**DOCUMENT HISTORY LOG**

| **STATUS1** | **DOCUMENT REVISION2** | **EFFECTIVE DATE** | **DESCRIPTION3** |
| --- | --- | --- | --- |
| Baseline | N/A | January 7, 2008 | Initial version Uniform Managed Care Manual Chapter 5.7.1 Quality Assessment and Performance Improvement Program Summary Report Template |
| Revision | 1.1 | March 24, 2010 | Chapter 5.7.1 is replaced in its entirety with a reformatted and restructured template, which will apply beginning with the SFY2011 report. |
| Revision | 1.2 | September 1, 2011 | Appendix G is moved to UMCM Chapter 10.2.5, “Performance Improvement Project Template,” and subsequent appendices are relettered. |
| Revision | 2.0 | March 1, 2012 | Revision 2.0 applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-08-0001, 529-10-0020, 529-12-0002, and 529-12-0003.   1. Applicability Statement is modified add Medicaid Dental. 2. General Instructions is modified to remove CHIP EPO, CHIP Perinatal, and CHIP RSA and to add Medicaid Dental. 3. MCO Information page is modified to remove CHIP EPO and CHIP Perinatal, and add Medicaid Dental to the MCO lines of business section and to update the requested documents list. 4. Section I. “Written Quality Assessment and Performance Improvement (QAPI)” is removed. 5. Section II. “SFY Quality Work Plan” is removed. 6. Section III. “SFY Organizational Chart” is removed. 7. Section IV. “Quality Assessment and Performance Improvement (QAPI) Annual Evaluation Summary” is modified as follows:  * Section number is removed * Sub-section A “Performance Improvement Structure” is added. * Sub-section B “Organization’s Assessment of the Effectiveness of the Quality Assessment and Improvement Program” is added. * Item 1 “Overall Effectiveness” is removed. * Item 2 “Goal/Objectives” is modified. * Item 3 “Board Authority” is removed. * Item 4 “Adequate Resources” is removed. * Item 5 “Clinical Practice Guidelines” is modified. * Item 6 “Availability and Accessibility” is modified. * Item 7 “Provider Participation” is removed. * Item 8 “Assessment of Provider Satisfaction” is removed. * Item 9 “Provider Complaints” is removed. * Item 10 “Physician Profiling Results” is removed. * Item 11 “Credentialing and Recredentialing” is modified. * Item 12 “Member Satisfaction” is removed. * Item 13 “Member Complaints” is removed. * Item 14 “Delegation of QAPI Activities” is modified. * Item 15 “Continuity of Care System” is removed. * Item 16 “Persons with Special Health Care Needs” is removed. * Item 17 “Corrective Action Plans” is modified. * Item 18 “Quality Improvement Activities and Ongoing Quality Indicators”” is modified and moved after “Availability and Accessibility.” * Item 19 “Performance Improvement Goals (PIGs)” is removed. * Item “MCO Work Plan” is added. * Item “MCO QI Organizational Chart” is added. * All items are renumbered.  1. Section V. “Performance Improvement Project (PIP) Summary” is modified and moved as an item after “MCO QI Organizational Chart.” 2. Appendix A “Texas Department of Insurance Audit Corrective Actions” is relettered as Appendix F. 3. Appendix B “Clinical Practice Guideline Grid” is modified to add Medicaid Dental and relettered as Appendix A. 4. Appendix C “Access to Care Monitoring and Results” is relettered as Appendix B. 5. Appendix C “Delegation of QAPI Activities” is relettered as Appendix E. 6. Appendix E “Clinical Indicator Monitoring” is relettered as Appendix C. 7. Appendix F “Service Indicator Monitoring” is relettered as Appendix D. 8. Appendix G “Performance Measure Definition and Analysis Grid” is removed. |
| Revision | 2.1 | September 1, 2012 | 1. General Instructions is modified to change SFY to Calendar Year and to establish the due dates. 2. MCO Information page is modified to change SFY to Calendar Year and to update the requested documents list. 3. Section A “Performance Improvement Structure” is modified as follows:  * Item 1 “Role of the Governing Body” is modified. * Item 2 “Quality Improvement (QI) Committee Structure” is modified. * Item 3 “Adequate Resources” is modified. * “Provider Involvement’ is deleted. * Item 4 “Improvement Opportunities” is modified.  1. Section B “Organization’s Assessment of the Effectiveness of the Quality Assessment and Improvement Program” is modified as follows:  * Item 1”Program Description” is added. * Item 2 “Overall Effectiveness” is modified. * Item 3 “Clinical Practice Guidelines” is modified. * “Global Quality Goals” is deleted. * Item 4 “Availability and Accessibility” is modified. * Item 5 “Quality Improvement Activities and Ongoing Quality Indicators” is modified. * Item 6 “Credentialing and Re-credentialing” is modified. * Item 7 “Delegation of QAPI Activities” is modified. * Item 8 “Corrective Action Plans” is modified. * Item 9 “Previous Year’s Recommendations” is added. * “MCO Work Plan” is deleted. * “Performance Improvement Project (PIP) Summary” is deleted. * Appendix B “Access to Care Monitoring and Results” is modified to remove “Provider office wait times.” * Appendix F “Texas Department of Insurance Audit Corrective Actions” is modified to add column for “Person or Entity Responsible”, to add “Actions Taken” to the “Current Status” column heading, and to replace the example with instructions for all columns. |
| Revision | 2.2 | February 1, 2014 | General Instructions are modified to remove references to Calendar Year 2012.  “MCO lines of business” on first page of summary is modified to add check box for NorthSTAR.  Appendix A is modified to add check box for NorthSTAR and to clarify requested information for “Primary Source of Guideline.” |
| Revision | 2.3 | October 15, 2014 | Revision 2.3 applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, and 529-13-0042; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration.  “Applicability of Chapter 5.7.1” is modified to add the Medicare-Medicaid Dual Demonstration. |
| Revision | 2.4 | April 1, 2015 | Revision 2.4 applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, and 529-13-0042.  “Applicability of Chapter 5.7.1” is modified to remove the Medicare-Medicaid Dual Demonstration. See Chapter 5.7.2 “Medicare-Medicaid Dual Demonstration Quality Assessment and Performance Improvement Program Evaluation Template.”  QAPI Annual Evaluation Summary MCO Information page is modified to add a check-off line for “requested documents submitted”.  QAPI Annual Evaluation Summary Section B. 2. “Overall Effectiveness” is modified to add a third question. |
| Revision | 2.5 | November 15, 2015 | Revision 2.5 applies to contracts issued as a result of HHSC RFP numbers 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, 529-13-0042, 529-13-0071, and 529-15-0001.  “Applicability of Chapter 5.7.1” is modified to add the STAR Kids Program.  “General Instructions” is modified to add the STAR Kids Program.  “QAPI Annual Evaluation Summary” is modified to add check box for the STAR Kids Program.  “APPENDIX A: Clinical Practice Guideline Grid”is modified to add check box for the STAR Kids Program. |
| Revision | 2.6 | February 1, 2018 | * 1. "QAPI Annual Evaluation Summary" is modified as follows:      + Remove the check box for NorthSTAR      + Add question, "Do you authorize the accrediting entity to provide a copy of the most recent accreditation review to HHSC or its EQRO?" with Yes/No check boxes.   2. “A. Performance Improvement Structure” is modified as follows:      + Question 2a added language to assess behavioral health expertise.      + Question 4a added language denoting interventions for behavioral health conditions.   3. "B. Organization's Assessment of the effectiveness of the Quality Assessment and Performance Improvement Program", is modified as follows:      + New question 3 is inserted, re: "Effectiveness of Long-Term Services and Supports (LTSS)"      + All subsequent questions are re-numbered      + New question 8 is inserted, re: "MDCP Qualified Providers"; with sub-questions a through h.   4. “APPENDIX A: Clinical Practice Guideline Grid” is modified as follows:      + Remove the check box for NorthSTAR |
| Revision | 2.7 | September 1, 2020 | “B. Organization’s Assessment of the Effectiveness of the QAPI program” was modified to delete #8. MDCP Qualified Providers. |
| Revision | 2.7.1 | September 2, 2020 | Accessibility approved version. |
| Revision | 2.8 | December 31, 2022 | Adds the following fields:  Adds the following fields:  • MCO Contact  • Title  • Email Address  • Telephone Number  • Accreditation Report Check Box  • Check boxes for accreditation for NCQA, URAC  • Check boxes for type of accreditation  • NCQA LTSS distinction and date if applicable  Removes the following fields:  • Is your MCO accredited  • Check box for accredited by  Moves the following fields:  • Last accreditation date  • Date accreditation expires |
| Revision |  | April 1, 2023 | Administrative corrections made to fields list below.  • MCO Contact  • Title  • Email Address  • Telephone Number  • Accreditation Report Check Box  • Check boxes for accreditation for NCQA, URAC  • Check boxes for more information about the types and statuses of accreditation applicable.  Removes the following fields:  • Is your MCO accredited  • Check box for accredited by  Moves the following fields:  • Last accreditation date  • Date accreditation expires  Clarifies credentialling specificity needed. |

**1** Status should be represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions.

2  Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., “1.2” refers to the first version of the document and the second revision.

3 Brief description of the changes to the document made in the revision.

## Applicability of Chapter 5.7.1

This chapter applies to Managed Care Organizations (MCOs) participating in the STAR, STAR+PLUS, CHIP, STAR Kids, and STAR Health Programs, and Dental Contractors providing Texas Medicaid and CHIP Dental Services to Members through dental health plans. In this chapter, references to “CHIP” or the “CHIP Managed Care Program(s)” apply to the CHIP and the CHIP Dental Contractors. References to “Medicaid” or the “Medicaid Managed Care Program(s)” apply to the STAR, STAR+PLUS, STAR Kids, and STAR Health Programs, and the Medicaid Dental Contractors. The term “MCO” includes health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers, Dental Contractors, and any other entities licensed or approved by the Texas Department of Insurance. The requirements in this chapter apply to all programs, except where noted.

## General Instructions

This document reports the participating Medicaid/CHIP MCO’s Quality Assessment and Performance Improvement (QAPI) Program Summary for each Calendar Year measurement period, with requirements outlined in each managed care contract.

Chapter 5.7.1 of the HHSC Uniform Managed Care Manual provides the QAPI Summary format and required supporting documents to be submitted by MCOs to cover each line of business (STAR, STAR+PLUS, STAR Kids, STAR Health, CHIP, Medicaid Dental Services, and/or CHIP Dental Services) in which an MCO participates.

**As required in the managed care contracts, all documents are due by electronic submission to the External Quality Review Organization (EQRO) on or before March 31 for the measurement period of January 1 through December 31, (the previous Calendar Year).**

HHSC has approved a unified report where those MCOs participating in multiple Texas Medicaid Managed Care or CHIP lines of business **WILL SUBMIT** **ONE** QAPI annual evaluation summary. Within this unified report, the MCO **must specify** which line of business (STAR, STAR+PLUS, STAR Kids, STAR Health, CHIP, Medicaid Dental Services, or CHIP Dental Services) is being discussed at all times. In addition, the MCO **must ensure** that their quality program and the unified report fully addresses each of the unique Member populations served in the multiple lines of business.

**CONTENTS**

[**Quality Assessment and Performance Improvement Annual Evaluation Summary** 13](#_Toc378742942)

[**APPENDIX A: Clinical Practice Guideline Grid** 24](#_Toc378742943)

[**APPENDIX B: Access to Care Monitoring and Results** 25](#_Toc378742944)

[**APPENDIX C: Clinical Indicator Monitoring** 27](#_Toc378742945)

[**APPENDIX D: Service Indicator Monitoring** 28](#_Toc378742946)

[**APPENDIX E: Delegation of QAPI Activities** 29](#_Toc378742947)

[**APPENDIX F: Texas Department of Insurance Audit Corrective Action Plans** 30](#_Toc378742948)

**QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM**

**MCO EVALUATION SUMMARY FOR Calendar Year \_\_\_\_\_\_**

**MCO Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE PROVIDE THE INFORMATION AS REQUESTED BELOW:**

Summary submitted to EQRO on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Measurement Period/Calendar Year (CY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

MCO Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHECK BOX INSTRUCTIONS:** Double click on check box and select “Checked” in properties dialog box to make your selection.

MCO lines of business:  STAR  STAR+PLUS  STAR Kids  STAR Health  CHIP

Medicaid Dental Services  CHIP Dental Services

Requested documents submitted:  QAPI Annual Evaluation Summary  QI Organizational chart

Accreditation Report(s) Please submit a copy of your most recent accreditation report(s) for the business entity contracted to do business for Texas Medicaid/CHIP. If your MCO/DMO was reaccredited during the calendar year, please submit all reports covering the full calendar year. The report(s) should show how the health plans scored on each accreditation standard and if applicable included all elements.

Accredited by (Select all that apply):

NCQA

Evaluations Options:

Accredited

Provisional

Interim

Denied

Additional Related Programs/Distinctions/Modules (please select all that apply):

LTSS Distinction Date Earned: \_\_\_\_\_\_\_\_\_\_\_\_

Health Equity Accreditation Program

Health Plan Medicaid Module

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

URAC

Status:

Full

Provisional

Conditional

Corrective Action

Denial

Type of Accreditation

Health Plan Accreditation

Marketplace Health Plan Accreditation

Dental Plan Accreditation

Opioid Stewardship Designation

Small Health Plan Offering

Health Plan with LTSS Date Earned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicaid Health Plan

Medicaid with LTSS Date Earned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telehealth Accreditation

Health Utilization Management Accreditation

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last accreditation date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date accreditation expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you have a Texas Department of Insurance (TDI) audit during this Calendar Year?  YES  NO

If YES, did you have any corrective action(s) from that audit?  YES  NO

If YES, please complete the grid in Appendix F to document those findings and your progress in addressing corrective actions.

Do you authorize the accrediting entity to provide a copy of the most recent accreditation review to HHSC or its EQRO?

YES  NO **Quality Assessment and Performance Improvement Annual Evaluation Summary**

**This document is the MCO’s written assessment of the effectiveness of its QAPI Program for the previous Calendar Year measurement period, supported by presentation of results, analysis, and actions taken in the measurement period.** The response narratives should be entered in the box under each section as indicated and **should not exceed 1000 words per response**. The box will expand as narrative is entered.

1. **Performance Improvement Structure**

Please address the following questions in the space provided on this form. All responses should be typed into the designated fields on this form and should not exceed 1000 words per response.

1. The Role of the Governing Body in Quality Assessment and Performance Improvement
   1. How does the Governing Body provide direct oversight of the QAPI/Quality Improvement program (QI) or formally delegate accountability?

(type response here)

* 1. How often does the Governing Body receive regular written reports of QAPI activities, actions, and progress in meeting quality goals and objectives?

(type response here)

* 1. Describe some of the actions taken by the Governing Body during the measurement period to modify the QIP.

(type response here)

1. QI Committee Structure – please provide the following information for each of the QI committees in your health plan (e.g., Quality Improvement Committee, Medical Advisory Committee, Credentialing Committee, UM Committee, etc.). Item (d) may only be applicable to one committee.
   1. Please list each member and specify whether the member is a voting or non-voting member (in terms of their role or position). Additionally please identify the Medicaid providers on the committee, and denote any members with formal educational expertise in the field of behavioral health and associated behavioral health specific credentials (Psychiatrist, LCDC, LCSW, LPC, etc.).

(type response here)

* 1. Please describe the structure, function, and the frequency of meetings in the last calendar year for each committee.

(type response here)

* 1. Does the committee record minutes?  Yes  No
  2. Who is responsible for adopting your MCO’s practice guidelines? Describe the name and composition of the committee (if applicable), specify the job titles and credentials of each member, and outline the process for adoption of clinical guidelines.

(type response here)

1. Adequate Resources
   1. Describe the human and material resources available to implement and monitor the QAPI.

(type response here)

1. Improvement Opportunities
2. Describe clinical performance improvement opportunities and interventions that affected patient care, treatment, and services.

(type response here)

1. Describe opportunities and interventions that specifically affect Members with behavioral health conditions, paying special attention to Members with co-occurring mental health conditions and substance use disorders and/or co-occurring behavioral and physical health conditions.

(type response here)

1. Describe how non-clinical organizational improvements were identified and improved.

(type response here)

1. Describe changes made in the reporting year to measurements and results related to important systems, processes, and outcomes.

(type response here)

1. Describe how indicators are compared to previous year measurements and to external benchmarks.

(type response here)

1. Performance Improvement Projects (PIPs) – list the topic and line of business (STAR, CHIP, etc.) for each PIP. Add more rows as needed.

| Line of Business | Topic |
| --- | --- |
| (type response here) |  |
|  |  |
|  |  |

1. **Organization’s Assessment of the Effectiveness of the QAPI program**

Please address the following questions in the space provided on this form. All responses should be typed into the designated fields on this form and should not exceed 1000 words per response.

1. **Program Description**
   1. Provide the statement of purpose and mission of the QAPI program.

(type response here)

* 1. Describe the scope of the QAPI program. The statement of scope should address how clinical aspects of care, non-clinical aspects of care, the diversity of the members, all care settings, and the types of services provided to Members are incorporated into the MCO’s QAPI program.

(type response here)

* 1. Describe how the results of quality monitoring are communicated throughout the MCO. Please be specific and describe the organization-wide communication of quality monitoring from the personnel in the field to the Governing Body.

(type response here)

* 1. Describe the methodology utilized for QI. This section should describe an action plan that includes Plan-Do-Study-Act (PDSA) or another recognized system.

(type response here)

* 1. Provide the MCO’s quality goals and objectives. This refers to initiatives not addressed in the PIPs. The quality goals should be broad and discuss long-term outcomes in an overall statement relating to the philosophy and purpose of the health plan (NAHQ definition). The quality objectives should be specific, action-oriented statements written in measurable and observable terms which define how the quality goals will be met (NAHQ definition). Please follow the format below and add or delete the number of quality goals and objectives as needed.

|  |  |
| --- | --- |
| i. Goal 1: | (type response here) |
| 1. Objective 1: |  |
| 2. Objective 2: |  |
| 3. Objective 3: |  |
| ii. Goal 2: |  |
| 1. Objective 1: |  |
| 2. Objective 2: |  |
| 3. Objective 3: |  |
| iii. Goal 3: |  |
| 1. Objective 1: |  |
| 2. Objective 2: |  |
| 3. Objective 3: |  |

* 1. Describe how these quality goals and objectives were or are being accomplished, results, analyses, and subsequent strategies, if applicable.

(type response here)

* 1. Describe how the MCO monitors and evaluates the process of the QAPI program and the progress toward achieving the quality goals and objectives.

(type response here)

1. **Overall Effectiveness.** State the MCO’s conclusions regarding the effectiveness of the QAPI program during the Calendar Year measurement period. Conclusions should be supported by subsequent reporting of the MCO’s ability to achieve established goals and objectives, as well as results and analyses presented later in this summary.
   1. What factors contributed to the success of your QAPI Program?

(type response here)

* 1. What barriers or problems did you encounter in the QAPI Program design, implementation, or monitoring?

(type response here)

* 1. Evaluate the overall QAPI program effectiveness for each Medicaid program or CHIP in which it participates.

(type response here)

1. **Effectiveness of Long-Term Services and Supports (LTSS).** State the MCO’s conclusions regarding the effectiveness of LTSS provided by the MCO during the measurement period Conclusions should be supported by reporting data on LTSS-specific measures, including but not limited to, quality of life, rebalancing, and community integration activities.
   1. **Overall effectiveness of LTSS.**

(type response here)

* 1. **Effectiveness of LTSS regarding the quality and appropriateness of care.**

(type response here)

* 1. **Effectiveness of LTSS regarding the assessment of care between care settings.**

(type response here)

* 1. **Effectiveness of LTSS regarding a comparison of services and supports received with those set forth in the service plan.**

(type response here)

1. **Clinical Practice Guidelines.** Use the Clinical Practice Guideline grid supplied as **Appendix A** to provide information relevant to all clinical guidelines in use by the MCO during the Calendar Year measurement period. Copy the grid from Appendix A and complete one grid for each active guideline. Please be sure to complete each component on the grid and to describe the relevance of each guideline to member needs.

Complete Appendix A – enter brief additional comments if needed.

* 1. Did you modify any of your clinical practice guidelines during the measurement period to meet the needs of your Texas Medicaid or CHIP members?  Yes  No

If yes, please describe these modifications and the reasons why they were made.

(type response here)

1. **Availability and Accessibility.** Use the Access to Care Monitoring and Results form supplied as **Appendix B** to define how you monitor and evaluate access and availability, including actions taken to improve as needed. The elements in the form are those required by HHSC. Please be sure to complete each component on the grid.

Complete Appendix B – enter brief additional comments if needed.

1. **Quality Improvement Activities and Ongoing Quality Indicators.** Use the grids provided in **Appendix C** and **Appendix D** to summarize those indicators in place to assess and improve the clinical care and service provided to the MCO’s membership. Ensure all lines of business are covered and actions taken, results, and an assessment of effectiveness are included. Please be sure to complete each component on the grid.

Complete Appendix C and Appendix D – enter brief additional comments if needed.

1. **Credentialing and Re-credentialing.** The MCO must review, approve, and periodically recertify the credentials of all participating physician Providers and all other licensed Providers who participate in the MCO’s Network. Discuss the results of credentialing and re-credentialing activities for the year, including:
   1. How often Providers are re-credentialed.

(type response here)

* 1. Is your MCO NCQA-accredited for credentialing? (yes/no) If no, then please describe your process of credentialing or re-credentialing a Provider to include how background checks are performed

(type response here)

* 1. The number of Providers and facilities credentialed during this measurement period. The number of providers and facilities credentialed should be reported separately and not in aggregate.

(type response here)

* 1. The number of requests for initial credentialing denied, with reasons.

(type response here)

* 1. The number of Providers and facilities re-credentialed during this measurement period. The number of providers and facilities re-credentialed should be reported separately and not in aggregate.

(type response here)

* 1. The number of requests for re-credentialing denied, with reasons.

(type response here)

* 1. The number of Providers who were reduced, suspended, or had privileges terminated by the MCO, with reasons.

(type response here)

* 1. The number of Providers who chose to appeal reduction, suspension, or termination of privileges, with outcome(s) of the appeal(s).

(type response here)

1. **Delegation of QAPI Activities.** Use **Appendix E** to list those QAPI functions delegated to other entities and to document the MCO’s oversight and efforts to improve as needed. Please be sure to complete each component on the grid.

Complete Appendix E – enter brief additional comments if needed.

1. **Corrective Action Plans.** Use **Appendix F** to describe any liquidated damages assessed or corrective action implemented by the State during the measurement period, including:
2. Issue Identified – *Enter the issue that was identified and needs to be addressed*;
3. Date Identified – *Enter the date the issue was identified*;
4. Person or Entity Responsible *– Identify the individual or* entity within the MCO responsible for assessing quality implication;
5. Corrective Action Required – *State the action required by TDI, include the schedule and accountability for implementing the corrective action*;
6. Actions Taken and Current Status – *State the actions taken and the current status of MCO action to correct (include any modifications to actions if applicable), include any involvement of the appropriate health professionals, providers, and staff necessary for the required corrective action*;
7. Date Completed or Targeted Completion – *Enter the date completed or will be completed*.

Complete Appendix F – enter brief additional comments if needed.

1. **Previous Year’s Recommendations.** Please address the previous year’s recommendations. Describe how each recommendation was incorporated into the MCO’s QAPI program and what the MCO did to meet the recommendation.

| Previous Year’s Recommendation | Actions taken to meet the recommendation |
| --- | --- |
|  |  |
|  |  |

1. **MCO QI Organizational Chart.** Please submit a copy of the QI Organizational Chart as an attachment.

### APPENDIX A: Clinical Practice Guideline Grid

INSTRUCTIONS: Enter the requested information below for the individual guidelines. Double click on the check box to select the program. COPY THE ENTIRE PAGE as needed to provide one page per guideline. DO NOT USE SMALLER THAN A 9 POINT FONT.

Name of Guideline:

Program(s):  STAR  STAR+PLUS  STAR Kids  STAR Health  CHIP  Medicaid Dental  CHIP Dental

Primary Source of Guideline:

Why is this guideline meaningful for the included programs/populations? Describe how this guideline is relevant to Members’ needs.

Initial Implementation Date:

Last Approval Date:

Guidelines Used For:  DM  CM  Both

How is this guideline disseminated to Members (include frequency)?

How is this guideline disseminated to Providers (include frequency)?

Does the MCO monitor Provider compliance in using this guideline?  Yes  No If, yes, describe results of monitoring for the measurement year.

Enter additional comments as needed:

### APPENDIX B: Access to Care Monitoring and Results

INSTRUCTIONS: Enter the requested information below, as suggested in the example provided. The MCO may delete the example entry when entering its own information. If the MCO’s indicator is stated differently from those entered, please revise to reflect the MCO’s indicators. The MCO may add additional rows as needed. To present results and actions that differ for different programs, please add additional table rows. The table will break over multiple pages as information is entered. DO NOT USE SMALLER THAN A 9 POINT FONT.

| **Indicator** | **Program** | **Annual Goal/ Target** | **Results** | **Actions: Interventions to Improve during Measurement Period** | **Effectiveness of Actions (include analysis such as % change in measurement)** | **Additional/Future Action Required (if needed)** |
| --- | --- | --- | --- | --- | --- | --- |
| *Example:*  *Urgent care appt within 24 hours (Providers in compliance)* | *STAR* | *95%* | *90% first two quarters* | 1. *Face to face visit for providers not in compliance during the first quarter to address barriers to keeping appointment windows* 2. *CAP with Providers not in compliance second quarter* | *94% second quarter*  *97% fourth quarter* | *Continue face to face visit with initial non-compliance and CAP if second occurrence* |
| Urgent care appt within 24 hours |  |  |  |  |  |  |
| Routine care appt within 2 weeks |  |  |  |  |  |  |
| Initial outpatient BH within 14 days |  |  |  |  |  |  |
| Routine specialty care within 30 days |  |  |  |  |  |  |
| Routine prenatal within 2 weeks |  |  |  |  |  |  |
| Adult preventive within 90 days of enrollment |  |  |  |  |  |  |
| Child preventive within 90 days of enrollment |  |  |  |  |  |  |
| Newborn preventive within 2 weeks of birth |  |  |  |  |  |  |
| PCP within 30 miles of member |  |  |  |  |  |  |
| BH provider within 75 miles of member |  |  |  |  |  |  |
| OB/GYN/Specialist within 75 miles of Member |  |  |  |  |  |  |
| Hospital access within 30 miles of Member |  |  |  |  |  |  |
| PCP after-hours access |  |  |  |  |  |  |
| Nurse Help Line access |  |  |  |  |  |  |
| Provider hotline (volume, answered, abandoned) |  |  |  |  |  |  |
| Member hotline (access, volume, answered, abandoned) |  |  |  |  |  |  |
| BH hotline (access, volume, answered, abandoned) |  |  |  |  |  |  |

### APPENDIX C: Clinical Indicator Monitoring

INSTRUCTIONS: Enter the requested information below, as suggested in the example provided. The MCO may delete the example entry when entering its own information. Please add additional rows as needed. DO NOT USE SMALLER THAN A 9 POINT FONT.

| **Indicator** | **Program** | **Annual Goal/ Target** | **Results** | **Actions: Interventions to Improve during Measurement Year** | **Effectiveness of Actions (include analysis such as % change in measurement)** | **Additional/Future Action Required (if needed)** |
| --- | --- | --- | --- | --- | --- | --- |
| *Example:*  *Annual Adolescent Well-Child Visit* | *STAR*  *CHIP* | *45%* | * *CHIP 47%* * *STAR 43%* | *CHIP and STAR reminder birthday cards* | * *CHIP over annual goal by 2% (up 5% from prior year)* * *STAR below annual goal by 2% (up 1% from prior year)* | *Continue birthday cards.*  *CHIP – Add reminder to each member contact via call center; provide PCPs with list of adolescents overdue for exam* |
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### APPENDIX D: Service Indicator Monitoring

INSTRUCTIONS: Enter the requested information below, as suggested in the example provided. The MCO may delete the example entry when entering its own information. Please add additional rows as needed. DO NOT USE SMALLER THAN A 9 POINT FONT.

| **Indicator** | **Program** | **Annual Goal/ Target** | **Results** | **Actions: Interventions to Improve during Measurement Period** | **Effectiveness of Actions (include analysis such as % change in measurement)** | **Additional/Future Action Required (if needed)** |
| --- | --- | --- | --- | --- | --- | --- |
| *Example:*  *Member complaint acknowledgement letter within 5 days* | *STAR*  *CHIP*  *STAR+PLUS* | *95%* | *All at 100%* | *Complaint reports with timing reviewed by QMC* | *Exceeding goal but important to continue monitoring* | *Continue review by QMC* |
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### APPENDIX E: Delegation of QAPI Activities

INSTRUCTIONS: Enter the requested information below, as suggested in the example provided. The MCO may delete the example entry when entering its own information. Please add additional rows as needed. DO NOT USE SMALLER THAN A 9 POINT FONT.

| **Program(s)** | **Delegated Function(s)** | **Start Date** | **Delegated Entity Corporate and Organizational Name** | **QI Review/ Reporting Frequency/To Whom Is Reported** | **Results** | **Identified Improvements or Corrective Action as Needed** | **Planned or Completed**  **Follow-up** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Example:*  *CHIP/ STAR* | *Credentialing* | *9/1/07* | *OptiCare (Total Vision of Texas)* | *Annual – CCHCS CVO*  *Monthly – Network Development* | ***5/10***  *PP 100%*  *Initial 100%*  *Recred100%* | *None* | *Delegation granted*  *Monitor monthly activity* |
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### APPENDIX F: Texas Department of Insurance Audit Corrective Action Plans

INSTRUCTIONS: Enter audit findings below. The MCO may delete the example entry when entering its own information. Please add additional rows as needed. DO NOT USE SMALLER THAN A 9 POINT FONT.

| **Issue Identified** | **Date Identified** | **Person or Entity Responsible** | **Corrective Action Required** | **Actions Taken and Current Status** | **Date Completed or**  **Targeted for Completion** |
| --- | --- | --- | --- | --- | --- |
| *Enter the issue that was identified and needs to be addressed* | *Enter the date the issue was identified* | *Identify the individual or entity within the MCO responsible for assessing quality implications* | *State action required by TDI – include the schedule and accountability for implementing the corrective action* | *State the actions taken and the current status of MCO action to correct (include any modifications to actions if applicable) – include any involvement of the appropriate health professionals, providers, and staff necessary for the required corrective action* | *Enter date completed or will be completed* |
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