

Quality Improvement Committee

The QIC is the senior level committee accountable directly to the Board of Directors. The purpose of the QIC is to provide oversight and direction in assessing the appropriateness of care and service delivered and to continuously enhance and improve the quality of care and services provided to members. This is accomplished through a comprehensive, plan-wide system of ongoing, objective, and systematic monitoring; the identification, evaluation, and resolution of process problems; the identification of opportunities to improve member outcomes; and the education of members, providers and staff regarding the QI, Medical Management (MM), and Credentialing programs.

The scope of the QIC includes:

- Oversight of the QI activities to ensure compliance with contractual requirements, federal and state statutes and regulations, and requirements of accrediting bodies such as NCQA;
- Annual development of the QIP description and work plan incorporating applicable supporting department goals as indicated;
- Develops quality improvement studies and activities, and reports findings to the BOD
- Annual review and approval of the Plan Credentialing, Pharmacy, and Medical Management program descriptions and work plans as developed by the appointed subcommittees to facilitate alliance with strategic vision and goals;
- Evaluation of the effectiveness of each departments' activities to include analysis and recommendations regarding identified trends, follow-up, barrier analysis, and interventions required in order to improve the quality of care and/or service to members and implement corrective actions as appropriate, and act as a communication channel to BOD;
- Prioritization of quality improvement efforts, facilitation of functional area collaboration and assurance of appropriate resources to carry out QI activities;
- Review and establishment of benchmarks or performance goals for each quality improvement initiative and service indicator;
- Review and approval of due diligence information for any potential delegated entity and the annual oversight audit outcomes for those entities already delegated;
- Adopts clinical practice guidelines to promote appropriate and standardized quality of care; monitors clinical quality indicators (such as HEDIS, adverse events, sentinel events, peer review outcomes, quality of care tracking, etc.) to identify deviation from standards of medical management; and assists in formulation of corrective action, as appropriate;
- Ongoing evaluation of the appropriateness and effectiveness of practitioner profiling and pay for performance initiatives and assists in designing and modifying the program as warranted.

The QIC is a senior level management committee and actively involves participating network practitioners in its quality activities as available and to the extent that there is not a conflict of

interest. The QIC will include at least two (2) network physicians representing the range of practitioners within the network and across the regions in which it operates (i.e. Family Practice, Internal Medicine, OB/GYN, Pediatrics, Behavioral Health, Vision/Dental care providers, and other high-volume specialists as appropriate). At least one physician on the committee will be a Behavioral Health Care provider. QIC is chaired by the Chief Medical Director (CMD)/Vice President of Medical Affairs (VPMA). Representation from Plan senior management staff shall include respective Vice Presidents (VP) or Directors if a VP position is not staffed (i.e. CMD/VPMA, Medical Director, VPMM, VP Network Development/ Contracting, VP Member and Provider Services, VP Compliance). The Director of Quality Improvement is also included as a standing member of the QIC. Delegate entity representatives may also attend the QIC as appropriate. All members are voting members. A minimum of 3 members, including one Buckeye staff and two external physicians, must be present for a quorum. The CMD/VPMA or Plan Medical Director (the senior of who is present) will be the determining vote in the case of a tie vote.

QIC meets at least six (6) times per year. The QIC acts as an oversight committee and receives regular reports from all Plan subcommittees that are accountable to and/or advise the QIC. The Director of Quality Improvement maintains detailed records and minutes of all QIC meetings, activities, program statistics and recommendations made by the Committee. The QIC submits meeting minutes as well as a written summary regarding the outcomes and effectiveness of the QIP to the BOD at least annually.

The following sub-committees report directly to the QIC:

- Credentialing Committee
- Pharmacy and Therapeutics Sub-Committee
- Medical Management Sub-Committee
- HEDIS Program Committee
- Peer Review Committee (Ad Hoc Committee)
- Performance Improvement Committee
- Grievance and Appeals Sub-Committee