

COMMITTEE STRUCTURE OVERVIEW & DESCRIPTION

Southeastern Center for Mental Health, Developmental
Disabilities, & Substance Abuse Services



Effective 7/1/2010
SEC
Management Team

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SOUTHEASTERN CENTER COMMITTEE MEMBER LIST

QUALITY MANAGEMENT COMMITTEE:

- Quality Management Director – Laura Lambert
- Medical Director – Dr. Burt Johnson
- Care Management Director – Susan Hanson
- Customer Services Director – Carolyn Craddock
- Call Center Supervisor – Deb Vuocolo
- Provider Services Director – William Holtz
- Business Management Director – Marianne Iavarone
- Information Technology Director – Patrick Hinnant

Regulatory Compliance Sub-Committee

- Regulatory Compliance Coordinator – Dawn Holley
- Human Resources Director – Gayle Floyd
- Call Center Designee – John Holmes
- Provider Services Designee – Tami Kinman
- Business Management Designee – Edith Williams
- Care Management Designee – Rebekah Rochelle
- Customer Services Designee – Julie Quisenberry
- Information Technology Designee – Whitney Goodson

Accreditation Sub-Committee

- Regulatory Compliance Coordinator – Dawn Holley
- Quality Management Director – Laura Lambert
- Medical Director – Dr. Burt Johnson
- Human Services Director – Gayle Floyd
- Call Center Supervisor – Deb Vuocolo
- Customer Services Director – Carolyn Craddock
- Information Technology Director – Patrick Hinnant
- Business Management Director – Marianne Iavarone
- Care Management Director – Susan Hanson
- Provider Services Director – William Holtz

UTILIZATION MANAGEMENT COMMITTEE

- Care Management Director – Susan Hanson
- Medical Director – Dr. Burt Johnson
- Quality Management Director – Laura Lambert
- Customer Services Director – Carolyn Craddock
- Provider Services Director – William Holtz
- Call Center Supervisor – Deb Vuocolo
- Information Technology Director – Patrick Hinnant

NETWORK DEVELOPMENT AND MANAGEMENT COMMITTEE

- Provider Services Director – William Holtz

- Care Management Director – Susan Hanson
- Quality Management Director – Laura Lambert
- Call Center Supervisor – Deb Vuocolo
- Customer Services Director – Carolyn Craddock
- Medical Director – Dr. Burt Johnson
- Information Technology Director – Patrick Hinnant

Provider Advisory Sub-Committee

- Provider Services Director – William Holtz
- Quality Management Director – Laura Lambert
- Customer Services Director – Carolyn Craddock
- Care Management Director – Susan Hanson
- Providers

Credentialing Sub-Committee

- Medical Director – Dr. Burt Johnson
- Provider Services Director – William Holtz
- Providers

CUSTOMER SERVICES COMMITTEE

- Customer Services Director – Carolyn Craddock
- Call Center Supervisor – Deb Vuocolo
- Care Management Director – Susan Hanson
- Quality Management Director – Laura Lambert
- Provider Services Director – William Holtz
- Medical Director – Dr. Burt Johnson
- Information Technology Director – Patrick Hinnant
- Business Management Director – Marianne Iavarone

CLAIMS PROCESSING COMMITTEE

- Business Management Director – Marianne Iavarone
- Information Technology Director – Patrick Hinnant
- Customer Services Director – Carolyn Craddock
- Care Management Director – Susan Hanson
- Provider Services Director – William Holtz
- Quality Management Director – Laura Lambert

SOUTHEASTERN CENTER COMMITTEE STRUCTURE

This committee structure is designed to:

- Meet URAC standards;
- Reflect committee structure common within the managed care industry; and
- Facilitate the development and implementation of an effective and efficient infrastructure going forward.

The committee structure, while not comprised of actual, specific Area Board Committees per se, is approved by the Area Board through delegation of the organization's quality management oversight to the CEO. The CEO then in turn delegates oversight and reporting of these activities to the Quality Management (QM) Committee. The Board reviews and approves the annual QM Plan and previous year's QM Plan evaluation as well as other plans approved by the QM Committee.

COMMITTEES

The proposed committee structure consists of five (5) major committees.

- 1. Quality Management (QM) Committee**
- 2. Utilization Management (UM) Committee**
- 3. Network Development and Management (NDM) Committee**
- 4. Customer Services (CS) Committee**
- 5. Claims Processing (CP) Committee**

All committees and related subcommittees shall maintain meeting minutes and action plans that are prepared using the SEC committee form and format. The UM, NDM, CS and CP Committees shall prepare and submit meeting minutes and executive summaries of data analyses and action plans to the QM Committee Chair within two days following a meeting. All minutes shall be maintained electronically on the SEC "O" drive. Committees shall follow a standardized format and set of rules.

Committees should initially plan to meet monthly on a set schedule. Committee meetings shall be sequenced to occur each week throughout the month as follows:

- 1. UM 1st week of the month**
- 2. CP 1st week of the month**
- 3. NDM 2nd week of the month**
- 4. CS 3rd week of the month**
- 5. QM 4th week of the month**

The monthly committee schedule shall be assessed annually for a possible change in meeting frequency from monthly to every other month then to quarterly once the system has matured sufficiently. Committee meetings shall be scheduled for sixty (60) to ninety (90) minutes and shall strive to complete the necessary work within these time frames. Committee meetings are not to serve as information sharing venues and shall be centered and based on data driven discussion, decision making and/or data review on tasks assigned for completion.

All Committee chairs shall be oriented to their committee chair role and responsibilities. Committee members are likewise oriented to their role as committee members and are expected

to come prepared and to actively participate in the committee process. The level of preparedness, participation, task completion and attendance of each committee member shall be incorporated into the annual performance appraisal. The Area Director is an ex-officio member of all agency committees and sub-committees.

Committees and committee meetings are not meant to replace or substitute for ongoing communication with and by leadership or the need to meet together as managers or a management team.

Current SEC committees to be eliminated July 1, 2010 are Clinical Operations, Accreditation, Data Management, Incident Reporting, the current QM Committee, the Training Committee, the Safety Committee, and the Disaster Committee

The following pages outline each new committee, its membership and committee activities. These committees will become effective July 1, 2010.

At the initial meeting of each committee or sub-committee, the first item of business shall be the development of a team charter. The second item of business shall be development of annual committee goals and priorities. The team charter format developed by QM shall be utilized by each committee/sub-committee. The team charter for each committee shall be sent to the QM chair for review and approval by the QM Committee.

QUALITY MANAGEMENT (QM) COMMITTEE

Purpose: To oversee and improve the internal and external performance and quality of the SEC Service Management system, operations, components, functions, processes and practices. The system is monitored through the collection, analyses, trending, reporting, review and further discussion of data. All noted deficiencies in performance and opportunities for improvement are identified and improved through the design, assignment, implementation, tracking and ongoing evaluation of corrective and quality improvement activities and initiatives.

Co-chairs: Quality Management Director and Medical Director

Membership: Standing Voting Members include Care Management Director, Customer Services Director, Provider Services Director, Business Management Director, Information Technology Director, and Call Center Supervisor

Staff to QM Committee: QM staff members (QM data analyst and other staff as assigned). These staff attends meetings as designated by Chairs as non-voting members.

Ad hoc Members: As determined by the committee based on the issues to be discussed.

Sub-committees: QM may establish sub-committees as the need arises. Initially there will be one standing sub-committee, Regulatory Compliance, and one ad-hoc committee, Accreditation.

Committee Activities:

At Each Meeting

- Take attendance
- Review previous meeting minutes for corrections and approval
- Review task logs for tracking and completion of assigned activities
- Review agenda for additions

Annual Activities

- Select annual goals and objectives and related quality indicators
- Identify and define quality indicators, measures and activities as required by client contract(s) and based on previous and current QM Plan goals and objectives.
- Establish performance thresholds and benchmarks for all internal and external quality indicators
- Establish QM policy and procedures
- Review and approve QM Plan and components
- Conduct annual self assessment for effectiveness of QM Committee and oversee the annual self-assessment process and evaluation for other committees
- Review and approve evaluation of previous year's QM Plan
- Review and recommend for approval to the Board annual QM Plan and other service management operating plans (UM, Credentialing, Staff Development, etc.)
- Set schedule for review of internal and external monitoring activities
- Review and approve all agency procedures
- Review and recommend for approval to the Board all policies

Ongoing Activities

- Review internal performance data based on pre-set thresholds and parameters

- Review for discussion and additional decision making the data analyses, summaries, action plans and special projects submitted for oversight, approval and/or tracking by Utilization Management (UM) Committee; Network Development and Management (NDM) Committee; Customer Services (CS) Committee; Claims Processing (CP) Committee and any CEO/Board requests
- Review for discussion and decision making data analyses from focused and/or special monitoring
- Review for discussion and decision making single and aggregate incident report data
- Review for discussion and decision making data analyses from state required monitoring activities not related to UM, Care Management, Call Center, Customer Service, Network development/Management and/or Claims Processing Services
- Identify opportunities for performance improvement and quality management activities; define issue and parameters; assign staff; define tools and mechanisms for monitoring; and set requirements for reporting
- Review for discussion and decision making data analyses from above quality initiatives
- Review client (state) requests for special monitoring tasks, activities and requests
- Review and approve/revise recommendations for provider sanctions; limitations and terminations
- Approve program specific QIP and review QIP updates
- Other tasks as determined by Chief Executive Officer (CEO)
- Review results of annual consumer satisfaction survey

Additional Standing Agenda Items:

In addition, the following topics will be quarterly standing agenda items for the QM Committee:

- **Training:** Evaluating training needs of SEC staff and develop or review and revise an annual training plan that meets identified needs.
- **Safety:** Evaluating facility safety, developing a safety plan to address any concerns and the on-going monitoring of safety readiness.
- **Disaster Preparedness:** Development, implementation, maintenance of an agency wide plan for implementation when a natural or man-made disaster occurs.

QM Sub-Committees: Initially the QM Committee shall have one standing sub-committee and one short-term sub-committee as described below.

Accreditation Sub-Committee: The Accreditation Committee is a short-term group that is responsible for ensuring that SEC is in compliance with URAC Accreditation Standards.

Regulatory Compliance Sub-Committee: The Regulatory Compliance/Risk Management Committee is responsible for ensuring that the agency is aware of new laws and regulations and has implemented actions to comply, ensures that the agency is in compliance with existing laws and regulations and evaluates the agency's risk associated with each functional area. Based on a risk assessment develops an action plan and monitors implementation of the plan for compliance.

The Area Director shall appoint sub-committee members annually from among SEC staff members or others as deemed appropriate.

UTILIZATION MANAGEMENT (UM) COMMITTEE

Purpose: To oversee and monitor the SEC utilization management structure, process and related activities to ensure members have prompt access to all relevant covered services according to member need, choice, medical necessity and established and emerging best practices. Through the review and analyses of single member, population specific and aggregate data, UM Committee monitors and evaluates to ensure all members receive culturally competent, relevant medically necessary services that are aligned with evidence based and best practice guidelines; that integrate the creative use of existing and new technologies; that are delivered at the most appropriate intensity, frequency and duration; and that yield the desired outcomes as identified by the member, treating providers, SEC and the client (state).

Co-chairs: Care Management Director and Medical Director

Membership of UM Committee: Standing Voting Members include Quality Management Director, Customer Services Director, Provider Services Director, Information & Technology Director, and Call Center Supervisor

Staff to UM Committee: UM staff members and designated QM staff members (QM data analyst). These staff attends meetings as designated by Chairs as non-voting members

Ad hoc Members: Designated Care Coordinators; Finance Director or designee; Public Affairs Officer

Sub-committees- UM Committee can establish specific sub-committees or can address sub-committee related issues in its full committee agenda/meetings (see below)

Committee Activities:

At Each Meeting

- Take attendance
- Review previous meeting minutes for corrections and approval
- Review task logs for tracking and completion of assigned activities
- Review agenda for additions

Annual Activities

- Select annual goals and objectives and related quality indicators for UM
- In conjunction with QM, establish indicators and needed reports for all internal and external UM quality indicators
- Establish statistically significant performance benchmarks for systemic improvement
- Review, update and approve UM decision making and management criteria for services with input from PAC.
- Review, update and approve UM decision making and management criteria for specific populations with input from PAC.
- Review, update and approve UM decision making and management criteria for intensive care management and care coordination with input from PAC.
- Review, update and approve benefit plan
- Identify priorities for ongoing utilization review
- Establish UM policy and procedures
- Conduct annual self assessment for effectiveness of UM Committee

- Review and approve evaluation of previous year's UM Plan
- Review and approve annual UM Plan and components
- Recommend UM plan to the QM Committee and SEC Board for approval
- Set schedule for review of internal and external monitoring activities

Ongoing Activities

- Oversee appropriate utilization of services and allocation of resources through monitoring of prior authorization, ongoing concurrent and retrospective review and activities for single members, specific populations and aggregate
- Evaluate provision of continuity of care through timely discharge planning and referral management
- Identify need for intensive care management and care coordination for high risk, complex, high volume and problem prone cases outside pre-established criteria
- Identify for promotion and expanded use any evidence based and best practices including clinical practice guidelines
- Review data for under, over and inappropriate utilization for high-risk, high-cost and problem-prone program areas from related focused monitoring activities
- Review High Risk benchmarks as defined as any recipient who has been referred for a crisis service episode three times in the previous twelve month time period
- Review High Cost benchmark as defined as those recipients whose potential cost for services certified exceeds 20% as compared to the same age/disability category
- Conduct review and analyses of aggregate utilization management data for under, over and inappropriate utilization for all populations and all covered services
- Review and analyze case specific utilization management data for children, adults in need and members identified for intensive oversight and analyses
- Ensure presence and integration of choice and person centered planning into informed clinical decision making through analyses of monitoring data
- Review and analyze member outcomes
- Identify and initiate focused studies when outliers to access, availability, quality, delivery and utilization of services are identified through single incidents and/or trending
- Identify opportunities for performance improvement and quality management activities; define issue and parameters; assign staff; define tools and mechanisms for monitoring; and set requirements for reporting
- Review for discussion and decision making data analyses from above quality initiatives
- Review client (state) requests for special monitoring tasks, activities and requests
- Referral to Network Development and Management Committee any needed network improvement (PDSA) activities including data for overall network or provider specific such as data for provider credentialing; sanctions; limitations and terminations
- Referral to Quality Management data summary and task logs analyses on monthly basis

UM Sub-Committees: The above UM Committee activities can be redistributed if there is a decision to establish sub-committees of the UM Committee. At this point in time, the UM Committee shall operate without sub-committees and will assume responsibility for reviewing all required data and activities listed. In the future, the UM Committee shall determine if a sub-committee is needed and a possible consideration would be the following:

- **Service Trends Sub-Committee:** Sub-committee devoted to the clinical review, monitoring and evaluation of trends in service utilization: Review total number of

members enrolled in services and number enrolled per service; total certified services over x amount of time; active certifications in the system; percent claimed against amount certified by disability category and by service type; average length of stay in service by type; cost by service per month and average cost of service by type.

Individual case reviews of high risk and high cost consumers as defined by these benchmarks:

High Risk benchmark will be determined as any recipient who has been referred for a crisis service episode three times in the previous twelve month time period. High Cost benchmark will be determined as those recipients whose potential cost for services certified exceeds 20% as compared to the same age/disability category.

Committee members should include Medical Director (chair); Care Management Director; QM designee; Call Center designee, Network Development designee; IT designee; Financial designee; SOC Coordinator; DD Specialist; and UM staff representative. Other care coordination staff may be required to attend for specific case presentations.

NETWORK DEVELOPMENT AND MANAGEMENT (NDM) COMMITTEE

Purpose: To oversee and monitor the quality and performance of activities and outcomes related to the development and management of SEC provider system structure and processes to ensure the presence of an adequate number and mix of qualified, competent, credentialed, well-oriented and trained partner provider facilities, agencies, organizations and individuals that are accessible and available at all times to meet the medical necessary needs, and preferences of SEC members. Through the establishment of provider participation and credentialing criteria; and the monitoring, review and analyses of performance of individual providers and provider organizations and aggregate data regarding provider types, NDM Committee monitors and evaluates to ensure providers are competent, credentialed and contracted; meet administrative requirements; meet access and availability standards; deliver quality services which are person centered and recovery oriented; and deliver and monitor quality outcomes

Chair: Provider Services Director

Membership of NDM Committee: Standing Voting Members include Care Management Director, Quality Management Director, Medical Director, Information Management Director, Call Center Supervisor and Customer Services Director

Staff to NDM Committee: Network Development and Management staff members and designated QM staff members (QM data analyst). These staff attends meetings as designated by the Chair as non-voting members

Ad hoc Members: Designated Care Managers, Public Affairs Officer, IT staff or others.

Sub-committees- NDM Committee will establish a Provider Advisory Committee which is shared with the UM Committee. Details related to the Provider Advisory Committee are discussed in detail at the end of this section. The NDM Committee may also establish additional sub-committees that can address related issues or can chose to address these issues in its full committee agenda/meetings (see below).

Committee Activities:

At Each Meeting

- Take attendance
- Review previous meeting minutes for corrections and approval
- Review task logs for tracking and completion of assigned activities
- Review agenda for additions

Annual Activities

- In conjunction with QM, establish indicators and needed reports for all internal and external Network development and management quality indicators
- Oversee annual community needs assessment in conjunction with Community Liaisons and Member Care Committee
- Establish statistically significant performance benchmarks for systemic improvement
- Establish criteria for access and availability for all providers and services
- Establish provider participation and credentialing criteria for each provider type with input from PAC

- Establish sufficiency standards for provider network
- Establish method and process for monitoring and evaluating ongoing network sufficiency through geo-access as well as methodology for formal annual, quarterly assessment
- Identify and confirm elements, tools, methodologies and schedule for development and production of provider profiling and provider report cards with input from PAC
- Review and revise (if possible) all provider monitoring tools with input from PAC.
- Identify priorities for Network development and management
- Establish Network operations policy and procedures
- Conduct annual self assessment for effectiveness of NDM Committee
- Set schedule for review of internal and external monitoring activities
- Schedule set for network orientation, training and “get together” meetings
- Develop provider selection criteria based on quality of care, quality of service and SEC business needs.

Ongoing Activities

- Oversee performance of network development and related activities
- Review of emerging best practices and new technologies for implementation in SEC systems
- Review internal performance for identification, recruitment, processing, credentialing, orientation and monitoring of providers
- Review and analyze results/effectiveness of all provider orientation and training activities
- Review and analyze findings of provider monitoring activities for single providers, provider type and network
- Identify and initiate focused studies when outliers to access, availability, quality, delivery and utilization of services are identified through single incidents and/or trending
- Identify opportunities for performance improvement and quality management activities; define issue and parameters; assign staff; define tools and mechanisms for monitoring; and set requirements for reporting
- Review for discussion and decision making data analyses from above quality initiatives
- Review client (state) requests for special monitoring tasks, activities and requests
- Referral to Utilization Management, Quality Management and member services Committee any needed service management improvement (PDSA) activities including data for overall network or provider specific such as data for provider credentialing; sanctions; limitations and terminations
- Referral to Quality Management data summary and task logs analyses on monthly basis

Standing Quarterly Agenda Items:

- Evaluate provider network training needs and develop or review and revise an annual provider network training plan that meets identified needs.

NDM Sub-Committees: The NDM Committee shall have two sub-committees, the Provider Advisory Sub-Committee and the Credentialing Sub-Committee, described in the following pages.

Provider Advisory Sub-Committee

Purpose: To ensure active network provider participation in the establishment of criteria for system development and management to include but not limited to clinical practice guidelines; vetting of new and emerging technologies and practices; utilization management decision making criteria; multi-provider credentialing and contracting criteria; provider credentialing approval or denial; components and standards for provider profiling and provider reports; and provider dispute resolution

Co-chairs: Provider Services Director and a provider as determined by the committee.

Membership of PA Committee: Standing Voting Members include Medical Director, Quality Management Director or designee, Customer Services Director or designee, Care Management Director or designee, and Provider representatives which reflect network provider composite, type and mix.

Staff to PA Committee: Network Development and Management staff members and designated Administrative staff

Ad hoc Members: Call Center Director; Finance Director; designated Care Coordinators; and others

Committee Activities:

At Each Meeting

- Take attendance
- Review previous meeting minutes for corrections and approval
- Review agenda for additions

Annual Activities

- Review for input clinical practice guidelines
- Review for input utilization management criteria
- Review for input provider credentialing criteria
- Review for input elements and criteria for provider profiling and provider report cards
- Review for input provider monitoring tools and methodology
- Review for input network sufficiency plan including access and availability standards
- Review for input provider manual/handbook
- Review for input provider correspondence (electronic- web site)
- Review for input into payment policies

Ongoing Activities

- Review training goals, objectives and materials
- Review of emerging best practices and new technologies for implementation in SEC systems
- Review results of provider monitoring and recommended actions
- Review for approval recommendations for provider credentialing and contracting
- Review for denial recommendations for provider non-credentialing and contracting
- Review all 2nd level dispute for provider sanctions, limitations and termination from network
- Identify opportunities for performance improvement and quality management activities
- Review for discussion and decision making data analyses from above quality initiatives

- Participate in activities as requested

Credentialing Sub-Committee

Purpose: The Credentialing Sub-committee is responsible for the overall direction of the credentialing program, to include the development, implementation and application of credentialing criteria for all network provider types; review, approve and/or reject application for network participation; review and discuss provider report card data and determination as to whether providers are meeting reasonable standards of care; evaluate effectiveness of the credentialing program; and review and approve annual credentialing plan, goals & objectives, policies and procedures.

Co-Chairs: Chief Clinical Officer/Medical Director and a Network Provider – chosen provider representative elected by the sub-committee.

Membership of Credentialing Sub-Committee: Standing Voting Members include: Director of Network Management, SEC Designated Provider Services Staff and 4- 5 providers which should reflect network. Always more providers than staff.

Staff to Credentialing Sub-Committee: Appropriate Care Coordinator and designated Administrative staff.

Ad hoc Members: Call Center Director; specialty providers for peer input; and others. This subcommittee accesses appropriate clinical peer input when discussing standards of care for a particular type of provider.

Committee Activities:

At Each Meeting

- Take attendance
- Review previous meeting minutes for corrections and approval
- Review agenda for additions
- Task log for updates

Annual Activities

- Review and approval of provider credentialing criteria;
- Review and approval of provider applications and contracts;
- Review practice and standards of care guidelines;
- Review effectiveness of the credentialing program;
- Review for approval credentialing plan, annual goals and objectives, policies and procedures

Ongoing Activities

- Review tracking of credentialing expirations and verifications
- Review for approval recommendations for provider credentialing and contracting
- Review for denial recommendations for provider non-credentialing and contracting
- Participate in activities as requested

CUSTOMER SERVICES (CS) COMMITTEE

Purpose: To oversee and monitor the quality of services and care delivered to and/or impacting SEC members to ensure full member and family participation in the service/care design, delivery and implementation processes as it related to individual members and member population as a whole; person centered assessment and planning; recovery orientation; respect for each recipient and family; and member voice in all things. Through the review and analyses of data related to member calls; member requests; member screening and triage; member complaints and grievances; member satisfaction; and member outcome data, CS Committee assesses and responses to single and aggregate reports and trends to improve internal and external structures and processes. All noted deficiencies in performance and opportunities for improvement are identified and improved through the design, assignment, implementation, tracking and ongoing evaluation of corrective and quality improvement activities and initiatives.

Co-chairs: Customer Service Director and Call Center Director

Membership of CS Committee: Standing Voting Members include Care Management Director, Quality Management Director, Medical Director, Information Management Director, Business Management Director and Provider Services Director.

Staff to CS Committee: Call Center and Customer Services staff and designated QM staff members (QM data analyst). These staff attends meetings as designated by Chairs as non-voting members.

Ad hoc Members: Designated Care Coordinators; Finance Director or designated staff; Public Affairs Officer; Members and family members; IT staff; Finance staff; and others.

Sub-committees- Customer Services Committee can establish specific sub-committees or can address sub-committee related issues in its full committee agenda/meetings (see below).

Committee Activities:

At Each Meeting

- Take attendance
- Review previous meeting minutes for corrections and approval
- Review task logs for tracking and completion of assigned activities
- Review agenda for additions

Annual Activities

- Identify and define quality indicators, measures and activities as required by client contract(s) and based on previous and current member care activities in QM Plan goals and objectives.
- Review and confirm definitions for complaints, grievances, incidences, sentinel events.
- Review and confirm member rights, responsibilities and expectations
- Review and approval of Member Handbook
- Establish performance thresholds and benchmarks for all internal and external quality indicators for member care
- In conjunction with UM and Case Coordination, review and approve criteria for care coordination
- Identification of priorities for member care

- Conduct annual self assessment for effectiveness of Customer Services Committee
- Review and approve Consumer Affairs, Call Center and Care Coordination policies and procedures
- Set schedule for review of internal monitoring activities
- Administer consumer satisfaction survey

Ongoing Activities

- Review internal performance data based on pre-set thresholds and parameters (i.e. Call volume, wait time, abandonment rate; response time to concerns, complaints and grievances; other)
- Review for evaluation and discussion the effectiveness of activities to develop and expand culturally relevant services throughout network
- Review for evaluation and discussion the effectiveness of activities to develop and expand recovery orientation throughout network
- Review for evaluation and discussion the effectiveness of activities to develop and expand person centered care throughout network
- Review for discussion and additional decision making member rights, complaints and grievances data
- Review for discussion and additional decision making member satisfaction data
- Review for discussion and additional decision making member outcomes data
- Review for discussion and additional decision making member screening, triage and referral data
- Review for discussion and additional decision making (including referral to NDM Committee) provider appointment, access and availability data
- Review for discussion and decision making data analyses from focused and/or special monitoring
- Review for discussion and decision making (including referral to QM Committee) single and aggregate incident report data
- Identify opportunities for performance improvement and quality management activities; define issue and parameters; assign staff; define tools and mechanisms for monitoring; and set requirements for reporting
- Review client (state) requests for special monitoring tasks, activities and requests

CS Sub-Committees: The above CS Committee activities can be redistributed if there is a decision to establish sub-committees of the CS Committee. At this point in time there is no identified sub-committee.

CLAIMS PROCESSING (CP) COMMITTEE

Purpose: To monitor and review claims data including receipt, processing, adjudication, payment of legible claims and alignment with clinical utilization management to provide an ongoing picture of the effective and efficient delivery of outcomes driven, medically necessary, fiscally sensitive services to eligible populations. All noted deficiencies in performance and opportunities for improvement are identified and improved through the design, assignment, implementation, tracking and ongoing evaluation of corrective and quality improvement activities and initiatives.

Co-chairs: Business Management Director and Information Technology Director

Membership of Claims Processing Committee: Standing Voting Members include Care Management Director, Customer Services Director, Provider Services Director and Quality Management Director

Ad hoc Members Claims Processing Committee: Business Office Staff, IT Staff and Customer Services staff. These staff attend meetings as designated by Chairs as non-voting members

Sub-committees: The Claims Processing Committee may designate sub-committees as issues arise. No sub-committees are required at this time.

Committee Activities:

At Each Meeting

- Take attendance
- Review previous meeting minutes for corrections and approval
- Review task logs for tracking and completion of assigned activities
- Review agenda for additions

Annual Activities

- Select related quality indicators for Claims Adjudication.
- Identify and define quality indicators, measures and activities as required by client contract(s) and based on previous and current financial and claims payment goals and objectives.
- Establish performance thresholds and benchmarks for all internal and external quality indicators related to claims adjudication
- Establish claims policies and procedures
- Review and approve above components for inclusion in QM and Regulatory Compliance Plan and components
- Conduct annual self assessment for effectiveness of Claims Processing Committee
- Review and recommend for approval to the QM Committee any claims management reports to the Board.
- Establish internal and external monitoring indicators, activities and schedule for review and reporting

Ongoing Activities

- Provide data to UM Committee for review of claims performance data based on pre-set

thresholds and parameters

- Create and test tools for tracking data which will assist with the efficient and effective management of the single stream funding mechanism.
- Review for discussion and decision making data analyses from focused and/or special monitoring for claims adjudication/payment issues
- Identify opportunities for performance improvement and quality management activities; define issue and parameters; assign staff; define tools and mechanisms for monitoring; and set requirements for reporting
- Other tasks as determined by Chief Executive Officer (CEO)

CP Sub-Committees: The above CP Committee activities can be redistributed if there is a decision to establish sub-committees of the CP Committee. At this point in time there is no identified sub-committee.