2023 Quality Plan

Approved by:
Quality Steering Committee: 01/25/2023
CCI Board of Directors: 02/14/2023
WI Department of Health Services: 04/18/2023

Description	Scope	Goal(s)
Quality Monitoring/Improvement		
Assessment, Care Planning, Service Delivery	P, FCP, FC	A composite score of >90% for all indicators reviewed
Long Term Care Functional Screens	P, FCP, FC	Monitor and maintain the completeness, accuracy, and timeliness of annual and chance of condition functional screens
Monitoring of Home and Community Based Settings (HCBS) Rule	P, FCP, FC	100% of members living in settings that meet the HCBS rule
Care Management for Vulnerable High Risk Members (VHRM)	P, FCP, FC	a) 100% accuracy in the identification of members who meet the DHS definition of "Vulnerable High Risk" b) 100% of care plans address supports and appropriate interventions are documented on the MCP to mitigate risk.
Satisfaction – Member	P, FCP, FC	a) Achieve high overall member satisfaction scores and 5 star member satisfaction ratings on the DHS MCO Scorecard
Satisfaction – Caregiver	P	Improve caregiver satisfaction >90% for all measures
Satisfaction – Provider	P, FCP, FC	Improve provider satisfaction >90% for all indicators
Member Incidents	P, FCP, FC	a) >90% reporting of incidents b) >90% timely reporting of incidents c) >90% timely reporting of incidents meeting immediate reporting criteria d) >90 timely incident investigations e) >90% timely investigation notifications

Description	Scope	Goal(s)
Appeals and Grievances	P, FCP, FC	a) 100% of appeals will be processed timely b) 100% of members/legal decision makers will be contacted for resolution c) ≥ 50% resolution rate will occur with appeals d) 100% of grievances will be processed timely e) ≥ 90% resolution rate will occur with grievances
Service Delivery – Provider Access	P, FCP, FC	100% compliance with provider access standards
Service Delivery - Verification that Services were Provided	P, FCP, FC	Ensure that 100% of services authorized were provided and assessed for effectiveness
Service Delivery - Provider Quality	P, FCP, FC	a) Caregiver background checks; b) Education or skills training for individuals who provide specific services c) Reporting of member incidents to Community Care d) Compliance with DQA standards, where applicable e) Appropriateness of staff providing medical services
Utilization Management	P, FCP, FC	a) Monitor and detect underutilization, overutilization, and mis-utilization of services. b) Safeguard against unnecessary or inappropriate use of Medicare and Medicaid services available under these plans and guard against excess payments. c) Assess the quality of care and services, including preventative health services, furnished to members to assure that members receive and have access to services that promote health and safety. d) Provide key information to IDTS to ensure the members' individual outcomes are supported in an efficient and cost effective manner.
Participation in the Quality Management Program	P, FCP, FC	Participation in the Quality Management Program by members (annually), community representatives of the target populations (annually), staff (monthly) and providers (annually)
Restrictive Measures	P, FCP, FC	a) 100% compliance of approved restrictive measures b) Reduction/elimination of restrictive measures <13 restrictive measures approvals
Compretitive Integrated Employment (CIE) Pay for Performance (P4P)	FCP, FC	Maintain/Increase of the number of members in CIE between the first quarter 2023 cohort and the fourth quarter 2023 cohort.
Healthcare Effectiveness Data and Information Set (HEDIS)	FCP	Improve HEDIS rates to 90%

Description	Scope	Goal(s)
Addressing Social Determinants of Health (SDoH)	P, FCP, FC	Enhance CCI practices to address SDoH needs, establish groundwork, and reinforce organizational commitment with goal of having function SDoH dashboards to provide baseline data for future health equity initiatives.
Community Connections Pay for Performance	FCP, FC	100% compliance with DHS P4P expectations related to submission deadlines and successful earning of withhold amounts
Advance Care Planning	P, FCP, FC	100% compliance with DHS Advance Care Planning requirements
DHS Quality Indicators		
Care Management Staff Turnover	P, FCP, FC	Maintain/Increase "Care Team Characteristic" Star Rating on the DHS ADRC MCO Scorecard.
Influenza Vaccinations	P, FCP, FC	a) Increase influenza vaccination rate for members to >90% b) Increase influenza vaccination rate for staff to >90%
Pneumococcal Vaccinations	P, FCP, FC	Increase the pneumococcal vaccination for members to >90%
Dental Visits	P	100% compliance with dental access
Formal Projects		
Increasing Member Enrollment in MyHealthRecord (DHS non-clinical Performance Improvement Project (PIP)	P, FCP, FC	Increase member enrollment in Community Care's MyHealthRecord
Diabetic Eye Examination Compliance (CMS Chronic Care Improvement Project (CCIP), DHS Clinical PIP	P, FCP, FC	Increase compliance of annual diabetic eye examination
Informal Projects		
Increasing consistency of functional screen and MCO documentation	P, FCP, FC	Increase consistency of functional screen and Community Care documentation to >90%