)	Yes	TBD	Nov 2017	TBD PIC	
Collect HEDIS and CAHPS data for all accredited product lines.	Yes	J. Adams	Aug 2017	PIC	

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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)	S. Hutchinson	June 2017 (complete 2019)	CS	N/A for 2018
			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 4G).	S. Sanderson	Aug 2017 (complete 2019)	N/A – Tracking/Monitoring	N/A for 2018
Review behavioral health triage and referral protocols/criteria. If protocols have been in place less than 2 years, enter “NA” (UM 12).	S. Sanderson	N/A	N/A	N/A
			N/A	
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).	S. Hutchinson	Aug 2017 (complete 2019)	CS	N/A for 2018
			PIC	
Evaluate new member understanding of marketing communications and implement actions to improve (RR 4C).	C. Martinez	Nov 2017 (complete 2019)	CS	N/A for 2018
			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.