HEALTH PLAN OF SAN JOAQUIN					
Subject: **Quality Management / Utilization Management Committee (QM/UMC)**					
Department: Medical Management				**Policy #: QM38**	
Effective Date: 02/01/1996	**Committee/Approval Date:** PRC 07/16	**Review/Revision Dates:** 08/04; 06/08; 07/10; 6/2016			
Applies To:	Medi-Cal	Yes	**X**	No	
	MCAP	Yes	**X**	No	
	TPA	Yes	**X**	No	

POLICY

A. The Health Plan of San Joaquin (HPSJ) maintains a Quality Management/Utilization Management Committee (QMUM) designated by and accountable to the San Joaquin County Health Commission, the governing body. Membership on this committee consists of HPSJ administrative staff, support staff, community practitioners and network providers, each with sufficient knowledge and experience to ensure the Plan's responsibility for reviewing the overall quality of care delivered to the HPSJ membership.

PROCEDURE

A. The Committee meets at least six (6) times per year. The Committee selects the specific time, day and place for its meetings. Special meetings may be called by the Chair or by a majority of the Committee. A quorum of the Committee (at least fifty percent (50%) of the voting members) must be present to transact official business and take formal actions.

B. Annually each member will be required to sign a conflict of interest statement and a confidentiality statement.

C. Membership on the committee is part of the provider contract and when asked to participate, providers will serve for a two (2) year period or longer if approved to extend.

D. Membership will consist of representatives from, at a minimum, the following categories:

1. External Providers
    a. An appointee from the San Joaquin County Health Commission
    b. Primary Care Physicians
    c. Allied Health Care representatives
    d. Pediatrician
    e. Specialist

f. Hospital based physician

2. Internal Representatives

a. Chief Medical Officer (CMO) –**has voting authority.**

b. **Medical Director has voting** authority **when the CMO is absent.**

c. Pharmacist Ad Hoc Specialist

d. Director of Care Management/Disease Management

e. Quality Management Director

f. Utilization Management Manager(s)

g. Health Educator

h. Medical Management Staff as needed

i. Grievance Supervisor

E. Minutes will be maintained for each meeting and will be filed in the Medical Management Department.

1. Copies of the minutes will be submitted to the San Joaquin County Health Commission bi-monthly.

F. The Role of the QM/UM is to;

1. Review and approve the written Quality Management/Utilization Management Programs and Plans. The QM/UM Plan provides for a systematic, comprehensive and integrated scheme of quality improvement and utilization management activities.

a. Assess the QM/UM Plan effectiveness and relevance in meeting the goals and objectives.

b. Assure the continuous and proper implementation of the QMUM Workplan.

2. Routinely review HPSJ policies and procedures.

3. Prioritize problems and identify areas for improvement. Makes recommendations for achieving improvements.

4. Review results of quality and utilization management reports, provider and member satisfaction surveys, access to care and HEDIS, and make recommendations for improvement.

5. Assure that objective measures are used to gauge the clinical outcomes of care and financial risk.

6. Advise appropriate committees on the results of studies and reviews and make recommendations for action.

7. Review applicable reports and studies from other sub-committee and issues that are reported.

8. Define, request, and review reports from the Quality Management Department concerning, but not limited to:

Facility site and medical record review of care investigation and reports.

9. Give direction for deficiencies and corrective action requirements.

10. Recommend corrective action, including provider disciplinary action, when trends or patterns of inappropriate, poor quality health care and/or improper resource utilization are identified.

11. Serve as physician review panel for member and provider grievances.

    a. Refer to the Peer Review and Credentialing Committee (PRCC) recommendations to suspend or terminate provider contracts because of consistent practice outside the established program and community standards or evidence of unjustifiable adverse outcomes.

12. Prepare ongoing reports to the Health Commission regarding the QM/UM activities. These reports shall be sufficiently detailed to include findings and actions taken as a result of the identification, through the QM Program, of significant or chronic quality of care issues.

REFERENCE

A. DHCS Contract Exhibit A, Attachment 4 (4)

B. Title 28, CCR, Section 1300.70

Health Plan of San Joaquin
Approval: Signatures on File

DHCS Contract Deliverables

Contract Reference	***Date of Approval***	***DHCS Unit***		***Contract Reference***	***Date of Approval***	***DHCS Unit***
4.b	*3/2/12*	*Medical Monitoring*		*4.c*		*Medical Monitoring*
A.18.4	*1/24/17*	*MMCD*				