

2025

GHC-SCW Quality Improvement Annual Report

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2025 GHC-SCW QUALITY IMPROVEMENT (QI) PROGRAM EVALUATION

Introduction

GHC-SCW's goal is to continually improve the quality and safety of all medical and behavioral health care received through our health plan. Each year we analyze and review quality measures, objectives, and organizational activities to ensure alignment with our organizational priorities. This includes:

- Supporting the mission, vision, values achieve the strategic goals of our Cooperative
- Developing targeted objectives and initiatives that address opportunities for improvement
- Identifying service, clinical, safety and behavioral health issues that impact our membership

Under the leadership and direction of the Quality and Population Health Director and the Chief Medical Officer, the Quality and Population Health Management Department works together to complete the annual Quality Improvement Workplan. This workplan encompasses specific quality program requirements. Various leaders, staff, and committees execute the workplan to uphold the organization's mission, vision, and values.

Five strategic pillars that impact the work we do:

- Exceptional Quality and Service
- Meaningful Employee Engagement
- Financial Strength
- Impact
- Adaptive Transformation

Our cooperative uniquely integrates health care and insurance to advance the health of our member owners in South Central Wisconsin. Empathetic and passionate professionals deliver safe, high quality, personalized care reflecting our belief that *"Together, Better is Possible."*



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Long-term success at GHC-SCW depends on the unified efforts of senior leadership, clinical caregivers, and health plan employees. By aligning around shared priorities, we strengthen our position as a top-rated health insurance plan and care delivery system, ensuring high-quality, patient-centered care for our members.

In 2025, the organization remained committed to the providing exceptional quality services as outlined in the ***Exceptional Quality and Service strategic pillar***. Our five year goal is to achieve a five (5) star rating, at least once, for our Commercial line of business by December 2025. Key tactics in 2025 included:

- Exceeding the 90th percentile in all triple weighted measures.
- Implementing marketing strategies to improve the CAHPS “Getting Needed Care” and “Getting Care Quickly” composite scores.
- Exceeding the 90th percentile in all adult preventative measures.

This annual report includes an evaluation of our 2025 workplan progress, highlights some of our 2025 organizational achievements, and provides insight into the overall structure of our QI program.

NCQA Accreditation

The National Committee for Quality Assurance (NCQA) is a private, nonprofit organization that sets rigorous standards to improve health care quality. Accredited health plans must meet these standards and report their performance to earn NCQA’s seal of quality. The accreditation process evaluates how well a health plan manages quality throughout every part of its delivery system. A health plans rating is based on two key components:

- **HEDIS:** Standardized measures that allow purchasers and consumers to compare health plan performance. HEDIS is a registered trademark of the NCQA.
- **CAHPS:** Surveys that assess member experience and interpersonal aspects of their health care. CAHPS is a registered trademark of the Agency for Healthcare Research and Quality.

GHC-SCW applied for and received accreditation for our Commercial, Exchange and Medicaid HMO lines of business in 2025. This was the first time the organization applied to renew all three lines of business at the same time. GHC-



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SCW will remain accredited through July 2028 and will apply to renew accreditation for all three lines of business in April 2028.

Additionally, GHC-SCW is currently NCQA accredited for Health Outcomes. The organization will renew this Health Outcomes Accreditation in May 2026.

In 2025, GHC obtained an NCQA Commercial Health Plan rating of 4.5 out of five (5) stars.



HEDIS and CAHPS Performance: Measurement Year 2024

GHC-SCW evaluates all our HEDIS and CAHPS metrics against the National All Lines of Business Percentile Rankings in NCQA's Quality Compass. Priorities are based on:

- ✓ Measures that impact our Health Plan Ratings score
- ✓ Triple weighted measures
- ✓ Lowest performing measures
- ✓ Measures with small denominators where small numerator changes can impact percentile changes.

GHC-SCW Commercial HMO is among the highest rated health plans in Wisconsin and the United States in 2025. Our health plan report card achieved:

- Three out of five in Patient Experience
- Four out of five in Prevention and Equity
- Four out of five in Treatment

Program Structure

The Board of Directors entrust the organization's quality improvement program to the President and CEO, who assigns oversight to the Chief Medical Officer (CMO).

See Appendix 1 for more details on organizational governance and executive leadership.

The day to day operations of the Quality Management and Population Health Department is delegated to the Director of Quality and Population Health, who has a master's degree in healthcare administration. The Director of Behavioral Health is responsible for efforts associated with the operations of the Behavioral Health Department and implements the behavioral health aspects of the program.

Committees

GHC-SCW engages several organizational committees that provide guidance and evaluation of programming associated with quality improvement. These committees generate minutes to document progress and follow up.

- ❖ **Clinical and Service Quality Committee** (CSQC; Appendix 2) is the primary oversight committee for accreditation related quality improvement planning. The CMO participates on the CSQC and has influence over the planning and implementation of QI and Population Health Management initiatives. The CSQC reviews NCQA health plan standards and recommends policy decisions, monitors progress and outcomes of QI workplan activities. Committee members annually evaluate the overall effectiveness of the QI program, recommend needed changes to structure or resources and ensure there is appropriate follow up to meet our goals and accreditation requirements.
- ❖ **Behavioral Health Quality Committee** (BHQC; Appendix 3) is led by the Director of Behavioral Health Services, with oversight by medical leadership. The BHQC includes participation from the BH Medical Director, Director of Behavioral Health, mental health therapists, Primary Care practitioners, BH staff, and relevant stakeholders who assist with quality improvement and coordination of behavioral health for health plan members.
- ❖ Peer Review and Credentialing Committee
- ❖ Clinical Content Committee
- ❖ Employee Health and Safety Committee
- ❖ Quality and Population Health Steering Committee
- ❖ Commercial and BadgerCare Plus Quality Committee
- ❖ Pharmaceutical and Technology Assessment Committee

Other key committees for quality improvement:

- ❖ Hypertension
- ❖ Diabetes Improvement

- ❖ Asthma
- ❖ Immunization
- ❖ Readmissions
- ❖ Pain and Controlled Substance
- ❖ Lead Screening

Adoption of Lean Principles

GHC-SCW has made significant investments in building a culture of continuous improvement through the adoption of Lean methodologies and tools. Lean practices such as A3 problem solving and Kaizen events are used routinely across the organization to identify waste and drive value creation. The organization is actively progressing in the implementation of a Lean Management System, which will further accelerate and sustain a culture of continuous improvement.

Data Analytics

Data analytics play a key role in supporting operational decision making, goal setting and progress tracking. This data is critical for driving meaningful change. In 2025, our Enterprise Applications team continued to implement reporting strategies that reflect the data requirements needed at every level of the organization.

Transitioning staff to a reporting system that is user friendly and easier to access, takes collaboration and time to work effectively. These efforts help ensure data is actionable, which empowers teams to make informed decisions that support strategic goals and planning.

Epic enables GHC-SCW to have access to data that tells Quality Management staff which members need outreach. It allows practitioners to evaluate which members on their panels may require certain lab tests and follow up appointments. The system allows practitioners across the system to view medical records of patients for whom they are trying to coordinate care.

Data from Optum allows us to track quality measures and report to leadership how we are performing specific HEDIS measures by line of business. This data is what we use to determine areas of focus.

Data infrastructure requires organizational investment to drive results. In 2025, these investments continued with upgrades to the Epic system, and collaboration between our Enterprise Applications, IT Project Management teams and GHC-SCW



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staff to obtain up to date data that provides the organization with key data needed to improve quality.

Annual Quality Improvement (QI) Workplan

The annual QI workplan is created using multiple resources to identify improvement opportunities based on continual analysis of patient experience data, HEDIS, CAHPS, accreditation related reporting, observed needs, member complaints, appeals or other information.

Workplans include our Commercial, Exchange and Medicaid HMOs. Some initiatives or improvement activities may not apply to all lines of business depending on the aim.

Workplan objectives and organizational initiatives are reviewed annually by the CSQC and/or the Quality and Population Health Steering Committee to assess progress, identify areas that have been successfully addressed, and determine where future improvements are needed.

Quality and Population Health Programs are closely integrated through shared workplans, leadership oversight and committee structure, working together to improve outcomes. The Population Health team focuses on community partnerships, sustaining community health programs, and providing social work services. Their work addresses social determinants of health (SDoH) and promotes equitable care by identifying and reducing health disparities. A comprehensive Population Health Management (PHM) document outlines targeted populations, eligible programs and services across each line of business. The cooperative conducts an annual analysis of the PHM program to assess its impact, identify needs, and guide future program development.

The objectives outlined in the QI workplan are determined by Quality Management leadership, with consideration to the organization's overall strategic plan. The CSQC is responsible for reviewing the annual workplan and providing feedback.

Additionally, CSQC reviews the workplan semiannually to monitor progress. Goals and priorities may shift depending on business needs, budget, or the effectiveness of initiatives. Workplans focus on six categories:

- **Quality of Clinical Care:** aiming to improve clinical processes, health outcomes, health promotion, and disease management across the delivery system.



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- **Behavioral Health Care Quality:** aiming to improve behavioral health processes and outcomes across the delivery system
- **Quality of Service and Member Experience:** aiming to improve clinical and health plan processes and positively impact member experience, employer group satisfaction and overall service quality.
- **Safety of Clinical Care:** aiming to maximize safe clinical practices by reducing risk.
- **Population Health Management:** aiming to have a cohesive plan for addressing the needs across the continuum of care and optimize value in care delivery.
- **NCQA Accreditation and Compliance:** aiming to meet the expectations of our members, purchasers, and those who regulate the industry.

Behavioral Health Quality Improvement

GHC-SCW's Behavioral Health (BH) program is led by the Director of Behavioral Health, with oversight from the organization's medical leadership. Quality improvement opportunities within the BH program are monitored by the **Behavioral Health Quality Committee** (BHQC; see Appendix 3) and the CSQC (Appendix 2).

The BHQC includes the Behavioral Health Medical Director, Director of Behavioral Health, behavioral health therapists, Primary Care practitioners, BH staff, and other stakeholders who assist support quality improvement and coordination of behavioral health services for health plan members. The committee reviews behavioral health data, identifies improvement opportunities, recommends and approves strategic projects, evaluates resources, and conducts analyses to set goals and collaborative actions. The committee conducts quantitative and causal analyses to develop goals and collaborative actions in the following areas:

- Appropriate diagnosis, treatment and referral of behavioral disorders commonly seen in primary care.
- Appropriate use of psychotropic medications.
- Management and treatment access and follow up for members with co-existing medical and behavioral disorders
- Primary or secondary preventive health implementations
- Special needs of members with severe and persistent mental illness T

The BHQC reviews annual reports, and updates organizational policies related to the availability of and access to both prescribing and non-prescribing BH



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practitioners. The committee also assesses network adequacy requirements associated with NCQA's Network (NET) standards and guidelines.

Quality of Clinical Care

Diabetes Management

Prevention

Members who are at risk for developing diabetes are referred to an evidence based Diabetes Prevention Program (DPP) that promotes healthy eating and encourages physical activity to prevent the onset of diabetes. Practitioners put through an order for the program that includes lab results, height and weight. All results must be from within the last year for the member to participate in the DPP.

Management

Diabetes Boot Camp

The organization continued to offer members a resource to help manage their diabetes, through a virtual class led by a variety of health care professionals who share tips and facilitate group discussion about living with diabetes. Members learn about health eating, healthy coping, physical activity, self-monitoring and medication management. The program is open to all GHC-SCW members with diabetes and are typically referred by their practitioner.

GHC-SCW offers a **Diabetes Bootcamp** to support members in managing their diabetes. The program runs twice annually, with seven biweekly sessions held by a multidisciplinary team of healthcare professionals. Participants receive education, practical tips, and peer support to promote healthy living with diabetes. Twenty five members participated in the program in 2025 In 2026, the organization plans to increase these sessions to weekly.

Diabetes Focus Visits

Clinical Pharmacists support Primary Care by meeting with members who have Type 2 Diabetes and may benefit from extra time reviewing their medications, understanding how to manage their condition, and discussing lifestyle factors such as diet, exercise, eye exams, and mental health. Clinical Pharmacists can also refer members to other specialists as needed.

In 2025,

GHC-SCW continued offering Diabetes **Focused Visits**, providing one on one appointments for members to discuss medication concerns, adherence challenges, and barriers to effective diabetes management. Pharmacists serve as clinical



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partners to medical providers and reinforce the importance of regular eye exams, depression screenings, and A1c testing. In In 2025, 62 members participated in a Diabetes Focused Visit.

GHC-SCW aims to achieve at least the 75th percentile for Diabetes related measures across all lines of business.

| Commercial/Exchange HMO | MY2022 | MY2023 | MY2024 | Current Percentile |
|----------------------------|--------|--------|--------|--|
| A1c <8 GSD | 64.23 | 67.40 | 74.21 | Near 90 th |
| Blood Pressure Control BPD | 74.45 | 72.26 | 77.62 | Between 75 th -90 th |
| Diabetes Eye Exam EED | 62.53 | 55.96 | 58.64 | Between 75 th -90 th |
| SPD Statin Initiation | 63.19 | 68.88 | 65.99 | Between 33 rd -66 th |
| SPD Statin Adherence | 81.88 | 85.12 | 81.19 | Between 75 th -90 th |

| Medicaid HMO | MY2022 | MY2023 | MY2024 | Current Percentile |
|----------------------------|--------|--------|--------|--|
| A1c <8 GSD | 48.12 | 57.28 | 69.08 | >75 th |
| Blood Pressure Control BPD | 70.37 | 73.71 | 67.11 | Between 10 th -33 rd |
| Diabetes Eye Exam EED | 44.44 | 48.36 | 55.26 | Between 33 rd -50 th |
| SPD Statin Initiation | 55.67 | 58.18 | 52.50 | <10 th |
| SPD Statin Adherence | 83.33 | 79.69 | 83.33 | >75 th |

In July 2025, GHC-SCW Providers heard from experts about the use of **Continuous Glucose Monitors (CGMs)** for patients with diabetes. Practitioners were given information about how to use them and what reports were available from them when their patients use CGMs. Practitioners were able to directly experience CGMs through a free trial, so they can better relate to patients who use them and recommend their use for their patients who are eligible to receive them. Eligible members were directly outreached to encourage them to discuss CGM use with their provider.

GHC-SCW launched the **Diabetes Care Companion**. This is a patient facing tool that members can access through their MyChart account. The tool includes tasks



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that a member with diabetes can complete to better manage their diabetes. These tasks include reading educational articles, tracking important vitals like blood sugar and blood pressures, and more. Members can opt in if they would like to participate.

Clinical Pharmacy

2025 marked a record year for referrals to the organization’s Clinical Pharmacists who provide clinical services to members who are facing chronic conditions or would benefit from direct guidance from a pharmacist in a clinical setting. Clinical pharmacists walk through the medications a member may be taking and help ensure better compliance. Members with diabetes, high blood pressure, high cholesterol or those having issues managing medications for multiple conditions can be referred by their health care practitioner, nursing staff or self-refer, to meet with a clinical pharmacist. With collaborative practice agreements in place, the pharmacist can adjust medications when required, help manage side effects or answer questions specific to the medications the member is taking.

Hypertension Management

Management

GHC-SCW Hypertension Committee focused on finding ways to improve Controlling Blood Pressure (CBP) and Blood Pressure Control for Patients with Diabetes (BPD). Achieving and maintaining high performance in these measures is a strategic priority as they have significant impact on our star rating as a health plan.

Several interventions continued in 2025, including the addition of updated workflows and tools following a second elevated blood pressure reading while in clinic aimed at ultimately improving that each patient receives appropriate follow-up care. In addition, the following interventions are in place:

- Referring to clinical pharmacy when second blood pressure reading is high
- Blood pressure loaner cuff program
- Epic Hypertension registry
- Bulk Outreach to help with overdue care gaps

GHC-SCW aims to achieve at least the 75th percentile for Hypertension related measures across all lines of business.

| Commercial HMO | MY2022 | MY2023 | MY2024 | Current Percentile |
|--------------------|--------|--------|--------|--|
| SPC Statin Therapy | 85.22 | 84.40 | 84.41 | Between 33 rd -75 th |



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| | | | | |
|----------------------------------|-------|-------|-------|--|
| SPC Statin Adherence | 90.82 | 87.20 | 81.74 | Between 33 rd -75 th |
| Controlling Blood Pressure (CBP) | 74.21 | 71.53 | 73.48 | Between 75 th -90 th |

| Exchange HMO | MY2022 | MY2023 | MY2024 | Current Percentile |
|----------------------------------|--------|--------|--------|--|
| SPC Statin Therapy | NA | NA | NA | NA |
| SPC Statin Adherence | NA | NA | NA | NA |
| Controlling Blood Pressure (CBP) | 73.89 | 71.38 | 68.92 | Between 33 rd -75 th |

| Medicaid HMO | MY2022 | MY2023 | MY2024 | Current Percentile |
|----------------------------------|--------|--------|--------|--|
| SPC Statin Therapy | 69.23 | 63.64 | NA | NA |
| SPC Statin Adherence | 66.67 | 42.86 | NA | NA |
| Controlling Blood Pressure (CBP) | 64.12 | 66.11 | 60.13 | Between 10 th -33 rd |

Clinical Pharmacy

2025 marked a record year for referrals to the organization’s Clinical Pharmacists who provide clinical services to members who are facing chronic conditions or would benefit from direct guidance from a pharmacist in a clinical setting. Clinical pharmacists walk through the medications a member may be taking and help ensure better compliance. Members with diabetes, high blood pressure, high cholesterol or those having issues managing medications for multiple conditions can be referred by their health care practitioner, nursing staff or self-refer, to meet with a clinical pharmacist. With collaborative practice agreements in place, the pharmacist can adjust medications when required, help manage side effects or answer questions specific to the medications the member is taking.

Plan All Cause Readmissions (PCR 18-64)

Quarterly reporting trends are monitored by the GHC-SCW Readmissions Committee. If a concern is identified, the committee convenes as needed. The RN Transitional Care Coordinator has been instrumental in initiating and completing hospital follow up outreach and ensuring timely transitions to Primary Care as necessary. The organization has evaluated the needs of this program and initiated plans to expand in 2026 and into 2027. Expansion in this area will help to support hospital and urgent care follow up across the organization for both clinical and behavioral health needs.



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| Line of Business | MY2022 | MY2023 | MY2024 | Current Percentile |
|------------------|--------|--------|--------|--|
| Commercial HMO | 0.4479 | 1.09 | 1.26 | Below 10 th |
| Medicaid HMO | 0.4976 | 3.25 | 1.1881 | Between 33 rd -50 th |

**Lower rate is better*

Pain Management

Pain Management Group Class

The organization continued with COMPASS, a virtual class for adult members ages 18 and older, experiencing chronic pain. The class allows participants to gather with others who are also trying to manage pain, learn how their bodies perceive pain and offers suggestions on how to manage pain flares while navigating daily life. Members leave the class with a toolbox to assist them in managing their symptoms. The class is led by Occupational and Physical Therapists.

Quality of Behavioral Healthcare

GHC-SCW introduced a new perinatal behavioral health option for traditional psychiatric care and e-consults for members who are pregnant. Family Medicine OB practitioners and psychiatry practitioners with expertise in perinatal care, began the first phase of a project that will continue into 2026. The project includes:

- A psychiatrist attending family medicine OB meetings to serve as a consultant
- Identifying specific behavioral health outcomes
- Determining if any social determinants of health explain any disparities in health outcomes
- Identify pathways to address any disparities.

Outpatient Therapy Throughput project started in 2025 with the goal of capping provider caseloads to allow for increased frequency and follow up sessions for members needing more frequent visits. With the addition of new therapists, this will allow for better access for members who need more frequent visits with their provider. every two weeks for patients who need them.

Cognitive Behavioral Therapy for insomnia (CBTi) group therapy was introduced in 2025. The program is six weeks and brings together members who are trying to find a better night's sleep. The program offers safe long term solutions to sleep challenges people encounter. CBTi teaches good sleep hygiene and explore factors



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that impact sleep. It is an educational group where members can ask questions and share experiences.

SPARC (Strategies to Promote Attention and Resilience Clinic) continued in 2025 and added a new group, called Momentum, to provide a group therapy option for adult members with executive dysfunction.

In 2025, the organization introduced a new ACO model and added speech and occupational therapy services for our Autism Spectrum Disorder Clinic services and implemented risk adjustment activities to help meet the organizational goals for this pillar.

There are several scored Behavioral Health metrics that contribute to the star rating of a health plan. The Behavioral Health Quality Committee along with other key committees work together to monitor and evaluate the progress of these measures and strategize improvement opportunities as necessary.

In 2025, Psychiatry notes were added to Care Everywhere, to better align Behavioral Health documentation with Medical Care documentation, in the GHC-SCW Epic system. This will align documentation practices, provide accessibility when coordinating services for members taking behavioral health medications, and improve collaboration of care.

Behavioral Health Care Coordination

Any metric below the 50th percentile is considered an opportunity for improvement. The organization’s overall objective is to achieve the 90th percentile or higher on as many metrics as possible.

For the Exchange HMO line of business, percentiles used are the same as the Commercial HMO all lines of business.

- FUH - Follow-Up After Hospitalization for Mental Illness
- FUM - Follow-Up After Emergency Department Visit for Mental Illness
- FUA - Follow-Up After Emergency Department Visit for Substance Use Disorder
- FUI - Follow-Up After High-Intensity Care for Substance Use Disorder

| Commercial HMO | MY2022 | MY2023 | MY2024 | Current Percentile |
|-----------------|--------|--------|--------|---|
| FUH 7 day | 63.89 | 34.48 | 52.83 | Between 33 rd and 66 th |
| FUM 7 day Total | 57.35 | 60.61 | 66.67 | >90 th |
| FUA 7 day | 23.94 | 23.19 | 30.88 | 90 th |



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|---------------------|---------------|---------------|---------------|---|
| FUI 7 day | 39.29 | 54.35 | 44.64 | Between 33 rd and 66 th |
| Exchange HMO | MY2022 | MY2023 | MY2024 | Current Percentile |
| FUH 7 day | 58.33 | 28.57 | 22.22 | <10 th |
| FUM 7 day Total | NA | NA | NA | NA |
| FUA 7 day | NA | NA | NA | NA |
| FUI 7 day | NA | NA | NA | NA |
| Medicaid HMO | MY2022 | MY2023 | MY2024 | Current Percentile |
| FUH 7 day | 47.69 | 26.53 | 40.00 | 50 th |
| FUM 7 day Total | 28.57 | 38.46 | NA | NA |
| FUA 7 day | 27.37 | 26.60 | 24.68 | Between 33 rd and 50 th |
| FUI 7 day | 40.00 | 39.58 | 28.89 | 33 rd |

Behavioral Health-Medication Adherence

- SAA-Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- AMM-Antidepressant Medication Management-Effective Continuation Phase

| | | | | |
|-----------------------|---------------|---------------|---------------|---|
| Commercial HMO | MY2022 | MY2023 | MY2024 | Current Percentile |
| SAA | 75.86 | 86.96 | NA | NA |
| AMM continuation | 72.89 | 74.96 | 72.44 | >90 th |
| Exchange HMO | MY2022 | MY2023 | MY2024 | Current Percentile |
| SAA | NA | NA | NA | NA |
| AMM | 71.05 | 66.04 | 62.07 | Between 33 rd and 66 th |
| Medicaid HMO | MY2022 | MY2023 | MY2024 | Current Percentile |
| SAA | 85.71 | 61.11 | NA | NA |
| AMM | 65.56 | 72.32 | 66.27 | >75 th |

Behavioral Health-Access, Monitoring and Safety

- APM-Metabolic Monitoring for Children and Adolescents on Antipsychotics-Blood Glucose and Cholesterol Testing
- ADD-Follow up Care for Children Prescribed ADHD Meds-Continuation and Maintenance
- IET-Initiation and Engagement of Substance Use Disorder Treatment-Total

| | | | | |
|-----------------------|---------------|---------------|---------------|---|
| Commercial HMO | MY2022 | MY2023 | MY2024 | Current Percentile |
| APM Total | 41.18 | 47.22 | 30.00 | Between 10 th and 33 rd |
| ADD Cont./Maint. | 43.18 | 35.85 | 52.94 | >66 th |



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| | | | | |
|---------------------|---------------|---------------|---------------|---|
| IET Engagement | 13.90 | 17.03 | 15.05 | 66 th |
| Exchange HMO | MY2022 | MY2023 | MY2024 | Current Percentile |
| APM Total | NA | NA | NA | NA |
| ADD Cont./Maint. | NA | NA | NA | NA |
| IET Engagement | 20.0 | 10.42 | 7.55 | <10 th |
| Medicaid HMO | MY2022 | MY2023 | MY2024 | Current Percentile |
| APM Total | NA | NA | NA | NA |
| ADD Cont./Maint. | 50.0 | 55.56 | NA | NA |
| IET Engagement | 17.98 | 12.04 | 15.60 | Between 50 th and 66 th |

Safety of Clinical Care

Employee and Patient Safety Committee

GHC-SCW and the Employee and Patient Safety Committee prioritized safety by joining the National Safety Council in observing *National Safety Month* in June 2025, offering weekly resources to help keep our workforce safe by highlighting topics such as emergency preparedness and hazard recognition. Other highlights included:

- 100% organizational compliance with influenza vaccination requirements by the required deadline.
- Improved education embedded in annual training on the replacement needle product to support continuing efforts to reduce needlestick occurrences.
- Contributed to streamlining and improving the onboarding experience for Medical Division students.

Pain and Controlled Substance Safety in Primary Care

In 2025, the Senior Medical Director began working with local level leadership to develop strategies to reduce the number of prescribers per patient providing narcotics to patients within our staff model clinics. In doing so, the organization hopes to improve both our UOP HEDIS measure rate and patient safety. By reducing the number of providers allowed to prescribe for a patient, the scope of medication management is narrowed.

The GHC-SCW Clinical Resource Dashboard was updated to include screening tools and medication agreements in Spanish and Hmong. These agreements include Opioid Medication Agreement, Stimulant Medication Agreements, Sedative Medication Agreements and Urine Drug Screen Questionnaires.



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Opium Safety and Medication Assisted Treatment in Primary Care

The Chronic Opioid Treatment (COT) program at GHC-SCW requires all opioid prescribers to maintain medication agreements with members receiving COT, except those in palliative care, hospice, with active cancer or managed outside GHC-SCW clinics. The policy follows CDC guidelines to keep dosages below 90 Daily Morphine Equivalents (DME). Practitioners promote alternative pain management options, including community resources or enrollment in GHC-SCW COMPASS Class. Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD) may be offered in Primary Care, combining counseling and medication for stable patients or those initiating buprenorphine/naloxone. Outpatient substance use disorder is provided through UW Behavioral Health and Recovery.

Chronic Opioid Treatment (COT)

| Metric | Target Population | MY2025 | Goal | Program |
|---------------------------|---------------------|--------|------|----------------------------------|
| Urine Drug Screening UDS* | Opioid Use Registry | 82% | 80% | Chronic Opioid Treatment Program |
| COT Visit Completion** | Opioid Use Registry | 78% | 80% | Chronic Opioid Treatment Program |

*Percent of patients who had a UDS **Percent of patient who had a visit in primary care for COT within the last 3 months

Lead Screening

While preventing lead exposure is the best method for protecting children from lead poisoning, screening is the next best step. Even at low levels, lead in the blood has been shown to affect brain development and cause permanent harm. Our care teams work to improve lead screening for all children under the age of two (2) and children with a history of elevated lead levels. Children are screened as early as nine (9) months of age.

Screening for lead exposure is a requirement of the Wisconsin Medicaid program. This is a pay for performance measure for Wisconsin Medicaid health plans, and the goal is to achieve the 75th percentile, or 76.34% in MY2024.

In 2025, GHC-SCW started a pilot which offered parents or guardians the option of having their child screened for lead exposure through a capillary draw. This pilot was successful and rolled out to all clinics.

| | MY2022 | MY2023 | MY2024 | Current Percentile |
|--------------|--------|--------|--------|--------------------|
| Medicaid HMO | 64.52 | 60.58 | 64.38 | 33 rd |

Skills Training

GHC-SCW Registered Nurses (RN) began their annual skills competency training in the fall of 2025 to help ensure that they are current with the latest skills needed to care for our members. GHC-SCW Care Team Specialists (CTS) and Patient Care Technicians (PCT) staff also completed their annual skills competency training in March 2025. This commitment to training helps ensure the safety of our members we care for.

Depression Screening Project

In July 2025, Behavioral Health and Primary Care worked together to implement a new workflow to expedite follow-up for members with high-risk depression screening results, including suicidality. The project goal is to improve depression care coordination, competence, and reporting. At-risk members receive outreach from the Behavioral Health Triage and Crisis team for safety assessment and resources and can include a therapy visit with a member of that team. The Behavioral Health Triage and Crisis team is adding more bridge and short term therapy visits to help ensure timely access for urgent needs.

Lean Methodology and Standard Workflow Improvement

In 2025, two Kaizen events were conducted with a focus on patient safety: Vaccine Safety and Pre-Analytical Laboratory Errors. The Vaccine Safety event aimed to streamline and strengthen vaccine administration processes for both adult and pediatric patients by fostering shared understanding across departments, identifying root causes of inefficiencies and safety risks, and implementing sustainable, standardized improvements. The Pre-Analytical Laboratory Errors event addressed issues occurring before samples reach the laboratory, including referral order transcription, patient arrival workflows, and test order release. These challenges often resulted in delays in patient care and increased staff workload. Together, these events highlight the effectiveness of the Kaizen event structure in improving cross-departmental processes that directly impact both staff efficiency and patient safety.

Population Health Management

Adult Prevention

In 2025, adult immunizations were included in the strategic plan as part of an overall goal to improve all adult prevention measures. Workgroups met, outreach was launched, and nurse team appointments were expanded to include evenings and weekends to enhance appointment availability and meet patient demand. Care gaps were identified in advance of office visits and reminders flagged at the time of



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rooming patients. Efforts to improve will continue in 2026, particularly with targeted outreach and MyChart functionality.

The goal in 2025 was to exceed the 90th percentile in all adult preventive measures. Chlamydia screening in particular was a focus in 2025, seeking to improve screening of adults ages 16-24. Outreach started in July and August 2025. As with adult immunizations, efforts to improve adult prevention measures will continue in 2026.

Adult Immunization Measures

| Commercial HMO | MY2022 | MY2023 | MY2024 | Current Percentile |
|-----------------------|---------------|---------------|---------------|---|
| AIS E Influenza total | 41.41 | 41.96 | 40.54 | >90 th |
| AIS E Td/Tdap total | 55.51 | 53.16 | 39.15 | Between 33 rd and 66 th |
| AIS E Zoster total | 42.23 | 44.05 | 40.42 | >90 th |
| Exchange HMO | MY2022 | MY2023 | MY2024 | Current Percentile |
| AIS E Influenza total | NA | 30.93 | 32.44 | Between 75 th -90 th |
| AIS E Td/Tdap total | NA | 41.30 | 38.78 | Between 33 rd and 66 th |
| AIS E Zoster total | NA | 29.28 | 35.77 | Between 75 th and 90 th |
| Medicaid HMO | MY2022 | MY2023 | MY2024 | Current Percentile |
| AIS E Influenza total | 19.27 | 21.67 | 23.40 | >75 th |
| AIS E Td/Tdap total | 48.89 | 52.02 | 39.58 | Between 33 rd and 66 th |
| AIS E Zoster total | 20.91 | 27.64 | 25.96 | >75 th |

Adult Prevention Measures

| Commercial HMO | MY2022 | MY2023 | MY2024 | Current Percentile |
|---|---------------|---------------|---------------|---|
| Breast Cancer Screening BCS-E | 75.68 | 78.55 | 76.58 | Between 33 rd and 66 th |
| Colorectal Cancer Screening COL-E total | 63.26 | 67.88 | 62.28 | Between 33 rd -66 th |
| Colorectal Cancer Screening Age 46-50 | 36.14 | 47.52 | 56.12 | 90 th |
| Chlamydia Screening CHL total | 34.17 | 34.58 | 40.65 | Between 10 th -33 rd |
| Cervical Cancer Screening CCS | 78.83 | 79.56 | 75.67 | Between 33 rd -66 th |



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| Exchange HMO | MY2022 | MY2023 | MY2024 | Current Percentile |
|---|---------------|---------------|---------------|--|
| Breast Cancer Screening BCS-E | 70.27 | NA | 75.57 | Between 33 rd -66 th |
| Colorectal Cancer Screening COL-E total | 61.31 | 67.15 | 58.74 | Between 33 rd -66 th |
| Colorectal Cancer Screening Age 46-50 | NA | NA | NA | NA |
| Chlamydia Screening CHL total | 34.92 | 30.67 | 39.19 | Between 10 th -33 rd |
| Cervical Cancer Screening CCS | 70.32 | 64.72 | 76.16 | 66 th |
| Medicaid HMO | MY2022 | MY2023 | MY2024 | Current Percentile |
| Breast Cancer Screening BCS-E | 51.22 | 52.36 | 51.88 | Between 10 th -33 rd |
| Colorectal Cancer Screening COL-E total | 34.23 | 40.06 | 43.68 | Between 50 th -66 th |
| Colorectal Cancer Screening Age 46-50 | NA | 24.79 | 32.82 | Between 50 th -66 th |
| Chlamydia Screening CHL total | 56.99 | 48.74 | 58.28 | Between 50 th -66 th |
| Cervical Cancer Screening CCS | 63.99 | 57.66 | 62.77 | Between 66 th -75 th |

Asthma

GHC-SCW has a registry within the Epic EMR. In 2025, a new metric was built within this registry that measures the percent of patients who had follow-up within 30 days after an acute asthma event. GHC-SCW's Asthma Educator can run reports using this metric to outreach patients who could benefit from outreach and an asthma-focused visit. She is able to provide patient education and make medication changes to better manage this chronic condition which can reduce the likelihood of future acute events.

| Commercial HMO | MY2022 | MY2023 | MY2024 | Current Percentile |
|-----------------------------|---------------|---------------|---------------|---------------------------|
| Asthma Medication Ratio AMR | 86.46 | 84.27 | 78.06 | 33 rd |



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| Exchange HMO | MY2022 | MY2023 | MY2024 | Current Percentile |
|-----------------------------|---------------|---------------|---------------|--|
| Asthma Medication Ratio AMR | 69.57 | 73.21 | 62.50% | <10th |
| Medicaid HMO | MY2022 | MY2023 | MY2024 | Current Percentile |
| Asthma Medication Ratio AMR | 68.52 | 62.83 | 58.44 | Between 10 th -33 rd |

Childhood and Adolescent Immunizations

GHC-SCW conducted several different outreach campaigns in 2025. There was outreach focused on well child visits, community vaccine events, adolescent vaccines, and those young children who needed the MMR vaccine. A large emphasis was placed on outreach for children in the Medicaid population, as GHC-SCW was striving to meet its goals of achieving the 75th percentile. Outreach was conducted via telephone, MyChart, and letter encouraging them to complete visits and vaccines. GHC-SCW's quality and population health teams collaborated with clinic staff to help coordinate visits for families with multiple children in an effort to minimize the number of scheduled trips into the clinic.

In the fall of 2025, bulk outreach was conducted for children and adolescents for all lines of business.

| Commercial HMO | MY2022 | MY2023 | MY2024 | Current Percentile |
|-----------------------|---------------|---------------|---------------|---|
| CIS Combo 10 | 77.62 | 72.75 | 69.10 | >90 th |
| IMA Combo 2 | 48.91 | 52.31 | 55.23 | >90 th |
| Exchange HMO | MY2022 | MY2023 | MY2024 | Current Percentile |
| CIS Combo 10 | 60.0 | 50.0 | 47.62 | Between 33 rd -66 th |
| IMA Combo 2 | 37.50 | 40.0 | 39.13 | Between 66 th and 75 th |
| Medicaid HMO | MY2022 | MY2023 | MY2024 | Current Percentile |
| CIS Combo 10 | 36.77 | 27.94 | 35.62 | >75 th |
| IMA Combo 2 | 47.44 | 47.89 | 36.57 | 50 th |

Medicaid Pay for Performance (P4P)

GHC-SCW has clinical performance metrics which are tied to our State of Wisconsin Medicaid contract. Future P4P earn back targets will be based on the 2025 national performance as published in the NCQA 2026 Quality Compass Reports. The use of floating targets mean that health plans will not know what their improvement targets are until after the measurement year is complete. To address



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this, the State of Wisconsin/DHS applies a Reduction in Error (RIE) component. If health plans improve their 2023 performance by at least 5-10% and still fall below the National 50th percentile, their earn back will have the RIE applied.

There were no changes between the MY2024 and MY2025 pay for performance measures.

MY 2025 HMO P4P Measures and Weights

| BadgerCare Plus | | | |
|---------------------------|---|--------------|---|
| Measure | | Weight | Area of Care |
| Children's Health | | 1.00% | |
| 1. | Childhood Immunization (CIS-E) - Combo 3 | 0.25 | Primary Care Access and Preventative Care |
| 2. | Immunizations for Adolescents (IMA-E) - Combo 2 | 0.25 | |
| 3. | Lead Screening in Children (LCS) | 0.25 | |
| 4. | Child and Adolescent Well-Care Visits (WCV)- Total | 0.25 | |
| Maternal Health | | 0.50% | |
| 5. | Prenatal Care (PPC) | 0.25 | Maternal Health |
| 6. | Postpartum Care (PPC) | 0.25 | |
| Disease Management | | 1.00% | |
| 7. | Asthma Medication Ratio (AMR) - Total | 0.25 | Chronic Conditions |
| 8. | Glycemic Status Assessment for Patients with Diabetes (GSD) – Control <8% | 0.25 | |
| 9. | Controlling Blood Pressure (CBP) | 0.25 | |
| 10. | Follow up within 30 days after hospitalization for mental illness (FUH) – Total, 30-day follow-up | 0.25 | Behavioral Health |

Performance Improvement Projects

In 2025, GHC-SCW completed two BadgerCare Plus performance improvement projects. The first project focused on improving breast cancer screening rates for non-white members between the ages of 40-49. The second project focused on increasing the SDoH screening rates of BadgerCare Plus members who identify as African American or Black.

Wellness Program

The GHC-SCW ManageWell program continued to be part of our Population Health Management Strategy in 2025. The program focuses on promoting member health and reducing overall healthcare costs by slowing the progression of risk. Most GHC-SCW members, including their spouses or significant other ages 18 and over are eligible to participate with some exceptions.

Participants in the program earn incentives by completing a variety of wellness activities, accumulating points as part of their journey to better health.



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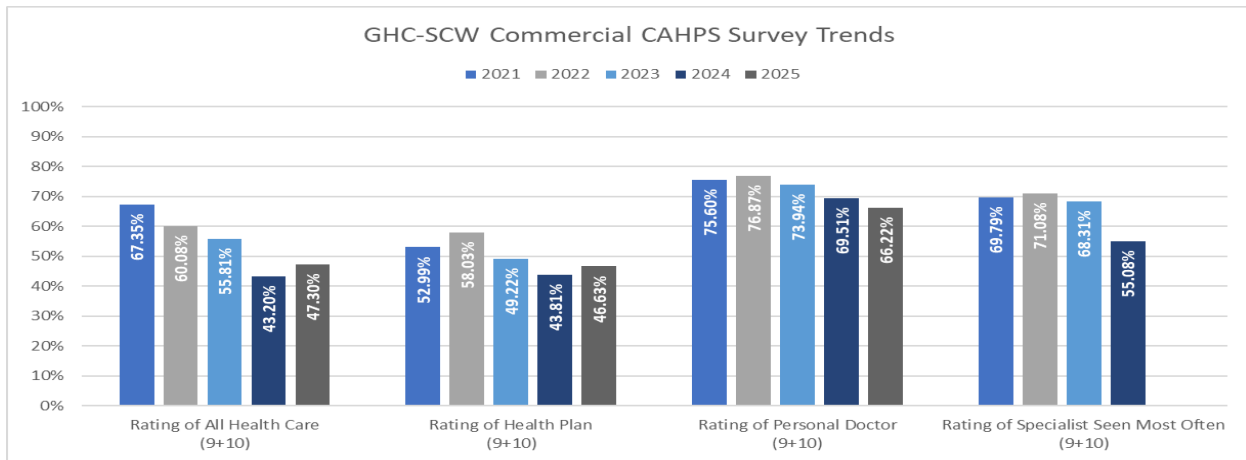
Quality of Service and Member Experience

Consumer Experience

GHC-SCW aims to achieve optimal health plan member experience scores as measured by the Consumer Assessment of Healthcare Provider Survey (CAHPS) and the Qualified Health Plan Enrollee Experience Survey (QHP EES). The overall response rates for both surveys dropped in 2025. Overall, there is a significant opportunity to increase response rates, however, there has been some positive shifts in percentile performance.

Commercial HMO: GHC-SCW did experience an increase in the rate for Rating of All Health Care and Rating of Health Plan. The rating of personal doctor continues to trend downward. The organization did not receive enough responses for the Rating of Specialist category, so the organization scored NA for that measure.

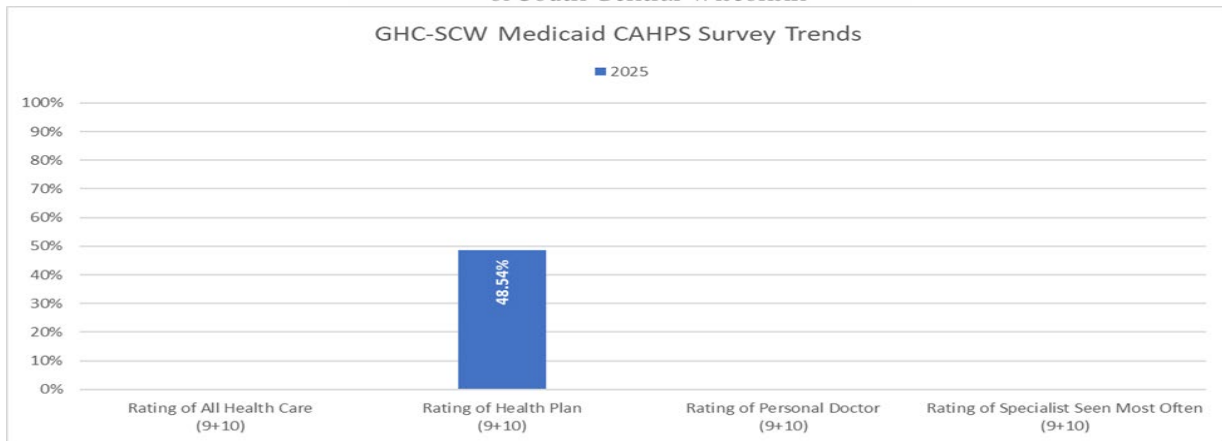
Overall, the survey response rate for our **Commercial HMO** line of business declined by 2.31% compared to 2024.



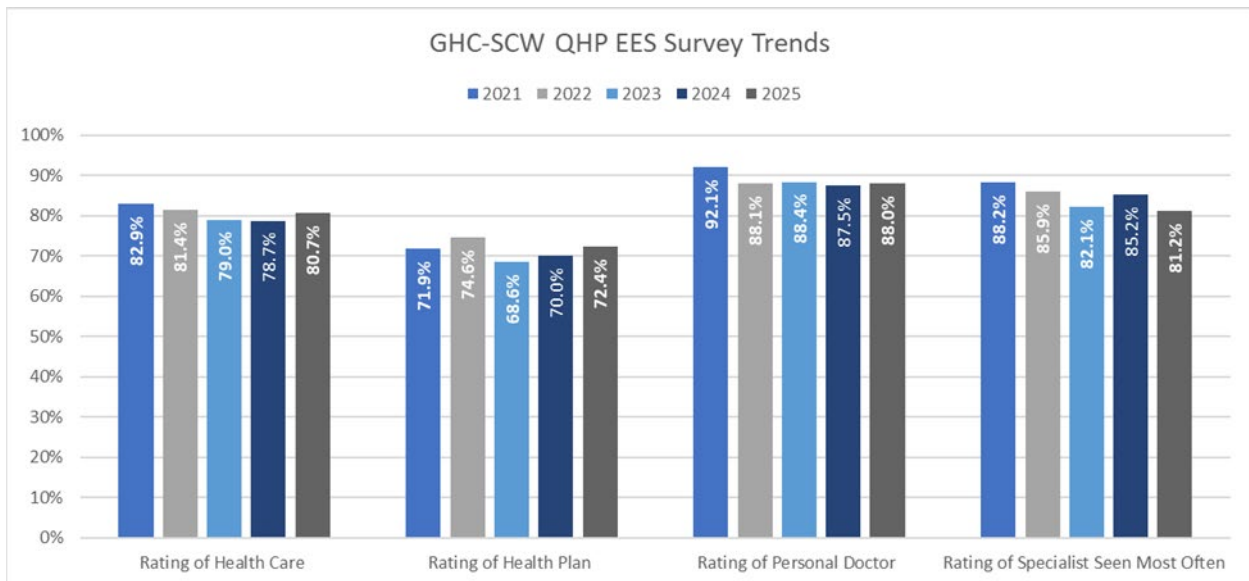
Medicaid HMO: 2025 was the first year that the GHC-SCW surveyed our Medicaid HMO membership. Like the Commercial HMO, the organization did not receive the minimum responses required to score any category except the Rating of Health Plan. The **Medicaid HMO** line of business had the lowest response rate of all HMO lines of business, which makes it challenging to draw a meaningful conclusion. GHC-SCW will continue to annually survey Medicaid HMO members. Trending data will be available in 2026.



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Qualified Health Plan Enrollee Experience Survey (Exchange HMO): The survey response rate for **Exchange HMO** members declined by 2.8% in 2025. The only rate that did not increase in 2025 was the Rating of Specialist. The organization did not have any results lower than 70%, however, the number of surveys returned makes it difficult to draw meaningful conclusions.



Experience Improvement

GHC-SCW recognizes the importance of positive member experiences across the organization. Being both a health plan and care delivery system, GHC-SCW leadership works with stakeholders who can bring improvement opportunities for both the health plan and care delivery side. Together, staff aims to identify areas of opportunity and provide clarity on the initiatives undertaken by leadership and staff.

2025 Initiatives

- The organization implemented text message surveys as an additional method for capturing the experience of our patients through all Press Ganey surveys: Medical Practice, Urgent Care, Outpatient Rehabilitation, and Outpatient Behavioral Health. Text message surveys provides a convenient way to provide feedback shortly after a visit.
- Visit type was added as a field to allow stratification of results by type of appointment. This change further helps to identify our strengths and opportunities.
- Reporting continues to be evaluated and improved through feedback mechanisms with local level leaders. The bi-annual check ins with leaders provide real-time opportunities to explore data and identify improvement opportunities.

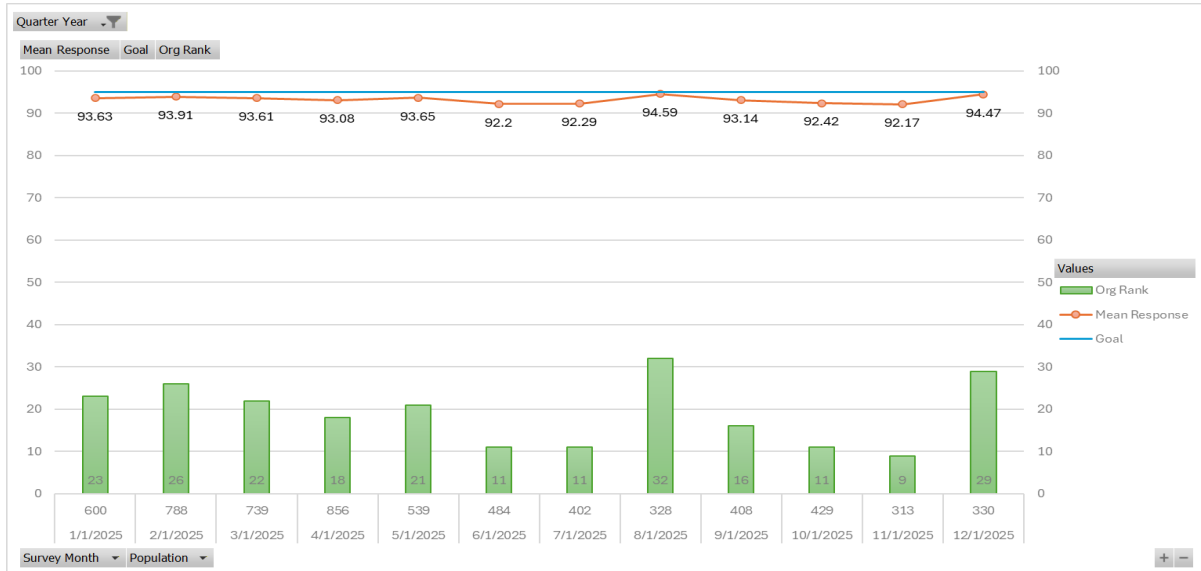
GHC-SCW recognized the importance of positive member and patient experiences across the organization. Patient experience within our GHC-SCW clinics is measured monthly and results are available to all staff at the end of each month. Results are measured for four service lines:

- Medical Practice (Primary Care, Health Education, Chiropractic, Dermatology and Eye Care)
- Urgent Care
- Outpatient Behavioral Health
- Outpatient Rehabilitation (Physical Therapy and Occupational Therapy)

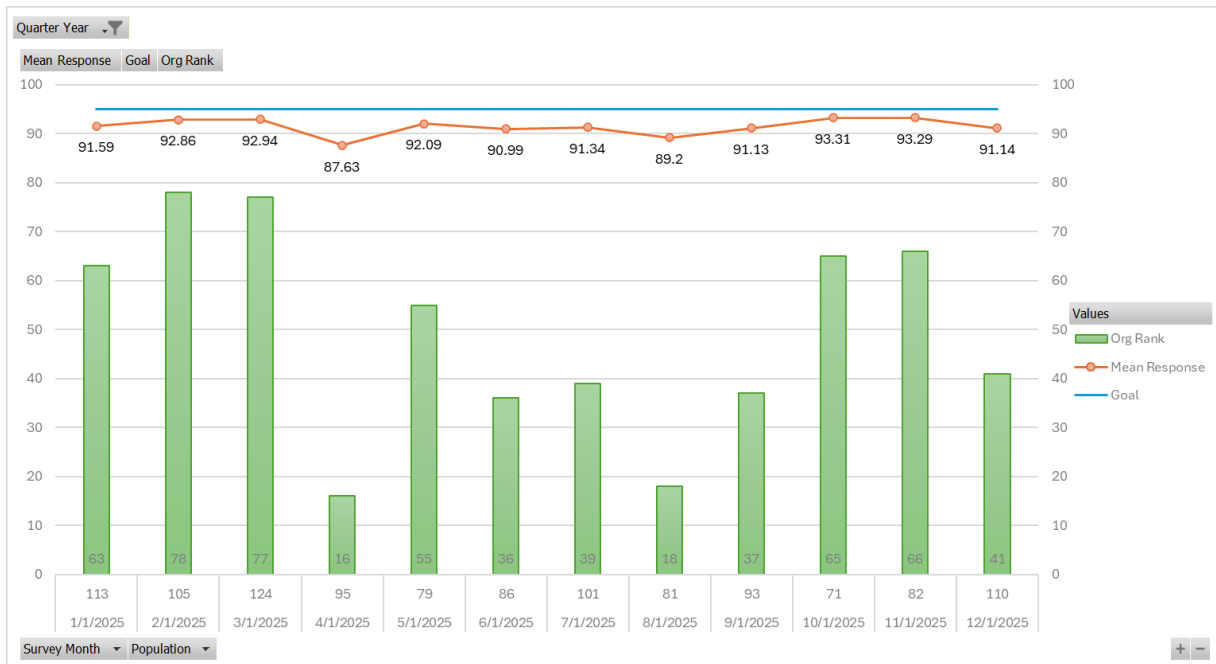
The organization will continue patient experience initiatives in 2026. Plans include the implementation of simulation surveys to increase understanding of member experience of care and support health plan initiatives. Additionally, changes will be implemented for the Outpatient Behavioral Health survey to better streamline feedback and reporting provider type.

The following charts display patient experience data for ***Likelihood of Recommending*** by service line.

Medical Practice



Urgent Care



Outpatient Rehabilitation



Behavioral Health





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To better understand the member experience, the GHC-SCW Member Engagement Program brought Medicaid members together to share their experiences with colorectal cancer screenings and learn about colorectal cancer screening hesitancy. The group provided important insight into the barriers to completing this screening. In 2026, the organization intends to engage the Member Engagement Program in identifying barriers to getting children in for well child exams and vaccines.

Overall Effectiveness of QI Program

GHC-SCW has a long history of driving improvement through collaboration. When improvement is needed to meet strategic goals and workplan expectations, the organization is nimble and shows the flexibility necessary to make positive changes.

GHC-SCW's Director of Quality and Population Health, CMO, and the Director of Behavioral Health meet throughout the year to assess program resources and committee participation, to ensure the activities outlined in our annual work plans are successful.

In 2025, the organization added two new provider representatives to the Behavioral Health Quality Committee. This addition helped to bring additional expertise and insight when seeking ways to improve member experience when accessing behavioral health services and encourages collaboration between primary care and behavioral health. Many of the Behavioral Health measures relating to follow up service improved in 2025. With planned staffing enhancements in the area of follow care after inpatient and emergency room use, the organization may see further improvement in the near future.

Many Behavioral Health related services were added in 2025 and improvement in follow up measures were noted as well. 2026 will bring continued improvement in accessing needed care and effective depression screening and follow up will also play a key role in improving the quality of services to our membership in 2026.

The Clinical Service Quality Committee added a new provider representative to offer the input needed to improve quality and utilization needed to meet workplan requirements. In 2026, Utilization Management oversight will be an added responsibility of this committee. Having the appropriate leadership on the committee will continue to be vital to improve quality and utilization requirements.

GHC-SCW's investment in data enhancements, Epic upgrades, and dashboard development improved organizational efficiency in 2025. Strengthening our data



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infrastructure ensures reliable data will continue to support high quality care and services. Easy access to accurate data remains essential to the work of our quality committees.

Collection of SOGI and SDoH data improved in 2025. This will help to shape outreach efforts and inform strategies for quality improvement when disparities are found. With the Member Engagement Program, the organization stands to gain important insight into the barriers that impact disparities in health outcomes.

Diabetes management continued to be a strong focus, demonstrating improvement in A1c Control in all HMO lines of business. The organization continues to be innovative when working with members to better understand their diabetes. Clinical Pharmacy collaboration with Primary Care is a notable service to members who may require the additional support to adhere to medication protocols and overall management of symptoms. The introduction of services such as this has improved quality outcomes.

Continued efforts to ensure clinics are retaking blood pressure when the first reading is high, has an impact on appropriate care. While outcomes still need improvement, continued efforts in this area are already in place. Clinical Pharmacy assists members with blood pressure medication management and when members need resources to help with home monitoring, they can provide education on resources available within GHC-SCW or outside if more appropriate.

Adult prevention measures show an improvement in 2025, which met the organization's goal.

Noted Challenges and Opportunities in 2025

- Continued staffing challenges
- Access to care challenges
- Managing health care costs
- Low member responses to surveys that inform improvement opportunities
- Demands on staff to obtain reporting based on shifting regulatory priorities
- Childhood prevention measures

Overall, the 2025 Annual Workplan was completed in all key area as identified. Proposed activities had mixed success, and some activities will need to continue into 2026 to have impact. No significant changes to the program structure are needed.

2025 QI Workplan

Applies to the Commercial, Exchange and Medicaid HMO lines of business.

**** Medicaid HMO only.**

| Yearly Objectives | Goals | Activities | Timeframe | Staff Roles and/or Committee Involvement |
|--|--|--|--------------------------|--|
| Annual Workplan Development. | 1. Complete annual workplan | 1. Develop annual workplan 2. Obtain approval by CSQC | 1. Q3 2025 2. Q4 2025 | Director of Quality & Population Health CSQC |
| Ongoing Monitoring. | 1. Ongoing monitoring | 1. Review activities included in the QI Workplan to monitor progress against the goals | 1. Ongoing | Director of Quality & Population Health CSQC |
| Annual Written Evaluation. | 1. Complete annual written evaluation to measure the effectiveness of our Quality & Population Health programs | 1. Review CY 2025 completed and ongoing initiatives and trended measures and compose a written progress evaluation 2. Share written document with CSQC, leadership and stakeholders for review and comment | 1. Q4 2025 2. Q1 2026 | Accreditation Coordinator Director of Quality & Population Health CSQC |
| Maintain provider engagement on the Clinical Services Quality Committee (CSQC). | 1. Maintain provider engagement on the CSQC. | 1. Identify and invite identified providers to join committee, as needed. | 1. Ongoing | Accreditation Coordinator |
| Quality of Clinical Care | Goals | Activities | Timeframe | Staff Roles and/or Committee Involvement |
| Improve outcomes associated with Diabetes. | 1. Meet or exceed the 90 th percentile for Commercial and the 50 th for Medicaid or the 75 th for Medicaid P4P measures*- a. HbA1c Control < 8.0% (GSD)* b. BP Control <140/90 (BPD) c. Eye Exams (EED) 2. Assess measures for disparities when stratified by race/ethnicity 3. Implement improvement initiatives that target opportunities and minimize the disparities between the Commercial and Medicaid product lines | 1. Diabetes Improvement Team meets monthly. 2. Continue the YMCA Diabetes Prevention Program and monitor outcomes. 3. Continue the Virtual Diabetes Boot Camp for GHC-SCW members for all insurance types. 4. Continue Diabetes Focused Visits. 5. Monitor, assess, implement and enhance the Epic Diabetes tools. 6. Explore ways to increase CGM utilization among members. | 1-6. Ongoing | Diabetes Improvement Team QS Pillar Assigned Staff & Manager Leads |

| | | | | |
|--|--|---|--|---|
| Improve outcomes associated with Hypertension. | <ol style="list-style-type: none"> 1. Meet or exceed the 90th percentile for Commercial and the 50th for Medicaid or the 75th for Medicaid P4P measures*- <ol style="list-style-type: none"> a. BP Control <140/90 (CBP)* 2. Assess measures for disparities when stratified by race/ethnicity | <ol style="list-style-type: none"> 1. Implement the new Epic Hypertension registry and bulk outreach opportunities. 2. Monitor BP retakes. 3. Continue pharmacy consult workflow. 4. Continue the blood pressure cuff loaner program. 5. Continue staff education on home monitoring. | 1-5. Ongoing | Hypertension Committee QS Pillar Assigned Staff & Management Leads |
| Improve outcomes associated with Readmissions. | <ol style="list-style-type: none"> 1. Plan All Cause Readmissions (PCR) meets or exceeds the 90th percentile 2. Tier 1 for Potentially Preventable Readmissions (PPR) for WI DHS ** | <ol style="list-style-type: none"> 1. Readmissions Committee meets ad hoc to assess opportunities for improvement. | 1. Ongoing | Quality Management Department |
| Improve outcomes associated with Child and Adolescent Immunizations. | <ol style="list-style-type: none"> 1. Meet or exceed the 90th percentile for Commercial and the 50th for Medicaid or the 75th for Medicaid P4P measures*- <ol style="list-style-type: none"> a. CIS Combo 3* b. CIS Combo 10 c. IMA Combo 1 d. IMA Combo 2* | <ol style="list-style-type: none"> 1. Perform monthly postcard outreach for well child checks. 2. Develop and implement a CIS MyPanel Metrics (MPMs) to be used for bulk outreach purposes. 3. Utilize MPMs to identify noncompliant members and perform IMA bulk outreach. 4. Utilize MPMs to identify noncompliant members and perform flu bulk outreach. 5. Identify children who need flu boosters and perform outreach. | <ol style="list-style-type: none"> 1. Ongoing 2. TBD 3. Ongoing 4. During flu season 5. During flu season | Quality Management Department |
| Improve outcomes associated with Asthma. | <ol style="list-style-type: none"> 1. Meet or exceed the 90th percentile for Commercial and the 50th for Medicaid or the 75th for Medicaid P4P measures*- <ol style="list-style-type: none"> a. AMR Total* | <ol style="list-style-type: none"> 1. Utilize Asthma Risk Score reports to identify high-risk, uncontrolled asthma patients for outreach. 2. Utilize Epic Asthma Registry and outreach tools to sustain and improve asthma related MPMs. | 1-2. Ongoing | Asthma Committee |
| Improve Pay for Performance (P4P) HEDIS measures in conjunction with WI DHS. ** | <ol style="list-style-type: none"> 1. Meet or exceed the 75th for Medicaid P4P measures* <ol style="list-style-type: none"> a. CIS-E Combo 3* b. IMA-E Combo* c. LSC* d. WCV Total* e. Prenatal Care* | <ol style="list-style-type: none"> 1. Continue outreach and incentives for P4P measures. | 1. Ongoing | Quality Management Department |

| | | | | |
|---|---|---|---|---|
| | <ul style="list-style-type: none"> f. Postpartum Care* g. AMR* h. GSD* i. CBP* j. FUH-30 Total* | | | |
| Breast Cancer Screening Performance Improvement Project (PIP). ** | <ol style="list-style-type: none"> 1. Eliminate the current breast cancer screening rate disparity rate of 7.1% between female white and non-white BadgerCare Plus members ages 40 - 49 years old. | <ol style="list-style-type: none"> 1. Expand patient outreach. 2. Provide education materials resources for patient questions and fears about mammography. 3. Address barriers to care. 4. Submit the topic selection, implementation, monitoring and final report for the PIP to DHS and the EQRO. | <ol style="list-style-type: none"> 1-2. Q1-Q4 2025 3. Q4 2024 – Q4 2025 | Quality Improvement Specialist |
| Social Determinants of Health (SDoH) Performance Improvement Project (PIP). ** | <ol style="list-style-type: none"> 1. Reduce the disparity in SDoH screening completion rates between African American BadgerCare Plus members and White BadgerCare Plus members from 17.93% to 7.93% through targeted outreach strategies. | <ol style="list-style-type: none"> 1. Conduct MyChart outreach. 2. Conduct mail outreach. 3. Submit the topic selection, implementation, monitoring and final report for the PIP to DHS and the EQRO. | <ol style="list-style-type: none"> 1-2. Q1-Q4 2025 3. Q4 2024 – Q4 2025 | Quality Improvement Specialist |
| Continue coordination and compliance of the OB Medical Home Program (OBMH). ** | <ol style="list-style-type: none"> 1. Ensure compliance with contractual requirements for the program. 2. Provide wrap around services and care coordination for OB/GYN care through 84 days postpartum. 3. Improve birth outcomes and reduce disparities. 4. Conduct member experience surveys with participants. | <ol style="list-style-type: none"> 1. Implement changes based on 2025 BadgerCare Plus HMO contractual changes. | <ol style="list-style-type: none"> 1. Ongoing | Population Health Department Care Management Department Quality Management Department |
| Behavioral Health | Goals | Activities | Timeframe | Staff Roles and/or Committee Involvement |
| Improve outcomes associated with Behavioral Health. | <ol style="list-style-type: none"> 1. Meet or exceed the 90th percentile for Commercial and the 50th for Medicaid or the 75th for Medicaid P4P measures*- <ul style="list-style-type: none"> a. FUH 7 b. FUM 7 c. FUA 7 d. FUI 7 e. SAA f. AMM g. APM Total | <ol style="list-style-type: none"> 1. Improve data to capture appropriate members to outreach. 2. Improving access to services through “Fast Pass”. | <ol style="list-style-type: none"> 1. Ongoing 2. Q1 2025 | Behavioral Health Quality Committee |

| | | | | |
|---|--|--|--|--|
| | <ul style="list-style-type: none"> h. APP Total i. ADD j. IET Total | | | |
| Continue to build upon the Foundations Intensive Outpatient Program (IOP). | 1. Continue the Foundations Intensive Outpatient Program (IOP) to offer evidence-based, multi-disciplinary and multi-modal care for adults with behavioral health diagnoses. | 1. Reduce readmissions through effective (individual and group) step down processes. | 1. Ongoing | Behavioral Health Leadership |
| Continue to build upon the Autism Spectrum Services Program. | 1. Continue the Autism Spectrum Program to support individuals on the Autism Spectrum and their caregivers and is tailored to support individuals using evidence-based techniques. | 1. Add speech and OT services for autism. | 1. Q1 2025 | Behavioral Health Leadership |
| Evaluate member experience with Behavioral Health services. | <ul style="list-style-type: none"> 1. Obtain 80% overall satisfaction with Behavioral Health services on our annual NCQA health plan level member experience survey for external providers. 2. Review data from the Press Ganey (PG) Behavioral Health patient experience survey for staff model patients. | <ul style="list-style-type: none"> 1. Conduct an annual health plan level survey to rate satisfaction with the Behavioral Health services received through external providers and report the results to the Behavioral Health Quality Committee (BHQC). 2. Conduct ongoing surveying and review results for the Press Ganey Behavioral Health patient experience survey. | <ul style="list-style-type: none"> 1. Q3-Q4 2025 2. Ongoing | <ul style="list-style-type: none"> Accreditation Coordinator Director of Quality & Population Health |
| Maintain provider engagement on the Behavioral Health Quality Committee. | 1. Maintain staff model and non-staff model provider engagement on the Behavioral Health Quality Committee (BHQC). | 1. Identify and invite identified staff model and non-staff model providers to join committee, as needed. | 1. Ongoing | Accreditation Coordinator |
| Safety of Clinical Care | Goals | Activities | Timeframe | Staff Roles and/or Committee Involvement |
| Continue to monitor patient safety through Pain and Controlled Substance Committee and identify and address opportunities for improvement. | <ul style="list-style-type: none"> 1. Promote a call to action, cultivate a culture of behavior change and prescribing habits, and/or demonstrate Chronic Opioid Treatment (COT) program effectiveness. 2. Build COT awareness and education on GHC-SCW's external website. 3. Determine, develop, and evaluate overdose prevention based on evidence-based research. | <ul style="list-style-type: none"> 1. Establish 5-7 metrics to be monitored monthly that measure COT effectiveness and safety. 2. Add information about pain management and opioid safety, GHC-SCW resources to GHC-SCW's website. 3. Establish workflow with TOC RN to alert PCPs of patients who | <ul style="list-style-type: none"> 1. Ongoing 2. Q1-Q4 2025 3. Q1-Q2 2025 4. Q1-Q4 2025 5. Q1-Q4 2025 6. Q1-Q4 2025 7. Ongoing 8. Ongoing 9. Q1-Q4 2025 | Pain and Controlled Substance Committee |

| | | | | |
|---|---|--|--|---|
| | <ol style="list-style-type: none"> 4. Develop a better understanding of sedative and stimulant prescribing practices at GHC-SCW. 5. Improve quality control of UDS testing. 6. For all existing patients on Chronic Opioid Treatment registry, reduce all members to less than 90mg daily morphine equivalents and prevent any non-cancer patient from increasing past a daily morphine equivalent of 90mg. 7. Align with WI Licensing Board best practice guidelines for chronic opioid therapy. 8. Reduce co-prescribing of sedatives and opioids. | <p>have near fatal overdose event (ED or hospitalization).</p> <ol style="list-style-type: none"> 4. Develop Sedative and Stimulant registries within Epic. 5. Explore best practices for monitoring sedatives and stimulants, alternatives to these medications, dose adjustments, and tapering. Educate providers on these practices. 6. Develop UDS protocols related to personal belongings and testing processes. 7. Monitor future regulatory reporting needs on opioids. 8. Annually review HEDIS rates and percentiles and develop strategies for improvement. 9. Resource PT/OT staff to provide learning opportunities to RNs who conduct pain visits. | | |
| Promote flu vaccinations. | <ol style="list-style-type: none"> 1. Meet or exceed the 90th percentile for Commercial and the 50th for Medicaid or the 75th for Medicaid P4P measures* <ol style="list-style-type: none"> a. Adult Imm Status -Influenza (19-65) | <ol style="list-style-type: none"> 1. Utilize MyPanel metrics to identify noncompliant members and perform bulk outreach for flu. 2. Identify children who need flu boosters. | 1-2. During flu season | Quality Management Department |
| Improve Lead Screening. ** | <ol style="list-style-type: none"> 1. Meet or exceed the 50th for Medicaid or the 75th for Medicaid P4P measures*- <ol style="list-style-type: none"> a. LSC* | <ol style="list-style-type: none"> 1. Monitor lead screening rates and apply interventions, as needed. | 1. Ongoing | Lead Screening Committee |
| Quality of Service & Member Experience | Goals | Activities | Timeframe | Staff Roles and/or Committee Involvement |
| Conduct ongoing assessments of patient experience and member satisfaction data and develop strategies for improvement. | <ol style="list-style-type: none"> 1. Increase the Press Ganey Med Practice Survey response rate to 15% 2. Exceed the 90th percentile on scored Commercial CAHPS measures 3. Exceed the 75th on scored Medicaid CAHPS measures 4. Exceed 70% on scored QHP EES measures | <ol style="list-style-type: none"> 1. Continue Provider Transparency on the GHC-SCW website. 2. Continue administering Press Ganey surveys and increasing the response rate. 3. Administer the Adult and Child Medicaid CAHPS surveys for the first time. | <ol style="list-style-type: none"> 1. Ongoing 2. Ongoing 3. Q1 2025 4. Q3 2025 5. Q3 2025 6. Ongoing | Quality Management Department |

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| | | <ol style="list-style-type: none"> 4. Review all CAHPS and QHP EES results, identify opportunities for improvement and develop applicable strategies. 5. For NCQA Health Equity Accreditation, review Commercial and Medicaid CAHPS results and/or Press Ganey reporting to determine if disparities exist and develop any applicable strategies. 6. Diversify participation in the Member Engagement Network. | | |
| Improve the health of the populations that GHC-SCW serves by identifying and addressing disparities and inequities. | <ol style="list-style-type: none"> 1. Increase the collection of SOGI data for patients medically homed at GHC-SCW 2. 25% of patients medically homed at GHC-SCW clinics will have SDoH information on file for all four domains (transportation, housing, food insecurity and financial resource strain) | <ol style="list-style-type: none"> 1. Health Equity Steering Committee and Subcommittees meet monthly and work towards identifying goals and activities, implementation plans, and outcomes. 2. Monitor direct SOGI data collection. 3. Implement SDoH strategic plan A3. 4. Continue progress on NCQA Health Equity Accreditation renewal survey submission for all HMO lines of business (Commercial, Exchange and Medicaid). | <ol style="list-style-type: none"> 1. Ongoing 2. Ongoing 3. By December 2025 4. Ongoing | Quality Management Department Health Equity Steering Committee & Subcommittees Strategic Plan Assigned Staff & Manager Leads |
| Population Health Management | Goals | Activities | Timeframe | Staff Roles and/or Committee Involvement |
| Develop and/or enhance current population health strategies to improve health outcomes and lower costs. | <ol style="list-style-type: none"> 1. Identify new or enhanced strategies. 2. Identify new or enhanced tools and resources. | <ol style="list-style-type: none"> 1. Meet with key stakeholders to discuss opportunities for enhancements to current and future population health tools. 2. Create meaningful tools and resources that support the current and future tools. | 1-2. Ongoing | Quality Management Department Enterprise Applications Department |

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| <p>Conduct evaluations of current outreach initiatives including non-staff model outreach.</p> | <ol style="list-style-type: none"> 1. Assess all current outreach initiatives for continuation. 2. Review all outreach reporting for opportunities to incorporate non-staff model members. | <ol style="list-style-type: none"> 1. Monitor current outreach initiatives for continuation or change. 2. Review reports for modifying inclusion/exclusion criteria. 3. Ensure health literacy in outreach communications. 4. Work with BI to import non-staff model claims data into Epic Healthy Planet tools and incorporate bulk messaging and outreach for non-staff model members using Caboodle tools and processes. 5. Continue quarterly meetings with Access Community Health Center (ACHC) to review and identify outreach needs to non-staff model members.** | <ol style="list-style-type: none"> 1. Ongoing 2. Ongoing 3. Ongoing 4. TBD 5. Ongoing | <p>Quality Management Department Enterprise Applications Department BadgerCare Plus Coordinator Government Contracts and Program Integrity Analyst</p> |
| <p>Complete Annual Population Assessment which includes assessment of the needs of members of racial and ethnic groups and members with Limited English Proficiency.</p> | <ol style="list-style-type: none"> 1. Develop reporting to identify opportunities to improve population health for identified populations and subpopulations. 2. Identify strategies and analytical tools to support efforts. 3. Use the Population Assessment to review and update PHM activities & resources including community resources. 4. Address health disparities for at least one identified population. | <ol style="list-style-type: none"> 1. Utilize available data to perform the Population Assessment and look to address health disparities for a least one identified population. 2. Improve population health through implementation of analytical tools (e.g. SDOH Epic build and reporting capabilities). 3. Improve the data gathering and reporting process. | <ol style="list-style-type: none"> 1. Q3 2025 2. Ongoing 3. Ongoing | <p>Director of Quality & Population Health</p> |
| <p>Annually, assess our Population Health Management Strategy and evaluate the impact of the programs and services offered by the organization.</p> | <ol style="list-style-type: none"> 1. Define GHC-SCW's goals, target population and programs or services offered for each of the areas of focus within our PHM Strategy by HMO product line, if they differ. | <ol style="list-style-type: none"> 1. Conduct a comprehensive analysis of the impact of PHM programs and services offered; include relevant clinical and utilization metrics by product line and include experience results for two programs. 2. Compare with a benchmark or goal, interpret results and perform a barrier analysis as needed. | <ol style="list-style-type: none"> 1. Q3 or Q4 2025 | <p>Accreditation Coordinator Director of Quality & Population Health</p> |

| Compliance | Goals | Activities | Timeframe | Staff Roles and/or Committee Involvement |
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| Quality Management Workplan. | <ol style="list-style-type: none"> 1. A written quality management (QM) workplan will be created that outlines the scope of activity, the goals, objectives, timelines and responsible person(s). | <ol style="list-style-type: none"> 1. Prepare a written quality management (QM) workplan that outlines the scope of activity, the goals, objectives, timelines and responsible person. 2. Perform mid-year and end of year evaluation of the workplan activities, goals and objectives. Include the following in the next year's workplan. <ul style="list-style-type: none"> • Potential problem identification through ongoing monitoring efforts; • Identification of quality-related problems and causes; • Evaluation of problems to determine severity and whether or not further study is warranted by audit or other means; • Designing activities to address deficiencies • Development and implementation of corrective action plans; and • Follow-up activities to determine whether identified quality issues have been corrected. | <ol style="list-style-type: none"> 1. Q4 2025 2. End of Q2 2025 and end of Q4 2025 | Director of Quality & Population Health |
| Annual HEDIS audit. | <ol style="list-style-type: none"> 1. HEDIS Roadmap will be submitted and validated. 2. Prepare for ECDS submissions, as necessary. 3. All documentation will be submitted accurately and on time. | <ol style="list-style-type: none"> 1. In collaboration with organizational staff, Quality Management will meet to establish roles and responsibilities and ensure tasks are fulfilled and data is submitted in a timely manner. | <ol style="list-style-type: none"> 1. Q1-Q2 2025 2. Q1 2025 3. Q2 2025 4. Q2 2025 | Clinical Quality Coordinator |

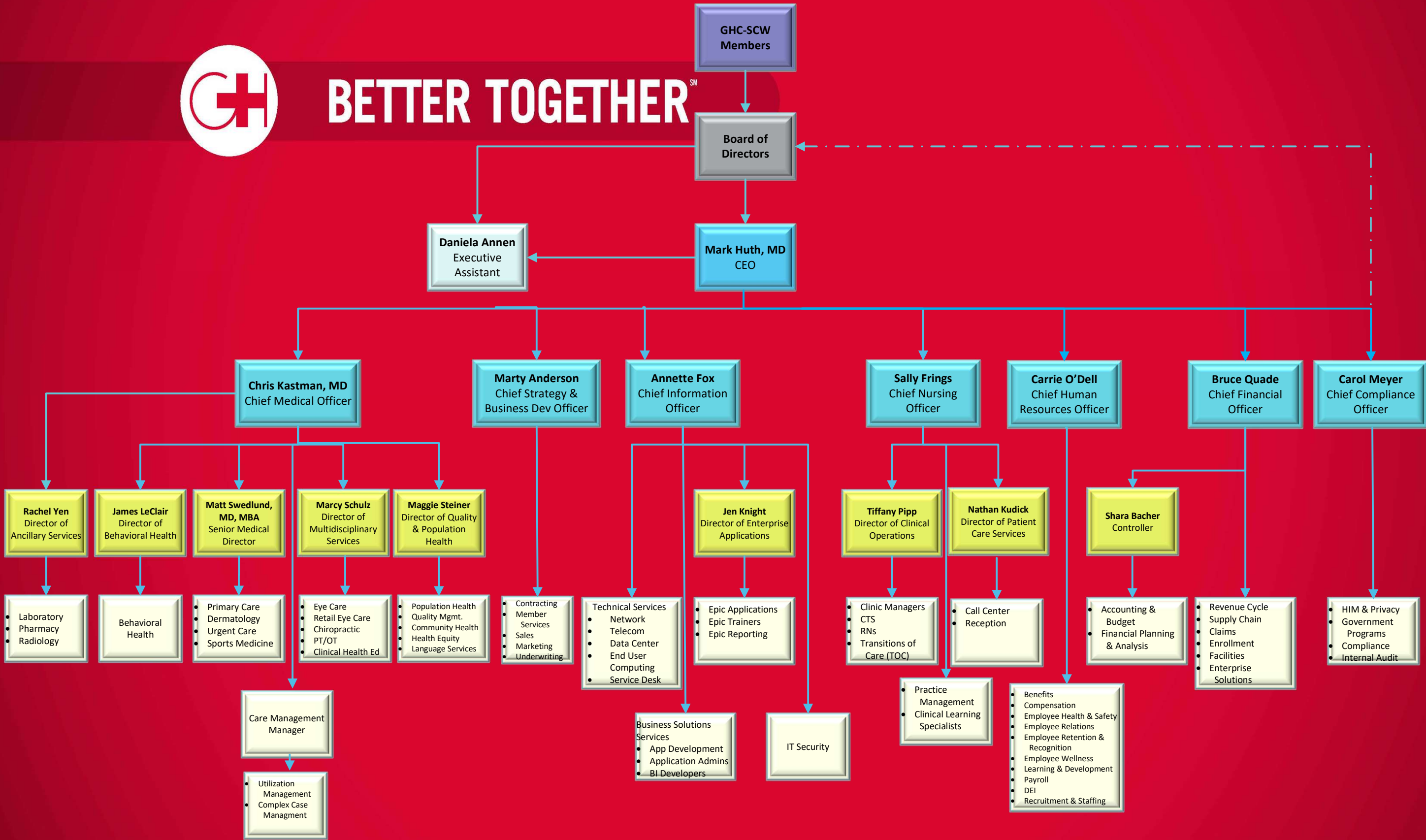
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| | <ol style="list-style-type: none"> 4. Ensure compliance with Medicaid reporting required by DHS. ** | <ol style="list-style-type: none"> 1. Identify HEDIS reviewers to ensure maximum return on HEDIS audit and medical record review (MRR) is completed. 2. In collaboration with the Reporting Team, Quality Management staff work closely with Advent Auditor to ensure HEDIS Roadmap data is captured and submitted accurately. 3. In collaboration with the Advent Auditor, ensure the audited data is submitted to NCQA and other regulatory agencies. 4. In collaboration with Compliance and Quality Management, submit the NCQA audited P4P results to DHS. ** | | |
| Health Plan Accreditation renewal. | <ol style="list-style-type: none"> 1. Achieve renewal by June 2025. 2. Maintain the activities of the Clinical and Service Quality Committee (CSQC) calendar. | <ol style="list-style-type: none"> 1. Continue the project management plan for the next renewal. 2. Submit the NCQA Health Plan Accreditation Survey Tool. 3. Complete file review. | <ol style="list-style-type: none"> 1. Ongoing 2. April 2025 3. June 2025 | Accreditation Coordinator |
| Health Equity Accreditation renewal. | <ol style="list-style-type: none"> 1. Achieve renewal by May 2026. 2. Maintain the activities of the Health Equity Accreditation calendar. | <ol style="list-style-type: none"> 1. Continue the project management plan for the next renewal. 2. Submit the NCQA Health Equity Accreditation Survey tool. | <ol style="list-style-type: none"> 1. Ongoing 2. May 2026 | Director of Quality & Population Health Accreditation Coordinator |
| Annual Health Plan surveys. | <ol style="list-style-type: none"> 1. Complete the Adult Commercial CAHPS survey process (NCQA required). 2. Complete the QHP EES process (CMS required). 3. Complete the Adult and (2) Child Medicaid survey processes (NCQA and CMS required). | <ol style="list-style-type: none"> 1. In collaboration with SPH Analytics, a Press Ganey Solution, administer the required surveys. | <ol style="list-style-type: none"> 1. Q1-Q2 2025 | Director of Quality & Population Health |
| Ensure completion of Medicaid contractual requirements. ** | <ol style="list-style-type: none"> 1. Ensure GHC-SCW complies with contractual requirements for the BadgerCare Plus Quality Program. 2. Work towards the goals and objectives set forth in the "DHS Managed Care Quality Strategy". | <ol style="list-style-type: none"> 1. Complete contractual requirements including member handbook, advocacy workplan, letter approvals, etc. 2. Selection and completion of two Performance Improvement | <ol style="list-style-type: none"> 1-3. Ongoing | Director of Quality & Population Health Clinical Quality Coordinator Population Health Manager |

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| | <ol style="list-style-type: none"> All documentation will be submitted accurately and on time. | <p>Projects (PIPs). Quality Management staff will work collaboratively to identify opportunities and measures for review.</p> <ol style="list-style-type: none"> Continue to monitor the OB Medical Home Program and identify ways to improve and expand services. | | |
| Ensure completion of the Exchange Quality Program. | <ol style="list-style-type: none"> Ensure compliance with the Exchange Quality Improvement Strategy. Ensure compliance with the Quality Payment Program- Merit-based Incentive Program. | <ol style="list-style-type: none"> Complete the requirements of the Quality Improvement Strategy. Complete the requirements of the Merit-based Incentive Program. | <ol style="list-style-type: none"> Ongoing Q2 2025 | Clinical Quality Coordinator Director of Quality & Population Health |

Executive Level



BETTER TOGETHERSM





Clinical and Service Quality Committee CHARTER

Purpose:

The purpose of the Clinical and Service Quality Committee (CSQC) is to monitor and improve the non-behavioral health aspects of the Group Health Cooperative-SCW's Quality Improvement (QI) Program. Objectives focus on insurance operations and/or care delivery functions related to clinical or service quality. The committee will assess the staff and resources needed to complete such work.

Scope:

The CSQC is responsible for the oversight of accreditation related quality improvement activities for the health plans of Group Health Cooperative of South Central Wisconsin encompassing the Commercial, Exchange and Medicaid HMO Lines of Business.

Objectives

- Ensure practitioner participation in the planning, design, implementation, or review of Quality Improvement.
- Solicit input from GHC-SCW leaders, strategic planning, other committees, or network resources.
- Oversee the establishment of NCQA standards and guidelines and accreditation timelines.
- Make or review policy decisions as warranted by current NCQA standards or business practice.
- Review and approve the Annual Quality Improvement Work Plan.
- Periodically monitor QI activities for progress and provide recommendations for continuous improvement of clinical care and service quality.
- Identify and prioritize needed action and ensure follow-up as appropriate.
- Review Population Assessment and the Population Health Strategy Impact analysis for all lines of business.
- Review the Annual Quality Improvement Evaluation (Report).

Committee Members

- *Accreditation Coordinator: Chair*
- *Chief Medical Officer*
- *Director of Quality & Population Health*
- *Clinical Quality Coordinator HEDIS*
- *Care Management Manager*
- *Case Management Team Lead*

- *Director of Behavioral Health*
- *Member Services Manager*
- *Manager Pharmacy Services*
- *Ad-hoc members as appropriate*

Schedule & Reporting

The CSQC will meet monthly or as necessary at the discretion of the Chairperson and each meeting's minutes documented. The CSQC Chairperson will report to GHC-SCW's Quality Committee quarterly with updates or to Senior Medical Leadership, as appropriate.



Behavioral Health Quality Committee Charter

The **Behavioral Health Quality Committee** (BHQC) monitors and improves the behavioral health aspects of the organization's Quality Improvement (QI) Program. Behavioral Health QI objectives may focus on insurance operations and/or care delivery functions of Group Health Cooperative of South-Central Wisconsin.

Scope

- Reviewing BH Department operations and collaborating with Primary Care to evaluate areas of opportunity that will improve the quality of Behavioral Health Care services provided to GHC-SCW members.
- Reviewing related data or reports evaluating areas of opportunity for improving the quality of Behavioral Health care or services provided to health plan members.
- Conducting quantitative and causal analyses to develop goals and collaborative actions related to continuity and coordination of behavioral and medical care in the following areas:
 - *Appropriate diagnosis, treatment, and referral of behavioral disorders common in primary care*
 - *Appropriate use of psychotropic medications*
 - *Treatment access and follow-up for members with co-existing medical & behavioral disorders*
 - *Primary or secondary preventive behavioral health program implementation.*
 - *Special needs of members with serious mental illness or serious emotional disturbance.*

Objectives

- Utilize available data at either the health plan or clinic level to assess areas of opportunity to improve access to and the quality of behavioral healthcare services, including patient experience and coordination of behavioral healthcare for plan members.
- Propose administrative or clinical QI initiatives that may impact BH measures or areas of need that are under-performing per the organizations' goals.
- Prioritize based on strategic planning, HEDIS® measurement year or accreditation timelines.
- Document the status of initiatives and measure the effectiveness.

Activities

- Monitor performance of Behavioral Health HEDIS® metrics (monthly Profiler reports)
- Monitor Behavioral Health access and network adequacy per NCQA standards.
- Review annual HEDIS® results of BH metrics (Quality Compass and/or Alliance of Community Health Plans)
- Review Behavioral Health policies and procedures.
- Evaluate member complaints or compliments with behavioral healthcare including any surveys conducted related to member experience at the health plan or clinic level.
- Develop Behavioral Health initiatives to the annual Behavioral Health Quality Improvement Work Plan & summarize activities and results in the organizations' annual QI Report.

Members

- Director of Behavioral Health-(Co-Chair)
- Behavioral Health Medical Director
- Accreditation Coordinator (Co-Chair)
- Behavioral Health Services Manager
- Primary Care Provider GHC
- External BH Practitioner
- Quality & Population Health Director
- Clinical Quality Coordinator
- Quality Improvement Specialist
- Behavioral Health Services Program Coordinator
- Utilization Management
- Behavioral Health Care Team Specialist
- Other ad-hoc representation, as appropriate

Schedule & Reporting

The committee will meet monthly or ad hoc, if necessary, at the discretion of the Chairperson. Minutes will be documented, and the Behavioral Health Quality Committee will report updates to the Clinical Service Quality Committee or as appropriate to senior medical leadership. The committee will make recommendations for and approve projects or initiatives that align with overall strategic planning and will assess the staffing or other resources needed to complete such work.

