Mosaic Health

Clinical Quality Improvement Plan:

Program Description & Work Plan 20254

For Quality Assurance and Peer Review Purposes Only
Protected by Section 6527 of the NYS Education Law and Public Health Law 2805-j and 2805-m

Revised JanSept. 20253 MAYBE CHANGE TO JANUARY 2025?

Table of Contents

I. Overview

Mosaic Health, formerly known as Rochester Primary Care Network (RPCN), is a Federally Qualified Health Center (FQHC) dedicated to Continuous Quality Improvement and Patient Safety which is central to our quality improvement activities.

Mosaic Health Quality Improvement (QI) Program focuses on assessments and evaluations to make improvements in clinical care and service delivery. The QI program offers momentum to work towards continuous quality improvement (CQI) as the method to conduct care. QI activities provide the:

- structure to monitor and strengthen health services delivery processes
- ability to measure and improve clinical outcomes for specific patient populations
- ~~framework;~~framework: utilizing the patient centered medical home (PCMH) model, for teams to work together in a multi-departmental approach to improve quality outcomes
- systematic approach to healthcare delivery and data integration for measuring health outcomes
- continuous quality improvement process through activities such as peer review, performance measures and patient satisfaction

Service Area:
Mosaic Health provides family medicine services for all ages, integrated behavioral health services, dental services, chronic disease management, case management and a community health workers program. Medical and behavioral health services are provided in Utica, Ilion, and Rushville, with dental services located in Rushville ~~, Mt. Morris, Lyons,~~ and Utica. Portable school-based dental services are provided in numerous schools and Head Start facilities throughout the Finger Lakes and Mohawk Valley regions. Medical, dental, and behavioral health services are provided at the School Based Health Center at Marcus Whitman Central School District in Rushville. Our Mobile Unit will have the ability to provide Dental, Medical and Behavioral Health services in Steuben, Schyler and Chemung County. The Mosaic Health team is committed to improving the health of our patients and the community.

Patient Population:
- Mosaic Health cares for all who need its services, regardless of ability to pay, with emphasis on those with family incomes below 200% of the federal poverty guideline and those facing racial, cultural, linguistic, financial, sex- or gender-based barriers to accessing care; patients who do not have health insurance or enough insurance to cover the cost of their medical, behavioral health and/or dental care needs and who meet our family income requirements receive discounted services based on a sliding fee discount scale that is updated annually
- Mosaic Health Utica and Mosaic Health Utica Dental serve areas with significant refugee populations where language and culture considerations are incorporated into their care
- Diversity and social ~~determinants of health~~ care needs (SCN) ~~issues~~ impact~~ing~~ much of the Mosaic Health population and are factors that are addressed in Mosaic Health's holistic approach to the patient's care needs

Purpose

Mosaic Health's goal is to provide care that is safe, effective, patient-centered, timely, efficient, and equitable and to ensure improvements in the health of our population and the patient experience of care. QI teams use the Plan-Do-Study-Act or PDSA model to identify areas for improvement. The PDSA model serves as a roadmap for all staff members participating in a QI project.

II. Organization Mission, Vision, and Values Statements

Mission Statement
The mission of Mosaic Health is to provide access to compassionate, individualized health care and wellness-related education for everyone, regardless of financial, cultural, or social barriers.

Vision
It is the vision of Mosaic Health to be the medical, integrated behavioral health, and dental home of choice in upstate New York and to create healthy communities in which health disparities are diminished and there is access to care for all.

Values
Mosaic Health will…

- Deliver quality care with dignity, equality, sensitivity, professionalism, and respect
- Treat patients as we would want to be treated by medical and dental providers
- Seek new opportunities to develop innovative approaches to providing health care services
- Maintain high ethical and professional standards
- Practice continuous quality improvement
- Operate cost effectively and efficiently
- Provide a work environment conducive to positive attitudes, personal satisfaction, and growth
- Encourage teamwork, collaboration, and effective communication
- Hold employees accountable based on the "just and safe" culture that emphasizes implementing evidence-based best practices, learning from error analysis, and providing constructive feedback.

III. Quality Improvement Mission Statement

To provide quality care to all patients regardless of sex, race, religion, handicap, inability to pay, national origin or language spoken, sex, sexual orientation, or gender identity in adherence to established medical and professional standards in an organization-wide effort to continuously improve our processes and the delivery of health care services to the patients we serve.

IV. Program Scope

The scope and content of the Mosaic Health Quality Improvement Program is designed to continuously assess, monitor, evaluate, and improve clinical care and health service delivery provided to our patients. Specifically, the QI Program includes, but is not limited to:

- Organizational structure for overall oversight of the QI program that includes maintaining high quality patient care and patient safety, including adverse events
- Clinical services and management of confidentiality for patient medical records and personal health information (PHI)
- Incident and complaint review as an integral part of risk management and quality improvement practice of Mosaic Health owned and operated sites
- Peer review audits to support peer and self-evaluation to maintain the highest possible standards for the delivery of health care
- Identification and approval of evidence-based clinical practice guidelines, adhering to standards of care and standards of practice for health care services
- Utilization review for appropriate utilization of health care services for all patients, while maintaining optimal quality of care
- Regulatory and accreditation compliance
- Patients' satisfaction surveys to collect patient feedback and explore opportunities for improvement.

Commented [ML1]: Why would we removed "evidence-based" from our guidelines' description? We do need to reference our use of evidence-based clinical guidelines in our QI/QA plan for the SBHC application.

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- Health equity that focuses on reducing health care disparities and improve health equity

Topic selection and study design are prioritized based on an ongoing evaluation of the performance on the clinical quality measures. Initial performance on each clinical measure serves as baseline data for the measures and a starting point in identifying areas in need of quality improvement interventions.

V. PCMH Program Framework

Mosaic Health's care delivery model embraces the PCMH model of care. This model puts patients at the forefront of care. PCMH accredited organizations have been found to build better relationships between patients and their clinical care teams. This success is accomplished through:

- Supporting management of patients' chronic conditions
- Focusing on access to care and continuity of care
- Emphasizing team-based care, communication, and care coordination
- Monitoring of patient experience and appointment availability
- Closure of preventative care screenings
- Reaching and maintaining at or above target score results on nationally accredited, standardized measure sets and targets, chosen by PCMH

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VI. Accountability & Structure

Governing Board

The Board of Directors holds ultimate accountability for the quality of all health care services, patient-staff interactions, and fiscal efficiency. The Board of Directors*:*

- reviews, approves, and makes recommendations regarding the QI Plan at least annually, as well as at the time of any revisions.
- receives periodic verbal or written reports, at a minimum of six times per year, through the Quality Committee of the Board of Directors. This committee reports on the Mosaic Health Quality Improvement Committees activities summarizing, studies performed, opportunities to improve care/service, actions taken, and improvements resulting from monitoring and evaluation activities.
- reviews and makes recommendations on the QI Program Evaluation the first~~third~~ quarter of the new year.

Chief Medical Officer (CMO)

The CMO holds organizational responsibility for the QI Plan, including the provision of adequate staff and resources to carry out the plan. The CMO is responsible for:

- ensuring that the QI Plan is developed properly, implemented, and coordinated. The CMO chairs the QI Committees, and the Director of Quality and Population Health Management serves as staff to the QI Committees.
- Reporting the committees' findings to the Board of Directors. The CMO may delegate administrative responsibilities ~~including;~~including responsibilities for the QI Committees to the Director of Quality and Population Health Management or other individuals as appropriate.

The CEO and CMO are the driving force behind the Quality Improvement Committees. They are accountable to the Board for all aspects of the Clinical QI Program in meeting regulatory compliance, and supporting the improvement needs of the organization.

VI. Quality Improvement Committees

Mosaic Health Board Quality Committee

The Mosaic Health Board Quality Committee is appointed by the Board to assist the Board in fulfilling its oversight responsibilities to support overall mission of Mosaic Health for safety and quality. This Board Quality Committee shall support the Board in its oversight responsibilities of Mosaic Health's and its sub-recipients' quality improvement programs. This committee meets quarterly.

Membership:

Chair: Board Appointed Chair

Attendees:

Chief Executive Officer, Chief Medical Officer, Chief Operating Officer, Director of Quality, ~~and~~ Population Health Management & HIM, Director of Compliance & Training/ Compliance Officer, and Board appointed Board Members

Quality Improvement Committee

Quality Improvement Committee (QIC) is responsible for the oversight and management of the Mosaic Health Quality Improvement Plan. This committee oversees the functions of Mosaic Health and its owned/operated sites. The QIC meets monthly ~~at minimum~~at minimum.

This committee oversees a comprehensive array of quality and clinical compliance efforts at the health center sites that include:

- clinical quality measures
- value-based quality incentive programs
- provider peer reviews
- patient satisfaction
- patient complaints / grievances
- incidents and near misses
- clinical quality risk assessments

Membership:

Chair: CMO

Attendees:

Chief Executive Officer, Chief Medical Officer, Chief Operating Officer, Chief Behavioral Health Officer, Chief Dental Officer, ~~Chief Information Officer~~, Director of Quality, ~~and~~ Population Health Management~~,~~ and HIM, Director of Dental-Mohawk Valley, Director of Dental-Finger Lakes, ~~Director of Health Information Technology and Informatics~~, ~~Director of Health Information Management, Director of Practice Operations Finger Lakes,~~ Director of Practice Operations-Mohawk Valley, Director of Social Services, Director of Compliance & Training/ Compliance Officer, Nurse Manager at Mosaic Health Ilion, Nurse Manager at Mosaic Health Rushville and Nurse Manager at Mosaic Health Utica, Quality Coordinator, , Health Informatics Coordinator, Clinical Quality Specialist, RN Care Managers, Social Work Care Managers, and Practice Operations Managers, Privacy Officer/HIM Lead.

Incident (IR) Committee

Incident Report (IR) Committee is a subcommittee of the Mosaic Health Quality Improvement Committee. Its purpose is to ~~allow for~~allow Mosaic Health staff to be informed of identified reported risk and patient safety incidents/complaints that occur at the Mosaic Health owned and operated health center sites and administrative offices. Clinical Risk Management maintains policies that direct the risk management and

patient safety components that support the Quality Improvement Plan. The committee provides an open forum for discussions of current practices across multiple disciplines and encompasses root cause analysis which can lead to process changes and quality improvement.

The Incident Report Committee reports to the QIC which has oversight for clinical risk management and patient safety that includes complaints and grievances. The CMO's designated Clinical Risk Manager provides an overview to the QIC through reports from the IR Committee. The QIC will serve as a reporting vehicle to the Mosaic Health Quality Board Committee. After review of pertinent findings, the QIC may direct appropriate action(s) or response(s) including but not limited to referring the issue to the Core Team or the Mosaic Health Board of Directors for follow-up. The purpose of this process is for patient safety, staff development, review, and quality improvement of service delivery.

Membership:

Chair: Mosaic Health Clinical Risk Manager

Attendees:

Mosaic Chief Executive Officer, Chief Medical Officer, Chief Behavioral Health Officer, Chief Dental Officer, Chief Operating Officer, Director of ~~Quality and Population~~Quality, Population Health Management &HIM, Director of Compliance & Training/ Compliance Officer, Director of Revenue Cycle, All Practice Managers, ~~Director of Health Information Management,~~ Directors of Practice Operations~~ (~~Mohawk Valley ~~and Finger Lakes Region)~~, Directors of Dental (Mohawk Valley and Finger Lakes Region), , Quality Coordinator, Clinical Quality Specialist, ~~Informaticist~~, Health Informatics Coordinator, All Nurse Managers.

VII. Clinical Services

The QI Program will utilize the PDSA (Plan, Do Study, Act) methodology to evaluate and improve identified areas in performance in the clinical and health services delivery arena. Peer review, patient satisfaction and UDS measures assist in monitoring appropriate utilization of services. The QIC assures that the information and findings are used to identify areas for improvement based on trends, patterns of performance or potential opportunities.

Mosaic Health Procedure: Clinical Quality Improvement

Clinical services include the following:

- Clinical quality measures are monitored on a regular basis for UDS, Quality Incentive Programs and Value Based Payment (VBP) programs. These measures are the focus of QI projects based on performance on each measure.
- Evidence based clinical guidelines are reviewed annually and updated as indicated. Clinical guidelines are reviewed and approved by the providers.

  Mosaic Health Procedure: Clinical Guideline

  - Peer review process is completed on a quarterly basis. This process is overseen by the CMO. Summaries of any peer review activities and recommendations are reviewed by the QIC. Peer performance review is also a component of the re-credentialing process for licensed providers. Copies of the provider's peer reviews are sent to the Human Resource Department to be stored in the provider's file.

  Mosaic Health Procedure: Peer Review and Chart Audit

- Credentialing and privileging processes are used to investigate, verify, and consider each

application for appointment or reappointment. This process includes licensed health professionals that are employed or contracted. This credentialing and privileging process pertains to Mosaic Health's owned and operated sites. Procedures developed by the Bureau of Primary Health Care (BPHC), and meet the rules and regulations promulgated by HRSA, NYS and the Federal Tort Claims Act (FTCA) are incorporated.

Mosaic Health Procedure: Credentialing and Privileging

- Patients Satisfaction Surveys

  Mosaic Health actively seeks quantitative and qualitative feedback from patients. Mosaic Health conducts formal patient satisfaction surveys by text messages, email and/or mail using validated methods of patient sampling. Summary reports of received feedback, complaints, grievances and corresponding actions, if any, will be reported through the QIC.

  Mosaic Health Policy: Patient Satisfaction Assessment

- Clinical Incident Reports

  Mosaic Health is committed to ensuring safe environment for patients and families that promotes a culture of openness and honesty, in which both staff and the organization can acknowledge errors and learn from them and take action to prevent future occurrences.

  Mosaic Health Policy: Incident Reporting

Clinical Risk Management Function

Clinical Risk Management is designed to continuously monitor, evaluate, and mitigate clinical risk for our patients. Risk management encompasses:

- Identifying and mitigating risk through, but not limited to, tracking of referrals, diagnostics, labs and hospital admissions ordered by health center providers
- Documenting, analyzing, and addressing clinically related complaints and "near misses" reported by health center employees, patients, and other individuals
- Setting and tracking progress related to annual risk management goals
- Developing and implementing an annual health care risk management training plan for all staff members based on identified areas/activities of highest risk for the health center (including, but not limited to, infection control) and any non-clinical trainings appropriate for health center staff (including Health Insurance Portability and Accountability Act (HIPAA) medical record confidentiality requirements)
- Completing an annual risk management report for the board and key management staff
- Conducting quarterly clinical risk assessments
- Other Safety and Compliance reviews, as appropriate such as infection control
- Confidentiality and Patient Consent
- Implementing Just Culture
- Reviewing results, analyzing, and addressing patient satisfaction surveys and feedback

Mosaic Health utilizes a certified EHR and maintains an operational policy that protects retrievable health records for each patient.

Mosaic Health Policy: Enterprise and Clinical Risk Management Plans

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VIII. External Accountability

HRSA

As a Federally Qualified Health Center (FQHC), Mosaic Health is regulated by the Health Resources and Services Administration (HRSA) and the requirements and expectations established in Bureau of Primary Health Care (BPHC) Health Center Compliance Manual. Federal Tort Claims Act eligibility and deeming for federal protection and litigation of professional liabilities claims are defined in the HRSA Health Center Federal Tort Claims Act Policy Manual; Chapter 21. Certain non-regulatory policies under HRSA, known as Policy Information Notices (PINs), remain in effect, with the most pertinent PIN from a QI standpoint being PIN 2009-07: Specialty Services and Health Centers' Scope of Project.

FTCA Deeming

Federal Tort Claims Act (FTCA) eligibility and deeming for federal protection and litigation of professional liabilities claims are defined in the HRSA Health Center Federal Tort Claims Act Policy Manual: Chapter 21., Certain non-regulatory policies under HRSA, known as the Policy Information Notices (PINs), remains in effect, with the most pertinent PIN from a QI standpoint being PIN 2009-07: Specialty Services and Health Centers' Scope of Project. Deeming requires yearly submissions and at times, on-site visits.

PCMH

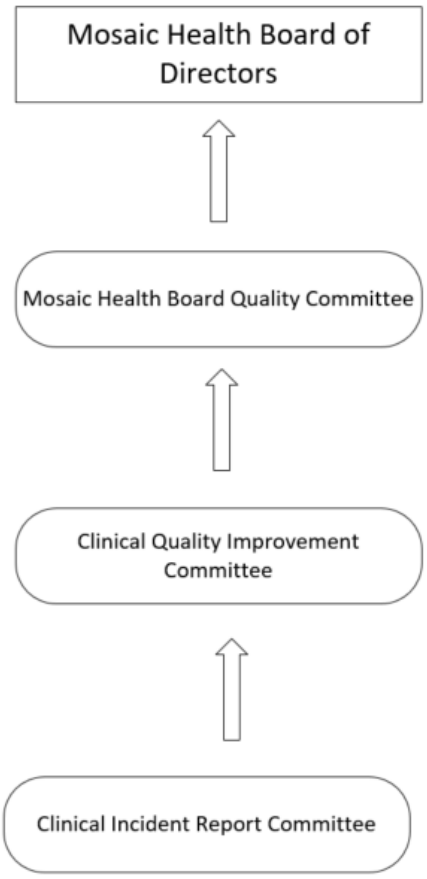
The patient-centered medical home (PCMH) model is an approach to delivering high-quality, cost-effective primary care. Using a patient-centered, culturally appropriate, and team-based approach, the PCMH model coordinates patient care across the health system. The PCMH model has been associated with effective chronic disease management, increased patient and provider satisfaction, cost savings, improved quality of care, and increased preventive care. PCMH Recognition is required annually and is endorsed by both HRSA and FTCA.

IX. Annual Evaluation

The Quality Improvement Plan and the QA Report to the Board of Directors, are reviewed by the QIC at least annually and approved by the Mosaic Health Board Quality Committee that reports to the Board of Directors.

The activities of the Quality Improvement Program will be reviewed, evaluated, and revised annually. The results of the quality indicators and other focused reviews will be evaluated to identify strengths and barriers and to assess the organization's effectiveness in improving quality of care and service to its patient population. The QI Program Evaluation will be completed and reported to the Mosaic Health Quality Board annually.

Attachment A: Quality Improvement Committee Structure



Attachment B

Quality Improvement Committee Meetings: Quality Measurement (2nd Weds of the Month)

2025~~4~~

Commented [DB6]: Some tables below still have 24 on them—example Jan-24

Commented [DB7]: Some tables below still have 24 on them (i.e. Jan-24

		Quality Improvement Committee Meeting2024: Quality Measurement (2nd Weds of the month)											
	Focus Areas	**Jan-24**	Feb	**March**	**April**	**May**	**June**	**July**	**Aug**	**September**	**October**	**November**	**December**
UDS Reporting	UDS Overview & Site level												
VBP Contract	FLIPA												
Quality Incentive	Fidelis / UHC												
HRSA	Health Equity (SDOH)												
PCMH / FTCA	Tracking Hospital/ ER Transition of Care												
	Incident Reports & Patient Feedback SUMMARY												
	Quarterly Risk Assessments & Site Check list Audits												
	Tracking Referrals												
	After hours / Triage Calls / Web Encounters												
	Patient Satisfaction												
	Coding Audits												
	Patient Access Associate Audit												

		Quality Improvement Committee Meeting2025: Quality Measurement (2nd Weds of the month)											
	Focus Areas	**Jan-25**	Feb	**March**	**April**	**May**	**June**	**July**	**Aug**	**September**	**October**	**November**	**December**
UDS Reporting	UDS Overview & Site level												
VBP Contract	FLIPA												
Quality Incentive	Fidelis / UHC												
HRSA	Health Equity (SDOH)												
PCMH / FTCA	Tracking Hospital/ ER Transition of Care												
	Incident Reports & Patient Feedback SUMMARY												
	Quarterly Risk Assessments & Site Check list Audits												
	Tracking Referrals												
	After hours / Triage Calls / Web Encounters												
	Patient Satisfaction												
	Coding Audits												
	Patient Access Associate Audit												
NYS DOH	SBHC Report												

Quality Improvement Committee Meeting Quarterly 4th Wed's 2025

	Jan	**Feb**	**March**	**April**	**May**	**June**	**July**	**August**	**September**	**October**	**November**	**December**
Quality Plan	X											
Program Evaluation Summary 2024 & Clinical Quality Focus 2025	X											
Risk Management Program Plan	X											
RM Program Evaluation Summary with Goals	X											
RM Training Plan	X											
Peer Review/ Clinical Guidelines: Medical	X		X			X			X			X
Peer Review: Dental	X		X			X			X			X
Peer Review: BH	X		X			X			X			X

Quality Improvement Committee Meeting Quarterly 4th Wed's 2024

	Jan	Feb	March	April	May	June	July	August	September	October	November	December
Quality Plan												
Program Evaluation Summary 2023 & Clinical Quality Focus 2024	X											
Risk Management Program Plan	X											
RM Program Evaluation Summary with Goals	X											
RM Training Plan	X											
Peer Review/ Clinical Guidelines: Medical			X			X			X			X
Peer Review: Dental			X			X			X			X
Peer Review: BH			X			X			X			X

Attachment C: 2023~~3~~4 UDS Measures

Denominator (Universe)	Numerator	Data Source	National Benchmark 2023~~2~~	NYS Benchmarks 2023~~2~~
Childhood Immunization: *Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (HiB); three Hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one Hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.*				
Children who turn 2 years of age during the measurement period and who had an eligible countable visit during the measurement period	Children who have evidence showing they received recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday.	Relevant	30~~3~~%	~~3~~28 ~~1~~%
Cervical Cancer Screening: Percentage of 21* -64 years of age who were screened for cervical cancer using either of the following criteria**:** • Women age 21*–64 who had cervical cytology performed within the last 3 years • Women age 30–64 who had human papillomavirus (HPV) testing performed within the last 5 years				
Women 23 through 64 years of age with an eligible countable visit during the measurement period	Women with one or more screenings for cervical cancer using either of the following criteria: • Cervical cytology performed during the measurement period or the 2 years prior to the measurement period for women who are at least 21 years old at the time of the test. • Cervical HPV testing performed during the measurement period or the 4 years prior to the measurement period for women who are 30 years or older at the time of the test.	RHIOs, Relevant	55~~4~~%	~~49~~60%
Colorectal Cancer Screening: *Percentage of adults 45– 75 years of age who had appropriate screening for colorectal cancer*				
Patients 46 through 75 years of age with an eligible countable visit during the measurement period	Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria: • Fecal occult blood test (FOBT) during the measurement period • Fecal immunochemical test (FIT)-deoxyribonucleic acid (DNA) during the measurement period or the 2 years prior to the measurement period	RHIOs, Relevant	41~~3~~%	4~~6~~8 %

	• Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period • Computerized tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period • Colonoscopy during the measurement period or the 9 years prior to the measurement period			
Breast Cancer Screening: *Percentage of women 50–74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period*				
Women 52 through 74 years of age by the end of the measurement period with an eligible countable visit during the measurement period	Women with one or more mammograms during the 27 months prior to the end of the measurement period	, RHIOs, Relevant	5~~0~~2%	5~~6~~7%
Controlling High Blood Pressure: *Percentage of patients 18–85 years of age who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled (less than 140/90 mmHg) during the measurement period.*				
Patients 18 through 85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period with an eligible countable visit during the measurement period.	Patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure less than 140 mmHg and diastolic blood pressure less than 90 mmHg) during the measurement period.	RHIOs, Relevant	6~~3~~2%	6~~8~~8%
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9 percent): *Percentage of patients 18–75 years of age with diabetes who had hemoglobin A1c (HbA1c) greater than 9.0 percent during the measurement period.*				
Patients 18 through 75 years of age with diabetes with an eligible countable visit during the measurement period.	Patients whose most recent HbA1c level performed during the measurement year is greater than 9.0 percent and patients who had no test conducted during the measurement period.	RHIOs, Relevant	2930%	267 %

Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: *Percentage of patients 3 -17* years of age who had an outpatient medical visit and who had evidence of height, weight, and body mass index (BMI) percentile documentation and who had documentation of counseling for nutrition and who had documentation of counseling for physical activity during the measurement period. * Use 16 as the final age at the start of the measurement period to include in the assessment*				
Patients 3 through 17 years of age with at least one outpatient eligible countable visit by the end of the measurement period	Children and adolescents who have had: • their height, weight, and BMI percentile recorded during the measurement period ***and*** • counseling for nutrition during the measurement period ***and*** • counseling for physical activity during the measurement period	RHIOs, Relevant	702%	7069%
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan*: Percentage of patients aged 18 years and older with a BMI documented during the most recent visit or during the measurement period and who had a follow-up plan documented if BMI was outside of normal parameters*				
Patients 18 years of age or older on the date of the visit with at least one eligible countable visit during the measurement period	Patients with: • a documented BMI (not just height and weight) during their most recent visit in the measurement period ***or*** during the previous 12 months of that visit, **and** • when the BMI is outside of normal parameters, a follow-up plan is documented on or after the most recent documented BMI	RHIOs, Relevant	617%	508 %
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease*: Percentage of the following patients at high risk of cardiovascular events who were prescribed or were on statin therapy during the measurement period:* • *All patients who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), including an ASCVD procedure,* ***or*** • *Patients 20 years of age or older who have ever had a low-density lipoprotein cholesterol (LDL-C) laboratory result level greater than or equal to 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia,* ***or*** • *Patients 40 through 75 years of age with a diagnosis of Type 1 or Type 2 diabetes*			

• Patients who were previously diagnosed with or currently have an active diagnosis of ASCVD, including an ASCVD procedure, **or** • Patients who were 20 years of age and older at the start of the measurement period who: ○ ever had a laboratory result of LDL-C greater than or equal to 190 mg/dL **or** ○ were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia, **or** • Patients 40 through 75 years of age with Type 1 or Type 2 diabetes; • With a countable visit during the measurement period • Include patients of any age for the ASCVD determination; patients with birthdate on or before January 1, 2002 for LDL-C determination; and patients with birthdate on or after January 1, 1947, and birthdate on or before January 1, 1982 for diabetes determination.	Patients who are actively using or who received an order (prescription) for statin therapy at any point during the measurement period	RHIOs, Relevant	767%	734%
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet: *Percentage of patients aged 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period, or who had an active diagnosis of IVD during the measurement period, and who had documentation of use of aspirin or another antiplatelet during the measurement period*				
Patients 18 years of age and older with an eligible countable visit during the measurement period and who had an AMI, CABG, or PCI in the 12 months prior to the measurement period or who had a diagnosis of IVD overlapping the measurement period	Patients who had an active medication of aspirin or another antiplatelet during the measurement period	RHIOs, Relevant	76%	734%
Preventive Care and Screening: Tobacco Use: *Screening and Cessation Intervention: Percentage of patients aged 182 years and older who were screened for tobacco use one or more times during the measurement period and who received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period if identified as a tobacco user*				

Patients aged 128 years and older seen for at least two eligible countable visits in the measurement period or at least one preventive eligible countable visit during the measurement period	• Patients who were screened for tobacco use at least once the measurement period and • Who received tobacco cessation intervention if identified as a tobacco user.	Relevant	85%	78%
Depression Remission at Twelve Months): *Percentage of patients aged 12 years and older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event*				
Patients aged 12 years and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 or PHQ-9 modified for teens (PHQ-9M) score greater than 9 during the index event between November 1, 20231 through October 31, 202412 and at least one eligible countable visit during the measurement period	Patients who achieved remission at 12 months as demonstrated by a 12-month (+/- 60 days) PHQ-9 or PHQ-9M score of less than 5	Relevant	14%	142%
Preventive Care and Screening: Screening for Depression and Follow-Up Plan: Percentage of patients aged 12 years and older screened for depression on the date of the visit or 14 days prior to the visit using an age-appropriate standardized depression screening was positive, and if screening positive, had a follow-up plan documented on the date of the visit				
Patients aged 12 years and older with at least one eligible countable visit during the measurement period	Patients who: • were screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized tool **and**, • if screened positive for depression, had a follow-up plan documented on the date of the visit.	Relevant	720%	63%
Dental Sealants for Children between 6-9: *Percentage of children, age 6–9 years, at moderate to high risk for caries who received a sealant on a first permanent molar during the measurement period, years*				
Children 6 through 9 years of age with an eligible oral assessment or comprehensive or periodic oral evaluation countable visit who are at moderate to high risk for caries in the measurement period, as specified in the measure criteria	Children who received a sealant on a permanent first molar tooth during the measurement period	Relevant	589%	548%
Early Entry into Prenatal Care: *Percentage of prenatal care patients who entered prenatal care during their first trimester*				

Commented [DB8]: Are these dates correct?

Women seen for prenatal care during the year	Women beginning prenatal care at the health center or with a referral provider, or with another prenatal care provider during their first trimester	In process of development with Relevant	N/A	*Mosaic Health Limited ability to report*
Low Birth Weight: *Percentage of babies of health center prenatal care patients born whose birth weight was below normal (less than 2,500 grams)*				
Babies born during measurement period to prenatal care patients	Babies born with a birth weight below normal (under 2,500 grams)	Relevant	N/A	Limited ability to report
HIV Screening: Percentage of patient~~s period~~ who were between 15–65 years old when tested for HIV				
Patients aged 15 through 65 years of age at the start of the measurement period and with at least one outpatient eligible countable visit during the measurement period	Patients with documentation of an HIV test performed on or after their 15th birthday and before their 66th birthday	Relevant	4~~8~~84%	5~~6~~56%

Reference: Uniform Data System (UDS): Reporting Instructions for Calendar Year 2022 Health Care Data. Note: For contradictions and exclusions refer to the UDS Manual

Attachment D: Quality Incentive and FLIPA Quality Additional Measurements (*)

Quality Incentive		
Fidelis Community Plan Target Based Measures	Breast Cancer Screening ~~New 2023~~	63.32~~69~~%
	Cervical Cancer Screening	~~73~~68.54%
	Colorectal Screening	~~88~~46.59%
	Chlamydia Screening Combo (HARP)	~~64~~70.11%
	Well Child Visits 0-30 months Combo	~~79~~75.16%
	Child & Adolescent Well-Care Visits (3-21 yrs) Combo	68.25~~74~~%
	Diabetes A1c Control ~~New 2023~~ (Includes HARP)	~~89~~66.83%
	Diabetes Retinal Eye Exam Combo (includes HARP)	6~~6~~0.91%
	Kidney Health Evaluation Combo (Includes HARP)	41.15~~51~~%
Fidelis Medicare (Partnership 4 Quality-Event Based Measures)	Breast Cancer Screening	~~78%~~
	Colorectal Screening	~~80%~~
	Diabetes A1C Control new 2023	~~76%~~
	~~(KED) Kidney Health Evaluation for Patients With Diabetes~~ Controlling High Blood Pressure	~~56%~~
	Diabetes Retinal Eye Exam	~~81%~~
	Care for Older Adults Medication Review	
	Care for Older Adults Pain Assessment	
	Statin Therapy for CVD	

Fidelis Essential & HARP plans Event Based Measures	Breast Cancer Screening	~~69%~~
	Cervical Cancer Screening	~~73%~~
	Colorectal Screening	~~69%~~
	~~Diabetes A1c Control new 2023~~ Chlamydia Screening	~~62%~~
	~~Follow up Hospital visit- Mental health within 7 days (all ages)~~	~~71%~~
	~~Follow up ED visit within 7 days - Drug/Alcohol (age 13+)~~	~~71%~~
	~~Follow up ED- Mental Health within 7 days (age 6+)~~	~~73%~~
UHC Medicare Event Based Measures	Medication adherence for ~~c~~Cholesterol	~~98%~~ 98%
	Medication Adherence for Diabetes Medication	~~99%~~ 98%
	Statin use in persons with Diabetes	~~98%~~ 90%
	Medication Adherence for HTN	~~99%~~ 96%
	Breast Cancer Screening	~~81.00%~~ 81%
	Colorectal Cancer screening	~~81%~~ 82%
	~~Diabetes A1C control Screening~~Glycemic Status Assessment for Patients with Diabetes	~~88%~~ 89%
	Diabetic Retinal Eye Exam	~~82%~~ 83%
	Annual Wellness Visits	85%
UHC Medicare MCAIP program	Suspect Conditions	85%
UHC Community Plan	~~Metabolic Monitoring for Children and Adolescents on Antipsychotics - Glucose and Chol Combined~~ Annual Well Visit Ages 3-64 Years	~~45.28%~~ event based measure
	~~Annual Well Visit Age 22 to 40 Years New 2023~~	~~N/A event based measure~~

	~~Annual Well Visit Age 41 to 50 Years New 2023~~	~~N/A event based measure~~
	~~Annual Well Visit Age 51 to 64 Years New 2023~~	~~N/A event based measure~~
	Breast Cancer Screening	66.23%
	Cervical Cancer Screening	71.26%
	Childhood Immunization Status - Combo 3	75.06%
	Colorectal Cancer Screening - All Eligible Members Ages 46-75	54.25%
	Eye Exam for Patients with Diabetes	64.23%
	~~Diabetes Screening for Schizophrenia or Bipolar Disorder Using Antipsychotic Meds~~	~~78.98%~~
	Well child visits for age15-30 months ~~New 2023~~	82.75%
	Well child visits in the first 15 months ~~New 2023~~	74.35%
	Child and Adolescent Well-Care Visits ~~New 2023~~	53.83%
~~UHC Essential Plan & Health Equity Program~~	~~Annual Well Visit Age 22 to 40 Years~~	~~N/A~~
	~~Annual well visit Age 41 to 50 Years~~	~~N/A~~
	~~Annual Well Visit Age 51 to 64 Years~~	~~N/A~~
	~~Breast Cancer Screening~~	~~75.00%~~
	~~Cervical Cancer Screening~~	~~73.97%~~
	~~Colorectal Cancer Screening Non-Medicare Age 50-75 (All Data)~~	~~61.06%~~
	~~Child and Adolescent Well-Care Visits~~	~~68.47%~~
	~~Kidney Health Evaluation for Patients with Diabetes~~	~~50.00%~~
FLIPA (VBP Model)		
Fidelis	Antidepressant Medication Management	**59.92%**
	Child and Adolescent Well Care Visits	71.15%

	Adolescent Immunizations	44.58%
	Follow-up after Emergency Depart Visit for Mental Illness (7-days)	61.71%
	Breast Cancer Screening	66.34%
	Postpartum Care	81.85%
	Childhood Immunizations Combo 3	75.05%
	Follow up after ED visit for Mental Illness- 7 days	61.98%
	Follow-up after ED visit for alcohol or other drug dependence- 7 days	21.75%
UHC	Breast Cancer screening	54.24%
	Cervical Cancer screening	56.08
	Comprehensive Diabetes Care- Eye Exam	53.27%
	Childhood Immunizations Combo 3	61.25%
	Colorectal Cancer screening	38.00%
	Well Child Visits in First 30 months of life	57.13%
	Prenatal and Postpartum care	50.26%
	Adherence to antipsychotic medications for individuals with Schizophrenia	60.87%
	Follow up after ED visit for Alcohol or other drug dependence- 30 days	20.23%
	HIV viral load suppression	74.42%

***** Additional measures that are targeted by the insurance plans, can be adjusted during measurement year. Many of the UDS measures are comparable.

School Based Health Center: Marcus Whitman School District

Performance Measures:

Students attending the school who are enrolled in the SBHC	75%
Students enrolled in the SBHC who have received a Comprehensive Physical Exam	95%
Students enrolled in the SBHC with documentation of health insurance status	100%
Students enrolled in the SBHC that have a documented weight status based on BMI for age percentile annually	95%
Students who are eligible and enrolled in the SBHC will be assessed and vaccinated per ACIP guidelines	100%
Students enrolled in the SBHC with anticipatory guidance documented in their health record	95%
ADDITIONAL OBJECTIVES	
Students enrolled in the SBHC in grades 7-12 who receive an annual BH risk assessment by PCP or SBHC and have documentation in their medical record	100%
Students enrolled in SBHC in grades 7-12 who were identified with signs and symptoms of depression and referred for mental health	100%

Students enrolled in SBHC grades 7-12 who receive a risk assessment of sexual activity	100%
Students enrolled in SBHC who receive and have documented in their record age-appropriate anticipatory guidance related to reproductive health.	95%
Students enrolled in SBHC who are newly diagnosed with asthma this quarter, that have documentation in their record	100%
Students enrolled in SBHC with newly diagnosed asthma who have documentation of asthma severity diagnosis in their medical record	95%
Students enrolled in SBHC who report tobacco use will have documentation of guidance on dangers of tobacco use and advice on quitting	100%

Attachment E: Clinical Guidelines and Associated Measures

Clinical Guideline Reviews: 20254
ADA 20242 Standards of Care for Diabetes
Screening for Cervical Cancer (USPSTF)
Screening for Colorectal Cancer (USPSTF)
AAP Bright Future For 12 months - 4yrs
AAP Bright Future For 5-10 years
AAP Bright Future For Adolescents
MSR Table Infancy Visits
Guideline for Prenatal Care
HIV Guideline
ACOG- Prenatal Care Visits
2018 AHA/ACC Multi-society GL Management of Blood Cholesterol
Screening for Depression & Suicide in Adults US Preventive Services Task Force Recommendation Statement 2023
Global Initiative for Asthma Strategy 2021
2017 HTN Guideline
Screening for Breast Cancer: American Cancer Society
Tobacco Cessation Adults

Well Child /Adolescents Visits

Associated measures:

- Childhood & Adolescent Immunizations
- Weight Assessment and Counseling for Nutrition and Physical Activity: Children / Adolescents
- Dental Sealants for Children: age 6-9 yrs

Annual Adult Physical Exam

Associated measures:

- Colorectal Cancer Screening

- Cervical Cancer Screening
- Breast Cancer Screening
- Adult BMI and Follow Up
- Tobacco use & promotion of cessation programs
- HIV Screening

Depression
Associated measures:
- Depression Screening and Follow-Up
- Depression Remission at 12 months

Cardiac
Associated measures:
- Blood Pressure Control
- Ischemic Vascular Disease (IVD): Aspirin Therapy
- Statin Therapy for Prevention & Treatment of CVD

Diabetes Care
Associated measure:
- HbA1c Poor Control >9%

Quality incentive Measures:
- Dilated Exam
- ~~Microalbuminuria~~ Kidney Health Evaluation

Attachment F: Associated Quality Plan, Policies and Procedures

- Quality Plan
- Quality Management Program Policy
- Clinical Quality Improvement Procedure
- Peer Review and Chart Audit Procedure

- Clinical Guideline Procedure
- Patient Satisfaction Assessment Policy