



2024 Quality Plan

Approved by:
 Quality Steering Committee: 01/24/2024
 CCI Board of Directors: 02/27/2024
 WI Department of Health Services: 03/20/2024

Description	Scope	Goal(s)
Quality Monitoring/Improvement		
Assessment, Care Planning, Service Delivery	P, FCP, FC	A composite score of >90% for all indicators reviewed
Monitoring for Provider Choice	P, FCP, FC	≥ 90% compliance of ensuring members are afforded choice among covered services and providers
Long Term Care Functional Screens	P, FCP, FC	Monitor and maintain the completeness, accuracy, and timeliness of annual and change of condition functional screens
Monitoring of Home and Community Based Settings (HCBS) Rule	P, FCP, FC	a) Monitoring 100% of members living in settings that meet the HCBS rule; and b) Monitoring 100% of members receiving day programming/employment services 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) For members assessed as VHRM, 100% compliance with care management expectations (See full Quality Plan for detail of expectations)
Satisfaction – Member	P, FCP, FC	Achieve 5-star member satisfaction ratings on the DHS MCO Scorecard
Satisfaction – Caregiver	P	Improve the percentage of respondents describing communication with the care team as good or excellent from 63.9% to 80%
Satisfaction – Provider	P, FCP, FC	Improve participation in the provider satisfaction survey 10% from 164 to 180 completed surveys.
Member Incidents	P, FCP, FC	a) ≥90% timely reporting of incidents b) ≥90% timely reporting of notifications c) ≥90 timely incident investigations d) ≥90% timely investigation notifications
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) ≥ 50% resolution rate will occur with grievances

Description	Scope	Goal(s)
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	<ul style="list-style-type: none"> a) Caregiver background checks: Provider compliance ≥87%; b) Education or skills training for individuals who provide specific services: Offer two provider training topics; c) Reporting of member incidents to Community Care: ≥90% timely reporting of incidents; d) Compliance with DQA standards, where applicable: 100% of Division of Quality Assurance (DQA) Statement of Deficiency (SOD) related to Community Care providers will be reviewed and follow-up action determined and sent to Operational Leaders; e) Appropriateness of staff providing medical services: 100% of new rendering providers (non-hospital entities) are credentialed through Andros
Utilization Management	P, FCP, FC	<ul style="list-style-type: none"> 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) Medical record content for hospitals and mental hospitals is consistent with the utilization control requirements of 42 C.F.R. § 456.111 and 42 C.F.R. § 456.211; e) 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 (quarterly) and providers including long-term care and health care providers with appropriate professional expertise to participate, attendants and informal caregivers (quarterly)
Restrictive Measures	P, FCP, FC	<ul style="list-style-type: none"> a) 100% compliance of approved restrictive measures b) Reduction/elimination of restrictive measures <17 restrictive measures approvals

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Competitive Integrated Employment (CIE) Pay for Performance (P4P)	FCP, FC	Maintain/Increase of the number of members in CIE between the first quarter 2024 cohort and the fourth quarter 2024 cohort.
Healthcare Effectiveness Data and Information Set (HEDIS)	FCP	Improve HEDIS rates to five-star ratings
Addressing Social Determinants of Health (SDoH)	P, FCP, FC	Continue to enhance CCI practices to address SDoH needs, establish groundwork, and reinforce organizational commitment with goal of further expanding functional SDoH dashboards as appropriate to provide monitoring 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
Hospital Admissions	P	Reduce the average hospital length of stay from seven to six days
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	Increase influenza vaccination rate for members to >90%
Pneumococcal Vaccinations	P, FCP, FC	Increase the pneumococcal vaccination for members to >90%
Formal Projects		
Member Advisory Committee Engagement (DHS non-clinical Performance Improvement Project (PIP))	P, FCP, FC	a) Increase congregate Member Advisory Committees (MAC) engagement with 18% of Sisters enrolled in PACE living at Trinity Woods. b) Increase MAC engagement with 5% of Spanish speaking members enrolled in FC or FCP.
Diabetic Eye Examination Compliance (CMS Chronic Care Improvement Project (CCIP), DHS Clinical PIP)	P, FCP, FC	Increase compliance of annual diabetic eye examinations in pilot teams from 23% to 43% by 11/30/2024
Informal Projects		
Increasing consistency of functional screen and MCO documentation	P, FCP, FC	Increase consistency of functional screen and Community Care documentation to >90%