



## Clinical Quality Improvement Committee Charter

**COMMITTEE GOAL/MISSION:**

- Monitor accreditation and regulatory readiness and discuss on-going compliance with requirements. Identify risks for review and mitigation.
- Review and approve or recommend changes to annual quality program documentation as well as review periodic updates and progress toward workplan goals
- Develop and monitor quality initiatives for HMM Programs including Commercial, Government Programs and Behavioral Health; oversee the improvement initiatives generated during review of Quality Data.
- Develop and monitor quality metrics and improvement initiatives around patient safety, efficiency and affordability strategies, and complex health needs.
- Work in tandem with Delegation Oversight Committee on management and oversight of Delegates as it relates to regulatory and accreditation readiness, mandates or other business requirements.]

**COMMITTEE PURPOSE:**

- Implement above stated goals.

**Operating Guidelines:**

**EXECUTIVE SPONSOR(s):** Sandhya Rao

**CHAIR(s):** Karl Laskowski, VP and Medical Director, Clinical Programs and Strategy and Deb Vona, VP clinical Operations

**MEMBERSHIP:**

Name	Title	Department
Karl Laskowski	Sr Medical Dir, Clinical Programs and Strategy	HMM
Ashley Yeats	Sr. Medical Dir Med Ops	HMM
Michelle Custeau	Sr Dir Truecare 360	HMM
Judy Bouthot	Sr. Dir Q&C/Cost and Trend	HMM
Greg Harris	Sr Med Dir BH Strategy	HMM
Michelle Powderly	Sr Dir Medicare Adv & FEP	HMM
Liz Barry	Dir BH Operations	HMM
Kristin Jean	Dir Clinical Quality	HMM
Julie Carey	Dir Compliance	HMM
Angela Burnham	Clinical Pharmacist	HMM



## [Name] Committee Charter

Name	Title	Department
Angela Li	Sr Dir Quality Program Oversight	PMI
Wei Ying	Sr Dir Quality Reporting and Improvement	PMI

Membership will be reviewed and updated no less than annually by the Committee Chairs.

**MEETINGS:** Meet Quarterly and as needed with minutes taken, periodic email updates and input will be needed from the group. The meeting content is reported to Quality Program Committee and up to the Quality subcommittee of the board.

The frequency of the meetings will be reviewed on a yearly basis. Committee members are expected to attend all meetings but may be represented by an appropriate replacement in their absence.

**Responsibilities:** The meeting content is reported to Quality Program Committee and up to the Quality subcommittee of the board.

**Decision Making Process:** Consensus will be the decision-making process for this Committee. The Quality Program Committee will have final approval over our scope of work.

### EXPECTED OUTCOMES:

- Review and approve or recommend changes to the Clinical Quality Improvement Work Plan annually, QI evaluation annually and review metrics semiannually.
- Review and approve or recommend changes to the Health and Medical Management/UM Program Evaluation
- Review and approve or recommend changes to annual report from Delegation Oversight Council
- Review and approve or recommend changes to Medicare CCIPs on an annual basis
- Review and approve or recommend changes to Provider and Member Satisfaction with the UM process on an annual basis.
- Review and approve or recommend changes to Population Health Effectiveness measures on an annual basis.
- Review and approve or recommend changes to CM Satisfaction and concerns

**REPORTING STRUCTURE OF COMMITTEE:** Work in tandem with the Delegation Oversight committee on management and oversight of Delegates as it relates to regulatory and accreditation readiness. The meeting content is reported to QPC and up to the Quality Subcommittee of the Board.

### CONFIDENTIALITY

In conducting its business, members of the Committee will take special care, consistent with the Company's Code of Ethics and Conduct (the Blueprint) to protect the confidentiality of sensitive information it receives.



## [Name] Committee Charter

### CONFLICTS OF INTEREST

Committee members will promptly disclose any conflict of interest they may have with respect to any matter to be discussed by the Committee.

**POLICIES:** This committee works within applicable CMS and NCQA requirements

**ANNUAL REVIEW:** The Committee Charter will be reviewed and updated annually, and when significant changes occur such as leadership changes, changes in focus to respond to revised corporate priorities, changes in reporting, changes in decision making authority and/or structure, and/or responding to external changes such as regulatory updates.

**Document Information:** [Version control and record of annual review and updates.]

### REVISION HISTORY:

Version	Date	Revision Summary
1	11.12.24	Approved

### DOCUMENT OWNER:

Name	Organization

### REVIEWERS:

Name	Division	Versions