AGENCY BASED COMMUNITY BENEFITS - ABCB
QUALITY IMPROVEMENT ASSURANCE

I. Developing and Implementing the Agency's Quality Improvement Plan

Quality improvement is an important component of any business and the Turquoise Care Agency-Based Community Benefits require providers to develop and implement a quality improvement program to ensure adequate and effective operation of the agency.

There are two major steps to developing a quality improvement plan. One step is thinking about which performance outcomes you will measure, how and when you will monitor these outcomes and how you'll set targets for improvement. Another step is deciding on the structure your agency will use to implement the plan on an on-going basis. Some agencies charge the board with performing this function, some use their managers, and some create a quality improvement committee.

Your quality improvement plan must address the following four requirements:

A. Service Delivery -- how the agency on an ongoing basis will assess its performance in delivering services to consumers.

Some tools you might use are consumer satisfaction surveys, complaints and grievance records, phone logs and/or monthly supervisory visits logs.

B. Operational Activities -- how the agency will assess its operations to determine effectiveness and compliance with the regulations.

For this requirement, you will create ways to measure performance in operations, for example, you might want to track timesheet or billing errors.

C. Quality Improvement Action Plan -- what actions the agency will take to improve quality in response to the assessments in a. and b. and how the agency will measure how and whether the actions taken have improved quality

D. Documentation of Activities -- how the agency will document and report the quarterly activities taken to improve quality.

II. Compliance with Quality Assurance Monitoring

The Provider agrees to cooperate with Health Care Authority (HCA), Medical Assistance Division (MAD), other state and federal agencies, and Managed Care Organizations (MCO) with regard to all activities related to quality assurance, monitoring and management.

QUALITY IMPROVEMENT ASSURANCE (continued)

The Provider agrees that HCA and/or MAD, its employees, agents or contractors may monitor the Provider's performance at any time.

Employees or representatives of HCA/MAD or other relevant state and federal agencies, as well as employees or representatives of MCOs shall visit Provider's offices and/or service locations when necessary to examine Provider's operations and records. The Provider will allow timely access to service locations and/or provide records and/or information as requested by these entities. Advance notice may be provided, if appropriate, as determined by HCA/MAD or other state agencies.

If the Provider is found to be deficient, the Provider shall timely comply with corrective action plans issued by HCA/MAD and/or the MCOs. Failure to comply with any provisions of this Assurance regarding quality assurance, monitoring and management, including the Provider's failure to comply with corrective action plans, may result in the imposition of penalties and/or sanctions, including termination of Medicaid Turquoise Care Agency- Based Community Benefits provider number.

The Provider acknowledges that quality monitoring and management are within the jurisdiction of several state agencies, including the New Mexico Attorney General, and within the scope of Provider's contracts with the MCOs. As such, information acquired through quality monitoring activities, such as HCA/MAD audits, may be referred to the appropriate state agencies or MCOs.

I have read the quality improvement plan requirement and I agree to develop and implement a quality improvement program to ensure adequate and effective operation of the agency, including documentation of quarterly activities that address, but are not limited to:

A. Service Delivery

B. Operational Activities

C. Quality Improvement Action Plan; and

D. Documentation of Activities

Organization Name _____

Please print your name and title _____

Signature _____ Date _____