



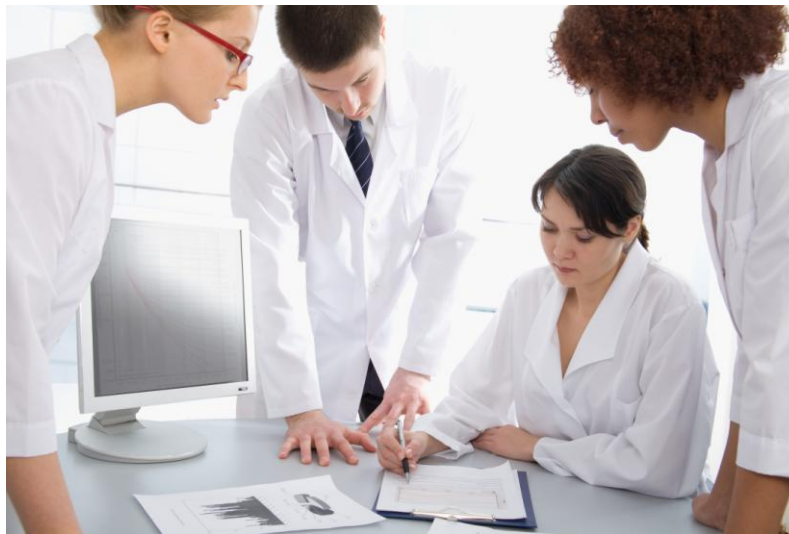
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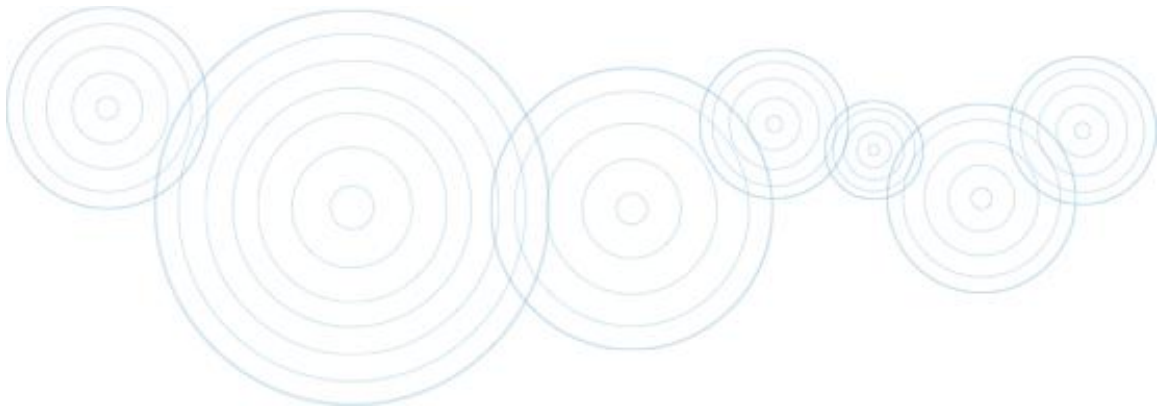


SECTION 12



QUALITY IMPROVEMENT PROGRAM

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Quality Improvement Program

Chinese Community Health Plan (CCHP) has established a Quality Assessment Program (QAP) to provide for the delivery of high quality care and services to its members. All programs having a direct or indirect influence on the quality and outcome of clinical care and services provided to enrollees are consistently and systematically monitored and evaluated. The process is documented. When issues for improvement are identified, recommendations are implemented, and the effects studied.

Overview

- The Quality Review Committee (QRC) is responsible for the implementation of the Quality Assessment Program.
- The QRC receives recommendations from the Chinese Community Health Care Association's Quality Assessment/ Utilization Review Committee on a quarterly basis or more frequently as necessary.
- Quality Assessment Program, Policies and Procedures, Annual Summary and Evaluation Report, and Work Plan will be reviewed and approved, and if necessary revised and submitted annually to the QRC.
- Quality Management Quarterly Reports from contracting medical groups are submitted to the QRC and are reviewed and approved on a quarterly basis.
- Upon member/practitioner request, a description of the program and report of progress made in meeting the goals will be provided.
- The Quality Assessment Work Plan is developed and implemented each year by the QRC and includes the following: scope, goals, objective, projects and plans for the year, and a follow up of previously identified issues. The Work plan describes time frames, assigns responsibility, and reports on effectiveness, outcomes, and makes recommendations to the QRC.

Quality Improvement Activities include but are not limited to the following:

- Accessibility of services
- Availability of practitioners
- Member Satisfaction
- Practitioner Satisfaction
- Adverse outcomes/sentinel events





- Contracted services performance
- Monitoring language documentation
- Utilization of services meets professionally recognized standards of practice

Audits, Surveys, Studies may include but are not limited to the following:

- Participation in the Healthcare Effectiveness Data and Information Set (HEDIS)
- Member/Provider Satisfaction
- Medical Office Audits
- Medical Record Audits
- Health of Seniors
- Centers for Medicare and Medicaid Services' (CMS) Annual Required Studies
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

Other areas include:

- Health Education Programs/Promotion
- Credentials Program
- Grievance and Appeal Resolution Program

HEDIS (Healthcare Effectiveness Data and Information Set)

Please refer to Section 11, "About HEDIS" for a description of HEDIS, provider responsibilities and a description of common measures and medical chart documentation requirements.

