



# **March Vision Care Group, Inc. 2018 Quality Improvement Program**

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## **INTRODUCTION**

MARCH Vision Care Group, Incorporated (“MARCH”) was founded in 2001 by two ophthalmologists with a passion for closing the health disparity gap for socio-economically disadvantaged populations. MARCH understands that vision care is more than just eye exams, eye glasses, and contact lenses. It’s an opportunity to work closely with our health plan partners for early disease detection and intervention.

The Quality Improvement Program is MARCH’s quality assurance program. It is established to provide the structure and key processes that enable the vision plan to carry out its commitment to ongoing improvement of care and service. The Quality Improvement Program evolves in response to the changing needs of MARCH’s members and clients, and the standards established by the medical community, and regulatory and accrediting bodies.

The following Quality Improvement Program Description includes discussion of program philosophy, scope, structure, and methodology. The term *quality improvement* is used in place of the terms *quality assurance* and *quality management* because *improvement* more aptly describes MARCH’s commitment to continuous improvement.

### **1) Program Philosophy**

The purpose of the Quality Improvement Program is to guarantee the delivery of high quality services to MARCH’s customers, which include members, providers, and clients. To ensure this level is achieved, programs/activities having a direct or indirect influence on the quality and outcome of care and service delivered to all customers are consistently and systematically monitored and evaluated. The evaluation process is fully documented, responsibility is assigned to appropriate individuals, and, when opportunities for improvement are noted, recommendations and corrective action plans are provided. MARCH maintains the following values, assumptions, and operating principles for the Quality Improvement Program:

- The Quality Improvement Program provides a structure for promoting and achieving excellence in all areas through continuous improvement.
- Improvements are based on industry “best practice” and on standards set by regulators, accrediting organizations, and clients.
- The Quality Improvement Program is applicable to all disciplines comprising the vision plan at all levels of the organization.
- Teams and teamwork are essential to the improvement of care and services.
- Data collection and analysis is critical to problem-solving and process improvement.
- Each employee is highly valued as a contributor to quality processes and outcomes.
- Compliance with National Committee for Quality Assurance standards, when applicable, demonstrates MARCH's commitment to quality improvement.
- Information about the Quality Improvement Program is available to members and providers upon request. It is also posted in the Provider Reference Guide following Board approval.



## 2) Program Goals

MARCH has defined the following goals for the Quality Improvement Program:

- Design and maintain programs that improve the care and service outcomes within identified member populations, ensuring the relevancy through understanding of MARCH's demographics and epidemiological data.
- Define, demonstrate, and communicate the organization-wide commitment to, and involvement in, achieving improvement in quality of care, member safety, and service.
- Improve the quality, appropriateness, availability, accessibility, and coordination and continuity of eye care and service provided to members. Through ongoing and systematic monitoring, interventions and evaluation, improve MARCH' structure, process, and outcomes.
- Use a multidisciplinary committee structure to facilitate the achievement of quality improvement goals.
- Facilitate organizational efforts to achieve regulatory and National Committee for Quality Assurance compliance.

## 3) Program Objectives

The Quality Improvement Program directs personnel, activities, and resources to achieve program goals. Written objectives address:

- Activities planned,
- Methodologies,
- Responsible persons, and
- Time frames for meeting each objective.

Objectives are developed and established annually with consideration given to:

- Important aspects of care and service provided by MARCH.
- Objectives identified from ongoing and annual evaluation.
- Changes in policies, procedures.
- Changes in benefits or product offerings.
- Client agreements.
- Changes in member demographics and epidemiological characteristics.
- Recommendations made by NCQA, regulators, clients, providers, and members.
- National, state, and local public health goals.
- Identified "Best Practices."
- Delegated activities and MARCH's delegates' performance.
- Provider satisfaction, and, when indicated, member satisfaction.
- Network changes.
- Ability to achieve meaningful improvement with available resources.

Quality Improvement Program objectives are developed annually and reviewed and revised quarterly or more frequently as needed. Specific activities are identified to support the achievement of the objectives. These activities are tracked and recorded in an annual Quality Improvement Work Plan.

#### **4) Scope of Program Activities**

The scope of the program is comprehensive and includes all departments and activities that have a direct and indirect influence on the quality, safety, and outcome of care delivered to all MARCH customers.

##### **a) Important Aspects of Care**

Through audits and special studies, the Quality Improvement Program allows for case tracking and quality of care issue identification, evaluation, and resolution in the following areas:

- Delivery of quality of care
- Complaints and grievances
- Health education
- Member access and availability to care
- Oversight of health care provider including medical record and claim payment review
- Provider credentialing/re-credentialing
- Oversight of satisfaction measurement and improvement activities
- Evaluation of the effectiveness of quality improvement activities in producing measurable improvements in the care and service provided to customers
- Regulatory compliance

##### **b) Data Sources and Staff Resources**

Quality Improvement is a data driven process. MARCH utilizes multiple data sources to monitor, analyze and evaluate the Quality Improvement Program and planned activities. These sources include, but are not limited to, the following:

- Pertinent medical records (minimum necessary)
- Provider and member complaints/appeals, Customer and Provider Services reports, and other sources
- Provider and member satisfaction survey results (when indicated)
- Audit results
- Statistical, epidemiological and demographic member information
- Geo Access provider availability data and analysis
- Claims data
- Utilization reports

#### **5) Quality Improvement Strategy**

##### **a) Quality Improvement Activities**

To meet the purpose, goals and scope of this program, MARCH's Quality Improvement activities, as reflected in the Quality Improvement Plan, will be focused on the following areas:

##### **i) Delivery of Quality of Care**

- Track quality of care issues, including adverse events.
- Develop performance measures relative to implementation of preventive and clinical practice guidelines, to identify actions for improvement.



- Ensure corrective action plans include intervention and measurement of intervention effectiveness.
  - Ensure confidentiality, privacy, and security of customer information.
  - Achieve a coordinated, centralized, ongoing and effective program that involves providers in a comprehensive program of quality improvement.
- ii) Complaints and Grievances
- Review member complaints, and appeals, and develop and implement effective systems and processes to improve standards of care and services, and prevent replication of issues.
- iii) Health Education
- Provide updated information regarding eye diseases, eye care and preventative health, and quality initiatives.
  - Review, approve, and disseminate preventative health and clinical practice guidelines/adherence with current recommendations.
  - Maintain a systematic process for educating providers regarding quality improvement issues and activities.
  - Provide ongoing education to MARCH colleagues to ensure successful implementation of quality initiatives.
- iv) Safety
- Monitor Grievances for member safety concerns and report these to the QIC
  - Internet posting of educational materials regarding safety.
  - Track the progress of the Safety Committee established to address employee safety concerns.
- v) Member Access and Availability to Care
- Measure and evaluate geographic access to eye care services.
  - Establish access standards inclusive of appointments for routine care, in office wait time, urgent care/after-hours care, and telephone service including an evaluation of compliance with these standards.
  - Evaluate MARCH customer service telephone access when contractually responsible for Member calls.
  - Evaluate issues regarding availability of care through analysis of member grievances and other communication.
- vi) Language Assistance and Cultural Sensitivity
- Evaluate MARCH's Cultural and Linguistic program to ensure appropriate access for members and fulfillment of all regulatory requirements and client agreements.
  - Provide ongoing training to providers, members, and employees, regarding Language Assistance and Cultural Sensitivity.
- vii) Oversight of Health Care Provider
- Establish medical records/claims documentation standards which facilitate

- timely communication of clinical information and coordination of care.
- Perform medical record and other audits.
- Perform peer review of quality of care issues and related corrective action plans.
- Perform medical record review to ensure billed services are consistent with medical record documentation.
- Perform medical record review to ensure appropriate examination including dilation is being performed.

viii) **Provider Credentialing/Re-credentialing**

- Review credentialing/re-credentialing policies and procedures.
- Provide peer review of credentialing/re-credentialing decisions.
- Utilize grievance information in re-credentialing reviews.
- Oversee delegated credentialing activities.

ix) **Oversight of Satisfaction Measurement and Improvement Activities**

- Review sources of member satisfaction including, but not limited to, grievances and appeals, and identify opportunities for improvement.
- Design and evaluate initiatives to improve satisfaction.
- Review provider satisfaction surveys and propose activities for improvement no less than annually.

x) **Evaluation of the Effectiveness of Quality Improvement Activities**

- Organize multi-disciplinary teams, including clinical experts, to analyze service and process improvement opportunities, determine actions for improvement, and evaluate results.
- Develop, review, implement, evaluate and approve Quality Improvement Plan annually. Submit Quality Improvement Program, Quality Improvement Plan, quarterly and semi-annual reports, and any actions or decisions affecting the quality improvement process to the Quality Improvement Committee and the Board of Directors.
- Track the progress of quality activities through appropriate quality committee minutes and review/update the Quality Improvement Plan quarterly.
- Revise interventions, as required, based on analysis.

xi) **Regulatory Compliance**

- Ensure the Quality Improvement Program is compliant with State and Federal laws, accrediting agencies and client requirements.
- Notify regulatory bodies and customers on a regular basis of any actions or decisions affecting processes by which eye care services are provided.

b) **Improvement Methodology**

A cyclic, continuous, systematic process is used to improve performance and communicate clinical and service quality issues. This process is used throughout the organization to help individuals improve procedures, systems, quality, cost, and outcomes related to their areas of responsibility. The model includes the following steps:



- Establish standards and benchmarks
- Collect data
- Analyze data and determine performance levels
- Identify opportunities for improvement
- Prioritize opportunities
- Design and implement interventions
- Measure effectiveness

## **6) Organizational Structure Supporting Quality Improvement: Accountability**

### **a) The Board of Directors**

The Board of Directors of MARCH has ultimate authority and responsibility for the quality of care and service delivered by MARCH. The Board of Directors is responsible for the direction and oversight of quality improvement activities and delegates its authority to the Quality Improvement Committee under the leadership of the Chief Medical Officer. This includes the responsibility for the Quality Improvement Program, to ensure the program implementation, function and results, and provide for adequate resources and staffing. The Chief Medical Officer is responsible for providing leadership, policy direction, clinical support, and oversight of quality improvement activities. This includes the collaboration with the Director of Health Care Services to monitor and oversee the results of program activities and services to ensure that operational and administrative management decisions do not compromise the quality of care and services provided to MARCH customers. The Chief Medical Officer functions as the Quality Improvement Committee liaison to the Board of Directors to present quality improvement reports, policies, concerns and/or recommendations made by the Quality Improvement Committee. The Director of Health Care Services oversees provider compliance with quality of care and service, and safety standards; provides clinical input and support; identifies quality improvement indicators for further investigation; conducts, reviews, and analyzes quality improvement activities; and identifies compliance problems and the need to complete corrective action plans. The Board of Directors holds the Chief Medical Officer accountable for the efficient and effective functioning of the March Vision Care Quality Improvement Program.

The Board of Director's Function and Responsibility is to:

- Review, evaluate, and approve, the Quality Improvement Program, Quality Improvement Plan, and Quality Policies and Procedures annually, and update these as necessary.
- Provide feedback and recommendations to Quality Improvement Committee.
- Evaluate and assess implementation of quality management activities.
- Assess adequacy of resources to manage the quality program and plan.

### **b) The Quality Improvement Committee:**

The Quality Improvement Committee has the responsibility to direct, oversee, monitor, evaluate and improve the provision of quality health care and services, both clinical and administrative. The Quality Improvement Committee is responsible for developing, implementing, evaluating and reporting Quality Improvement Program and Plan



compliance to the Board of Directors at least quarterly. The Quality Improvement Committee sets the strategic direction for all quality activities at MARCH. The Quality Improvement Committee receives reports from all quality committees, and sub-committees and advises and directs them on the focus and implementation of the Quality Improvement Program and Quality Improvement Plan. The Quality Improvement Committee reviews data from quality improvement activities to ensure that performance standards are met and makes recommendations for improvements to be carried out by sub-committees or by specific departments. The Quality Improvement Committee submits reports of activities and minutes to the Board of Directors at least quarterly, in sufficient detail, and on a timely basis in order for the Board of Directors to act promptly and appropriately. The Quality Improvement Committee will make recommendations to the Board of Directors on any/all quality issues.

Specifically, the Quality Improvement Committee is to:

- Monitor all policies and procedures for compliance with state and federal laws, such as member rights, confidentiality and privacy of health information.
- Develop, evaluate and implement clinical guidelines relating to quality of care and activities.
- Oversee the provider audit process, evaluate audit results, and develop provider corrective action plans as needed. Establish and ensure provider compliance with MARCH's standards, and otherwise monitor and ensure the quality of care rendered to members.
- Provide oversight and overall direction of the Quality Improvement/Utilization Management program(s) and all aspects of the Plan's clinical direction (clinical guidelines, HEDIS® intervention, and disease management).
- Approve the scope and activities, review and evaluate the progress of existing and new quality improvement activities, and confirm that quality improvement functions are performed and communicated to the Board of Director.
- Delegate assignments to its sub-committees.
- Review committee charters/functions at least annually.
- Develop, review, revise, evaluate, implement, and approve quality improvement policies and procedures annually and as revisions require.
- Work with Health Plans to investigate, resolve and monitor customer complaints and grievances, identify opportunities for improvement, and monitor appropriate severity levels of care, and require corrective action when indicated.
- Oversee Satisfaction Committee, Professional Review Committee, Utilization Management Sub-Committee and Peer Review Sub-Committee activities.
- Ensure compliance with member rights, ethical issues, complaints and grievances.
- Ensure providers are free from undue financial consideration or conflict of interest.
- Ensure Quality Improvement Committee members sign a "Statement of Confidentiality" agreement annually. Any guest provider or other guests must also sign a "Statement of Confidentiality" agreement.
- Ensure peer review records and proceedings will be kept confidential.
- Monitor activities related to health education.
- Monitor activities related to safety.
- Manage committee membership and participation as required/necessary. Other contracted eye care providers may be added on a pre-scheduled basis, but they will be



dismissed during confidential MARCH discussions or activities protected by peer review confidentiality rules. A Quality Improvement Committee member with a conflict of interest, which might impair objectivity in any review or decision process, shall not participate in any deliberation involving such issues and shall remove himself/herself from casting a vote on any related issues.

- Ensure meeting minutes will be taken and maintained.

c) **Standing Quality Improvement Committees and Sub-Committees (committees):**

The Quality Improvement Committee receives reports from its 4 committees:

- Professional Review Committee
- Satisfaction Committee
- Utilization Management Sub-Committee
- Peer Review Sub-Committee

The Quality Improvement Committee delegates some quality improvement functions to these specific committees. Each of these committees is guided by a description that outlines its composition, meeting frequency, standards and responsibilities in a charter. MARCH quality committees meet quarterly and as necessary and contemporaneous minutes are taken. Committee charters describing the following committees are reviewed annually and available upon request. The Committees include:

- The Quality Improvement Committee – This committee reviews all quality activities at MARCH. Information from the Quality Improvement Committee is reported to the Board of Directors on a quarterly basis or more often as appropriate.
- The Professional Review Committee – This committee has primary responsibility for credentialing and recredentialing activities.
- The Satisfaction Committee - The Satisfaction Committee is responsible for determining satisfaction of providers and implementing actions to improve this. Member Satisfaction initiatives will be reviewed if delegated to MARCH by the clients.
- The Utilization Management Sub-Committee - The Utilization Management Sub-Committee defines the parameters of the Utilization Management Program and Plan, monitors quality improvement projects, and audits results related to utilization management, and assesses the effectiveness of the Utilization Management Program on an ongoing basis.
- The Peer Review Sub-Committee - The Peer Review Sub-Committee has primary responsibility for reviewing Quality of Care issues and determining necessary corrective actions.

Input for quality improvement activities also comes from other MARCH Committees:

- The Compliance Committee reports to the Board of Directors. This committee develops and monitors strategies implemented to promote compliance with the Code of Conduct, rules and regulations and the Quality Improvement Program and detection of any potential violations.
- The Policy and Procedure Committee facilitates and oversees the MARCH policy and procedure process and reviews/approves all policies and procedures prior to



submission to the MARCH Board of Directors.

d) Quality Leadership

i) **The Chief Medical Officer:**

The Chief Medical Officer is the Chairperson of the Quality Improvement Committee and is responsible to plan, design, implement and coordinate quality improvement activities. This includes supervision of all of eye care services including operational oversight responsibility of quality improvement and credentialing. Activities include oversight of development, dissemination, implementation and evaluation of clinical practice guidelines, preventive eye care guidelines and benefit interpretation guidelines. Also included is communication of information and decisions to participating providers, and follow-up on corrective action plans implemented for issues regarding quality of care, safety, and service.

It is the Chief Medical Officer's responsibility to:

- Report to the Board of Directors.
- Promulgate of the Quality Improvement Program through communication, practice and resource allocation.
- Achieve organizational quality and service goals.

Direct involvement in quality improvement activities include:

- Analysis of quality improvement data.
- Resource allocation.
- Assurance of the effectiveness of quality activities.
- Assessment of the organization's compliance with regulatory, contractual, and accreditation standards.
- Ongoing assessment of the effectiveness of the Quality Improvement Program and Quality Improvement Plan.
- The Chief Medical Officer is the chairperson of the Quality Improvement Committee, PEER Review Sub-Committee, Utilization Management Sub-Committee and Professional Review Committee and is a "voting" member for all clinical and administrative issues.
- The Chief Medical Officer is a Physician/Optomtrist (provider) with an active and unrestricted license to practice medicine, credentialed by MARCH and meets the educational, training, and clinical experience appropriate to act in a medical leadership role.

ii) **Director, Health Care Services**

The Director, Health Care Services, under the direction of the Chief Medical Officer, leads the quality improvement function.

It is his/her responsibilities to:

- Promote and maintain quality as a priority and guiding principle throughout the organization.
- With the CEO and Chief Medical Officer/Medical Director, identify and implement the MARCH quality improvement strategy.
- Provide administrative support for planning, oversight, and allocation of resources

- to establish and maintain an organization wide system of quality improvement.
- Serve as a resource for planning, implementation, and evaluation of the Quality Improvement Program.
- Provide operational oversight of the Quality Improvement Program and Plan, Health Education, Utilization Management and other clinical measurement processes.
- Coordinate the organization's regulatory audit preparation.

The Director, Health Care Services is a licensed Registered Nurse and acts as a full voting participant in the Quality Improvement Committee.

### iii) **The Associate Medical Director**

The Associate Medical Director is a voting member of the Quality Improvement Committee for all issues. He/she is an optometrist and/or ophthalmologist, with active and unrestricted license to practice, credentialed by MARCH, and meet the educational, training or clinical experience required of the position. He/she is a "voting" member for all issues. Along with other practitioner members, it is his/her responsibility to review and provide feedback on proposed practice guidelines, and eye care programs, report on new technology, provide input into other clinical decisions, review proposed quality improvement study designs, and participate in the development of action plans and interventions to improve levels of care and service. This includes reviewing quality of care concerns including through the Peer Review Sub-Committee, and utilization management initiatives through the Utilization Management Sub-Committee. When indicated he/she will provide clinical review of medical records and issues that present.

### iv) **Provider Committee Members.**

The Provider members consist of optometrists and/or ophthalmologists, with active and unrestricted license to practice, credentialed by MARCH, and meet the educational, training or clinical experience required of the position. They are nominated by the Chief Medical Officer and are "voting" members for all issues.

Participating providers serve on all clinical committees including, Quality Improvement Committee, Professional Review Committee, Utilization Management Sub-Committee, and Peer Review Sub-Committee. Through their committee participation providers may:

- Review and provide feedback on proposed practice guidelines, and eye care programs.
- Report on new technology.
- Provide input into clinical decisions.
- Review the credentialing/recredentialing files of providers to determine if they may participate as a MARCH provider.
- Review proposed quality improvement study designs.
- Participate in the development of action plans and interventions to improve levels of care and service.
- Review quality of care concerns through the Peer Review Sub-Committee.
- Review and provide input into Utilization Management initiatives through participation in the Utilization Management Sub-Committee.



In cases where specific specialty feedback or assistance is needed, the appropriate community professional is solicited to review cases and to provide feedback on proposed interventions or programs. As needed, focus groups of providers may be used for assisting with the design or evaluation of specific programs.

### **Other Roles and Responsibilities in the Quality Improvement Process**

All departments play an important role in quality improvement effectiveness and efficiency. This mandate applies to their departmental responsibilities, as well as to activities coordinated with other departments.

#### **e) Health Care Services Department**

The Health Care Services Department is comprised of appropriately licensed registered nurses, health professionals, and ancillary personnel who are responsible for the coordination of the Quality Improvement Program and planned quality improvement activities.

It is the Health Care Services Department's responsibility to:

- Coordinate an organization-wide annual evaluation and planning cycle, resulting in an annual Quality Improvement Plan that outlines organizational quality improvement objectives with action plans, goals, responsibilities, timeframes and reporting requirements.
- Coordinate clinical and service quality measurement and quarterly reporting to the Quality Improvement Committee.
- Manage quality improvement projects, studies and interventions; prepare and submit quality improvement documents and reports; and make recommendations to appropriate quality committees and sub-committees.
- Identify opportunities for improvement through monitoring and analysis of clinical and satisfaction data.
- Ensure compliance with MARCH, client, and regulatory standards for timely response handling and resolution of grievances and appeals, in conjunction with other MARCH colleagues and providers.
- Monitor quality improvement preparations for compliance with regulatory requirements and for audits.
- Ensure compliance with required Language Assistance and Cultural Sensitivity programs.
- Training colleagues in Quality Improvement, Appeal and Grievance Management and Language Assistance/Cultural Diversity.
- Develop, adopt, and implement relevant eye care educational programs.
- Facilitate clinical quality of care case review.
- Serve as members on appropriate quality committees and sub-committees.
- Develop, maintain and implement quality improvement policies and procedures.
- Maintain necessary quality improvement resources including, but not limited to, written materials, web-site and software, specialty consultation, analyst and statistical support.
- Monitor trends relating to member concerns, grievances, and appeals as they

- pertain to dissatisfaction with MARCH, providers, and accessibility.
  - Identify opportunities for improvement, in conjunction with other departments.
- f) It is the Client Relations team responsibility to:
- Ensure that the conditions as outlined in the client contracts are followed.
  - Coordinate activities between clients and MARCH and provide client feedback regarding MARCH activities.
  - Represent MARCH at meetings with clients and ensure that requested action items are completed at MARCH to the clients' satisfaction.
  - Coordinate the resolution of any operational issues that arise.
  - Coordinate reporting according to the clients' requests.
  - Facilitate agreements with clients and potential clients.
- g) It is the Provider Services colleague responsibility to:
- Contract with providers, entering the data into eyeManager.
  - Monitor provider /eye care delivery geo-access and availability, and then implement improvement plans such as additional contracting.
  - Review provider satisfaction surveys, provider complaints and other forms of provider feedback and then implement improvement plans.
  - Manage the provider inquiry and complaint process concerning issues such as payment issues, denials, eyeSynergy® user issues or other areas of dissatisfaction.
  - Disseminate provider education materials.
- h) It is the Customer Services colleague responsibility to:
- Assess member access to MARCH and compliance with contractual and regulatory standards for timely response and resolution of all issues, in conjunction with Health Care Services and Provider Services, when delegated by client.
  - Manage inbound call volume in accordance with all regulatory and client contractual requirements.
  - Evaluate trends identified through analysis of provider and member calls (when delegated) and identification of opportunities for improvement.
  - Forward Grievances and Appeals and Issues to the Health Care Services/ Quality Management Department for management according to regulations, clients' requirements and MARCH policies and procedures.
  - Review member satisfaction feedback, and identify opportunities for improvement, and implement improvement activities when delegated responsibility for member calls.
  - Communicate all potential quality of care and risk management issues that are communicated to MARCH by members or their representatives to the Health Care Services/Quality Management Department.
  - Manage the relationship between providers and the Laboratories
- i) It is Legal/Compliance colleague responsibility to:
- Coordinate compliance audits.
  - Oversee compliance with all applicable statutory, regulatory and contractual requirements.



- Review draft and final regulations and statutes, and disseminate this information to MARCH internal departments.
- Provide education and training for MARCH colleague regarding compliance, contract provisions and new law/regulation.
- Oversee and coordinate communication with the regulatory bodies.
- Coordinate contract renewal activities.
- Implement and assess the Compliance Plan.
- Maintain approved policies and procedures, ensuring annual review and approval.
- Manage and review of confidentiality issues and provision of training as needed.
- Coordinate organizational compliance with HIPAA (Health Insurance Portability and Accountability Act) and Fraud, Waste and Abuse and other corporate training.

j) It is the Credentialing colleague responsibility to:

- Manage the provider credentialing and recredentialing program to ensure a safe environment for members.
- Develop and maintain provider profiles including available data from provider applications, databases, and from primary source verification.
- Oversee delegated credentialing activities based on National Committee for Quality Assurance standards.

k) It is the Business Services/IT colleague responsibility to:

- Process claims, eligibility information, and outbound encounters submission according to regulations and client contracts.
- Issue post service denial letters according to regulations.
- Provide timely administration of the Provider Dispute Resolution process according to regulations.
- Implement and maintain various Information Technology and other systems in order to implement quality initiatives, carry out business effectively and according to regulatory and client requirements.
- Manage the eyeManager database configuration.

l) It is the Reporting Department colleague responsibility to:

- Create and distribute reports for internal and for clients reporting purposes.

m) It is the Quality Assurance and Recovery colleague responsibility to:

- Audit denial letters, reports, lab orders, monitor network management and configuration of benefits.
- Based on findings from claims audits and Potential Quality Issue findings, recover funds paid in error.
- Coordinate client audits.

n) It is the Participating Providers' responsibility to:

- In addition to serving on committees, all MARCH providers participate in the QI Program by providing excellent quality of care and service to all members as defined in MARCH's standards.

MARCH does not pressure health care providers to render care beyond the scope of their training or experience.

## **7) Confidentiality**

MARCH is authorized by specific regulatory agencies and by members to obtain and review medical records, including member and provider identities. Authorization is subject to all state and federal laws and regulations, MARCH corporate policies and procedures, contracts, and the MARCH Employee Handbook section regarding the use of Protected Health Information.

All MARCH personnel reads, and agrees with their electronic signature, The Code of Conduct and Employee Handbook Acknowledgement Form. In addition, they read and agree to the New Employee Orientation Training Acknowledgement and UnitedHealth Group Employment Arbitration Policy Acknowledgement Form. These documents signed with the employee's electronic signature are kept and accessible on UnitedHealth Group's Global Self Service system. In addition, non-MARCH members of quality improvement committees sign a confidentiality statement when attending committee meetings and are protected from being required, with some exceptions, to testify in civil actions related to specific committee activities and actions.

MARCH's quality improvement documents are maintained in compliance with all legal requirements and include, but are not limited to, internal reviews, quality improvement studies and reports, minutes of quality improvement committees and administrative (i.e., non-clinical) processes having a direct impact on the provision of care or service. The findings of all MARCH quality improvement committees are part of the Quality Improvement Program. Such findings will not be released to any outside agency without the express permission of the originating agency and assurance that confidentiality will be maintained. The Board of Directors assigns the responsibility of managing and reviewing confidentiality issues to the Legal/Compliance Department. A Compliance Committee has been formed as directed by the Compliance Plan. This committee addresses issues of confidentiality.

## **8) Conflict of Interest**

No reviewing provider may perform a review on one of his/her members, the members of his/her partners, or cases in which that provider has a proprietary financial interest in the site providing care.

## **9) Delegation Activities**

MARCH may delegate credentialing to provider groups that meet delegation requirements if contractually permitted by the client Health Plan. Prior to delegation, MARCH conducts on-site delegation pre-assessments to determine compliance with regulatory and accrediting requirements. The organization monitors ongoing compliance with review of quarterly



reports and annual on-site assessments. MARCH does not delegate quality improvement and works with our client/Health Plan partners to investigate and resolve member grievance and appeals.

Delegation oversight activities and reports are directed to the Professional Review Committee, which reports to the Quality Improvement Committee. The Quality Improvement Committee requires corrective action of delegates when necessary. The Supervisor, Credentialing or his/her designee is responsible for delegation oversight. Delegated oversight includes coordinating and conducting on-site assessments, monitoring monthly reports, overseeing the corrective action process, and reporting to the Quality Improvement Committee.

MARCH does not delegate credentialing at this time.

## **10) Program Evaluation and Revision**

The Quality Improvement Program and Plan govern the program structure and activities for a period of one calendar year. At least annually, the Health Care Services Department will facilitate a formal evaluation of the Quality Improvement Program. Evaluation of all quality activities includes a description of limitations and barriers to improvements.

The purpose of the annual quality improvement evaluation is to identify the outcomes through MARCH's quality improvement efforts through:

- Evaluation of quality improvement activity implemented during the year and identifies quantifiable improvements in care and service.
- Use of a trended indicator report and brief analysis of changes in trends and improvement actions taken as a result of the trends.
- Evaluation of resources, training, scope, and content of the program and provider participation.
- Identification of limitations and barriers, and makes recommendations for the upcoming year, including the identification of activities that will carry over into next year.
- Evaluation of the overall effectiveness of the Quality Improvement Program.

## **11) Governing Body Review and Approval**

MARCH's Quality Improvement Program activities are reported to the Board of Directors through the Quarterly and Annual Reports and minutes of the meetings. The Quality Improvement Program, Work Plan and its evaluation is submitted to the Board of Directors for review and approval.

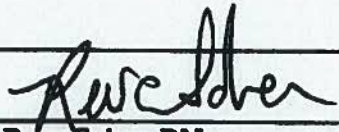
## **12) Appendix Quality Improvement Plan**

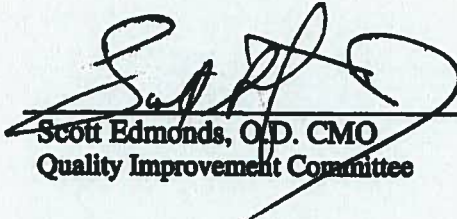
**2018 Quality Improvement Program: March Vision Care Group, Incorporated**

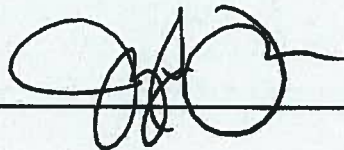
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**APPROVALS:**

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**Preparer**  **Date** 2/21/18  
**Name:** Reva Sober, RN **02/21/2018**  
**Title:** Director, Health Care Services

**Governing Comm.**  **Date** 2/21/18  
**Committee Name:** Scott Edmonds, O.D. CMO **2/21/2018**  
**Chair:** Quality Improvement Committee

**Board of Directors**  **Date** 3/6/18

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