

# Appendix 1 Committee Structure

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## Committee Structure

### GOVERNING BODY

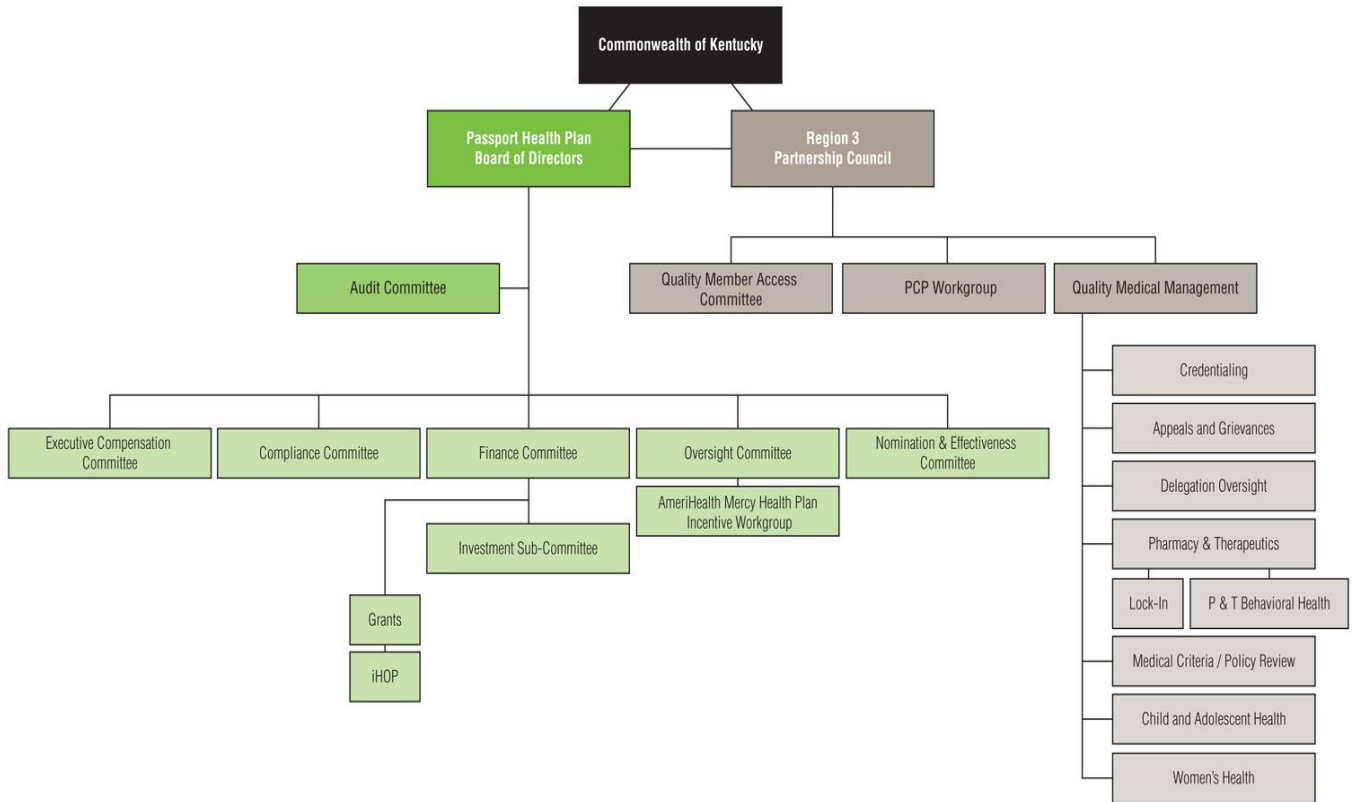
The UHC Board is the Governing Body for the Plan. The UHC Board delegates ongoing oversight of deliverables for the QI and UM Programs to the Partnership Council. The UHC Board consists of five representatives from the University of Louisville Medical School Practice Association, one representative from each of the following: Jewish Hospital HealthCare Services, University of Louisville Medical Center, Norton Healthcare, and Louisville/Jefferson County Primary Care Association, three representatives from the Partnership Council, and three representatives from the community at large.

- a. Quorum: Determined by the bylaws.
- b. Frequency: Every two months. The UHC Board must meet at least six times during the year to meet QI Program objectives.
- c. Membership Term: Annual; members are determined by the bylaws.

# Committee Descriptions

The following section provides an overview of each committee along with their meeting frequency, oversight accountability, scope, and composition.

### Passport Health Plan Committee Organizational Chart



# Partnership Council

## Overview

The Partnership Council is a non-profit organization established to broadly represent Medicaid and Medicare providers and Passport Health Plan members to assure constituencies have a voice in determining the policies and procedures of the Kentucky Managed Care Program.

## Meeting Frequency

Every two months and must meet at least five times during the year to achieve the QI Program objectives.

## Oversight Accountability

UHC Board quarterly

## Scope

The Partnership Council has responsibility for reviewing, providing feedback, and approving the annual QI and UM Program Descriptions, the QI Work Plan annually, and the annual QI and UM Evaluations. The Partnership Council has ongoing responsibility for recommending policy decisions, reviewing, and evaluating the results of quality activities, instituting actions and overseeing follow up as appropriate. The Partnership Council may establish subcommittees to support Passport Health Plan's QI and UM Programs in accordance with, and subject to, the approval by the Kentucky Department for Medicaid Services.

## Composition

The Partnership Council is comprised of representative classes of participating providers and consumer advocates appointed or elected on an annual basis by class members.

Representative Class	Representative Class
Hospital, University Medical Center	Transportation Representative
Hospital, Kosair Children's	Consumer Advocate, Children with Special Needs
Hospital, Jefferson County Representative	Consumer Advocate, Children and Family Related
Hospital, Non Jefferson County Representative	Consumer Advocate, Disabled Adults Representative
Practitioner, Greater Louisville Medical Society (2)	Consumer Advocate, Aged
Practitioner, Medical School Practice Association	At-Large Representative from any class of membership
Practitioner, Association of Primary Care Physicians	
Practitioner, Falls City Medical Society	
Practitioner, Kosair Children's PHO	<b>Staff Support</b>
Skilled Nursing, Representative	Chief Executive Officer^
Practitioner, Non Jefferson County (2)**	Chief Medical Officer^
Behavioral Health Representative	Vice President & Chief Communications Officer ^
FQHC Class, Federally Qualified Health Centers	Vice President, Clinical Operations^
Other Health Services, Home Health	Vice President, Operations and Information Technology^
Other Health Services, Pharmacy Representative*^	UHC Legal Council^
Other Health Services, Commission for Children with Special Health Care Needs	Vice President & Chief Compliance Officer^
Other Health Services, Nurse Representative	Vice President & Chief Financial Officer^
School of Medicine Class, School of Medicine	AVP Contract Management & Network Development^
Health Department, Jefferson County	<b>*Chair</b>
Health Department, Non Jefferson County	<b>**Vice-Chair</b>
Dental Representative	<b>***Ad hoc</b>
Vision Representative	<b>^Non-voting</b>

# Quality Medical Management Committee

## Overview

The Quality Medical Management Committee provides direction to and oversight of the provision of clinical care and services.

## Meeting Frequency

Monthly and must meet at least eight times during the year to meet QI Program objectives.

## Oversight Accountability

Partnership Council every two months

## Scope

The Quality Medical Management Committee provides direction to, and oversight of, management and subcommittee functions responsible for the provision of clinical care and services. The Quality Medical Management Committee is responsible for approval of the annual QI and UM Program Descriptions, twice annual review of the QI Work Plan and Annual QI and UM Evaluations. The Quality Medical Management Committee is also responsible for the review, feedback and approval of clinical and preventive health guidelines, under and over-utilization findings, UM criteria, clinical and service audits and findings, and administrative policies, such as confidentiality, that have an impact on the member's health care. The Quality Medical Management Committee provides recommendations regarding provider education and interventions, health education programs, and other plan initiatives. It is charged with accountability for the review of member complaints for quality of care and sentinel events having the potential for an adverse effect on members and as referred to the Quality Medical Management Committee by Plan staff. The Quality Medical Management Committee reviews aggregate data of member complaints, transfers, surveys, as well as the results of provider audits, and makes determinations regarding corrective action to be taken.

## Composition

Voting membership is comprised of participating providers and consumer advocates appointed or elected on an annual basis by class members.

Representative Class	Staff Support
Clinical Pharmacist (1)	Medical Director*^
Health Department Representative	Vice President, Clinical Operations^
Practitioner Representative (IM)	Director, Care Coordination & Quality Improvement **^
Practitioner Representative (Pediatrics) (3)	Manager, Quality Improvement**^
Practitioner Representative (OB/GYN)	Representative, Quality Improvement ^
Practitioner Representative (Health Center)	Director, Medical Management, UM and Clinical Programs^
Practitioner Representative (Chiropractor)	Manager, Clinical Programs^
Medical Ethicist	Representative, Provider Relations^
Consumer Advocate	Director, Medical Management, Care Coordination^
Other Representative Class	Representative, Partnership Council**^
	Manager, Compliance**^
	Manager, Delegated Services^
	Supervisor, Member Services^
	Director, Pharmacy^
	Manager, Utilization Management^

\*Chair

\*\*Ad Hoc

^Non-voting

# Child and Adolescent Health Committee

## Overview

The Child and Adolescent Health Committee provide direction to, and oversight of, the management of the care provided to newborns up to age 21.

## Meeting Frequency

Quarterly and must meet at least two times during the year to meet QI Program objectives.

## Oversight Accountability

Quality Medical Management Committee quarterly

## Scope

The Child and Adolescent Health Committee is responsible for the review and approval of medical and administrative policies, clinical guidelines, work plans, and programs that have impact on the newborn to 21 year old member's health care, as well as quality and utilization management issues relating to these members. The Child and Adolescent Health Committee is charged with accountability for the review of member complaints for quality of care and sentinel events having the potential for adverse affect to their member population. The Child and Adolescent Health Committee also review issues and results of the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) including immunizations, preventive health visits and special studies.

## Composition

Voting membership is comprised of participating providers and consumer advocates appointed or elected on an annual basis by class members.

Representative Class	Staff Support
Practitioner Representative (Pediatrics) (9)	Medical Director*^
Practitioner Representative (Neonatology)	Vice President, Clinical Operations^
Practitioner Representative (Pediatric Cardiology)	Quality Improvement, Representative^
Practitioner Representative (ENT)	Manager, Quality Improvement^
Health Department Director	Manager, Care Coordination^
Consumer Advocate (1)	Director, Care Coordination & Quality Improvement^
Practitioner Representative (Occupational Therapy)**	Provider Relations Representative, EPSDT^
Practitioner Representative (Pediatric Surgery) (2)	

\*Chair

\*\*Ad hoc

^Non-voting

# PCP Workgroup

## Overview

The PCP Workgroup provides direction to Passport Health Plan on issues concerning PCPs and their members.

## Meeting Frequency

Quarterly and must meet at least three times during the year to meet QI Program objectives.

## Oversight Accountability

Partnership Council quarterly

## Scope

The PCP Workgroup identifies and addresses the needs and concerns of PCPs and their role with Passport Health Plan. The PCP Workgroup reviews and approves recommendations regarding Plan policies, procedures, and programs with emphasis on enhancing quality of care and access for primary health care services.

## Composition

Voting membership is comprised of participating providers appointed or elected on an annual basis by class members.

Representative Class	Staff Support
Partnership Council Chairperson*	Chief Medical Officer^
Practitioner Representatives, Pediatrics (8)	Vice President, Clinical Operations^
Practitioner Representatives, Internal Medicine (2)	Vice President, Operations^
Practitioner Representative, Family Practice	Director, Care Coordination & Quality Improvement^
	Associate Vice President, Contract Management & Network Development^
	Medical Director^
	Director Contract Management & Network Development^

\*Chair

\*\*Ad-hoc

^non-voting

# Pharmacy and Therapeutics Committee

## Overview

The Pharmacy and Therapeutics Committee provides direction to, and oversight of, pharmaceutical issues concerning members, using pharmacological, economic, and clinical information.

## Meeting Frequency

At least four times during the year to meet QI Program objectives.

## Oversight Accountability

Quality Medical Management Committee four times annually.

## Scope

The Pharmacy and Therapeutics Committee is responsible for the review and approval of formulary functions, clinical guidelines for pharmaceutical treatment, drug monitoring programs, as well as quality and utilization management issues relating to pharmaceutical care. The Pharmacy and Therapeutics Committee is also charged with accountability for cost-benefit analysis of drugs/drug categories. The Pharmacy and Therapeutics Committee also reviews the results of drug utilization review audits or reports, and reviews practitioner prescribing profiles.

## Composition

Voting membership is comprised of participating providers and consumer advocates appointed or elected on an annual basis by class members. A Practitioner will be appointed to serve as the chair of the committee which is comprised of voting members with representation from the following areas:

Representative Class	Staff Support
Pharmacist (Hospital) *	Director, Pharmacy^
Pharmacist (Community)	Interim Chief Medical Officer**^
Physician Advisor, Family Practice	Pharmacy Advisor (Perform Rx)^
Physician Advisor, Internal Medicine	*Additional PHP staff attends as appropriate
Physician Advisor, Pediatrics	
Physician Advisor, Hospital Advisor	
Physician Advisor, Gastroenterology *ad hoc	
Physician Advisor, Cardiology *ad hoc	
Physician Advisor, Allergist * ad hoc	
Physician Advisor, Behavioral Health	
Consumer Advocate	

\*Chair

\*\*Ad Hoc

^Non-voting

# Lock-In Subcommittee

## *Overview*

Lock-In Subcommittee provides direction to, and oversight of, the restriction of members related to inappropriate utilization of services.

## *Meeting Frequency*

The Lock-in committee meets quarterly unless circumstances dictate otherwise.

## *Oversight Accountability*

Pharmacy and Therapeutics Committee quarterly.

## *Scope*

The Lock-In Subcommittee is responsible for reviewing members with medical complex conditions to determine whether lock-in is appropriate, discussing problematic lock-in members, reviewing quarterly reports and changes to lock-in program.

## *Composition*

Membership is comprised of Plan staff appointed on an annual basis.

<b>Staff Support</b>
Medical Director*
Quality Management
Pharmacy
Care Coordination
Behavioral Health Liaison
Compliance
Coordinator, Lock-In ^
Member Service

\*Chair

\*\*Ad hoc

^Non-voting member



# Medical Criteria/Policy Review Committee

## Overview

The Medical Criteria/Policy Review Committee provides review, approval, and recommendation for adoption of medical criteria/policies, new technologies, or new applications of existing technology, and review of procedures for applying the criteria/policies.

## Meeting Frequency

Every two months and must meet at least four times during the year to meet QI Program objectives.

## Oversight Accountability

Quality Medical Management Committee every two months.

## Scope

The Medical Criteria/Policy Review Committee provides review and recommendation for adoption of medical criteria/policies, new technologies, or new applications of existing technology, and review of procedures for applying the criteria/policies. The Medical Criteria/Policy Review Committee is responsible for annual review, approval, and recommendation for adoption of medical criteria, guidelines, medical policies, and protocols.

## Composition

Voting membership is comprised of participating providers appointed or elected on a biannual basis by class members.

Representative Class	Staff Support
Practitioner Representative (Ophthalmology)	Medical Director*^
Practitioner Representative (OB/GYN)	Manager, Clinical Programs**^
Practitioner Representative (Pediatric Oncology)	Manager, Utilization Management^
Practitioner Representative (IM or FP) (2)	Coordinator, Medical Policy^
Practitioner Representative (Psychiatry)	Administrator, Clinical Operations**^
	Director, Medical Management, UM and Clinical Programs^

\*Chair

\*\*Ad hoc

^Non-voting

# Credentialing Committee

## Overview

The Credentialing Committee is responsible for the implementation of all credentialing and recredentialing, certification and recertification processes for practitioners and organizational providers in accordance with Passport Health Plan and NCQA standards.

## Meeting Frequency

Monthly and must meet at least five times during the year to meet QI Program objectives.

## Oversight Accountability

Quality Medical Management Committee monthly

## Scope

The Credentialing Committee is accountable for the timely and thorough review of all practitioner and organizational provider applications. The Credentialing Committee administers credentialing/recredentialing policies, trends credentialing issues, and makes recommendations regarding health plan participation. Credentialing actions must be reported to and approved by the Partnership Council. For approved practitioners, effective dates will commence with action by the Credentialing Committee.

## Composition

Voting membership is comprised of participating providers appointed or elected on an annual basis by class members.

Representative Class	Staff Support
Practitioner Representatives (IM)	Medical Director*^
Practitioner Representatives (Pediatrics)	VP, Operations**^
Practitioner Representatives (Psychiatry)	Associate Vice President, Contract Management and Network Development**^
Practitioner Representatives (OB/GYN)	Process Manager, Provider Network Management^
Practitioner Representatives (General Surgery)	Provider Network Management Representative^
Practitioner Representatives (Medical Subspecialty) (2)	

\*Chair

\*\*Ad hoc

^Non-voting

# Quality of Service Committee

## Overview

The Quality of Service Committee is responsible for measuring and improving services rendered to members and providers by the Plan.

## Meeting Frequency

Monthly and must meet at least eight times during the year to meet QI Program objectives.

## Oversight Accountability

Quality Medical Management Committee monthly

## Scope

The Quality of Service Committee responsibilities include reviewing key service indicators and survey results to identify opportunities to improve the quality of service and recommending and monitoring interventions to improve performance in targeted areas.

## Composition

Membership is comprised of Plan staff.

Staff Support
Director, Care Coordination & Quality Improvement*
Manager, Quality Improvement
Interim Chief Medical Officer
Vice President, Clinical Operations**
Director, Medical Management UM and Clinical Programs
Director, Data Analysis and Reporting
Director, Member Services
Vice President, Operations
AVP, Contract Management & Network Development
Director, Public Affairs

\*Chair

\*\*Ad hoc

^Non-voting

# Delegation Oversight Committee

## Overview

The Delegation Oversight Committee is responsible for the oversight of all subcontractors, as noted below under composition, to which utilization and/or quality management, credentialing, member services, provider services, claims operations, and other administrative functions have been delegated.

## Meeting Frequency

Twice per quarter and must meet at least eight times during the year to meet QI Program objectives.

## Oversight Accountability

Quality Medical Management Committee at least eight (8) times during the year and reports separately to Partnership Council every two months.

## Scope

The Delegation Oversight Committee reviews all delegated subcontractors' Quality Improvement and Utilization Management program descriptions, annual work plans, evaluations and related administrative policies for compliance with applicable QI/UM protocols, PHP and DMS contract requirements, accrediting body compliance, and compliance to Federal and State regulations. The Delegation Oversight Committee also reviews policies and performance reports related to quality improvement/management, utilization management, credentialing, member services, provider services, claims operations, as appropriate, and other administrative services as defined by the PHP contract. The Delegation Oversight Committee assures that pre-delegation visits, quarterly reviews and annual on-site visits occur to assess subcontractor performance against predetermined indicators and report findings.

## Composition

Membership is comprised of Plan staff.

Representative Class	Staff Support
Partnership Council Representative (Vision)**	Managers, Delegation Oversight ^
Partnership Council Representative (Pharmacy)**	Manager, Quality Improvement
Partnership Council Representative (Dental)**	Manager, Utilization Management
Delegate Representative, Medical	Manager, Member Services
Delegate Representative, Pharmacy	Director, Provider Data Administrations & Reimbursement
Delegate Representative, Dental	Director, Delegation Oversight^
Delegate Representative, Vision	Director, Pharmacy
Delegate Representative, Nurse Advise Line	Supervisor, Provider Data Administration
Delegate Representative, Family Planning	Manager, Care Coordination
	Compliance Specialist

\*Chair

\*\*Ad hoc

^ Non voting

# Quality Member Access Committee

## Overview

The Quality Member Access Committee facilitates a means for Passport Health Plan consumers, advocates, and public health representatives to provide input regarding the ability of Passport Health Plan to deliver quality care and services to the Plan membership and identify opportunities for improvement.

## Meeting Frequency

Every two months and must meet at least four times during the year to meet QI Program objectives.

## Oversight Accountability

Partnership Council

## Scope

The Quality Member Access Committee reviews member educational materials, outreach programs and community activities, offering recommendations for new efforts or for refining existing programs. The Quality Member Access Committee reviews and comments on quality access standards, grievance and appeals processes and policy modifications needed based on review of aggregate grievance and appeals data, member handbooks, and makes policy recommendations for policies affecting the membership.

## Composition

Membership is comprised of members, consumer advocates, and public health officials who represent the public health interest and diversity of the membership, as appointed by Partnership Council. Appointments are made with consideration to geographic, age, gender, and aid category, as well as racial and ethnic diversity.

Representative Class	Staff Support
Representative, Partnership*^	Director, Public Affairs^
Children with Special Needs/Foster Care/Guardianship Representative	Representative, Quality Improvement**^
Aged Representative	Manager, Delegated Services^
Children and Family Related Representative	Manager, Care Coordination Case Management^
Disabled/Blind Representative	Manager, Clinical Programs^
Public Health Representative	Vice President, Public Affairs^
Commission For Children Representative	Representative, Public Affairs^
KCHIP Representative	Representative, Contract Management/Network Development^
Homeless Representative	Manager, Member Services^
Education Advocate	

\*Chair

\*\*Ad hoc

^non-voting

# Administrative/Benefits Appeal Committee

## Overview

The Administrative/Benefits Appeal Committee is responsible for review of appeals filed by members, practitioners or providers related to administrative or benefit decisions made by the Plan.

## Meeting Frequency

Monthly and must meet at least ten times during the year to meet QI Program objectives.

## Oversight Accountability

Quality Medical Management Committee monthly

## Scope

The Administrative/Benefits Appeal Committee reviews and makes determinations regarding individual appeals about administrative or benefit decisions made by the Plan and filed by members, practitioners, or providers. Determinations are communicated within the prescribed time frames, in accordance with Passport Health Plan policies and procedures.

## Composition

Membership is comprised of Plan staff.

Staff Support
Manager, Compliance*^
Representative, Provider Relations
Manager, Utilization Management**
Director, Public Affairs
Director, Member Services
Manager, Provider Claims Services
Manager, Care Coordination
Senior Contracting Representative
Manager, Clinical Programs
Research Specialist, Appeals^
Director, Care Coordination & Quality Improvement**
Director, Medical Management, UM and Clinical Programs**

\*Chair

\*\*Ad hoc

^Non-voting