

**Rule No. 560-X-64-.05 ICN Quality Assurance Committee - REPEALED**

(1) Pursuant to Section 22-6-227 of the Alabama Code, the Medicaid Agency (“Agency”) shall have an integrated care network (ICN) quality assurance committee (“Committee”) appointed by the Medicaid Commissioner.

(a) The members of the Committee shall serve two-year terms.

(b) At least 60 percent of the members shall be long-term health and medical care providers who provide care to Medicaid beneficiaries served by an ICN.

(c) In making appointments to the Committee, the Medicaid Commissioner shall seek input from the appropriate stakeholders and professional associations. The membership of the Committee should reflect the racial, gender, geographic, urban/rural, and economic diversity of the state.

(d) The Medicaid Commissioner shall also select an alternate to each appointed committee member who shall be permitted by the Committee Chair to participate and/or vote in the event of an appointed member’s absence pursuant to subsection (4)(d) of this rule. The alternate shall meet the same appointment criteria as the absent member for whom the alternate is selected.

(e) The Medicaid Commissioner may also appoint Ex Officio members to the Committee. Ex Officio members are not counted for quorum purposes or for the composition requirement of subsection (1)(b) above, and are exempt from the alternate member rule in subsection (1)(d) above.

(2) The Committee shall identify objective outcome and quality measures for nursing facility services, home-based and community-based support services, and any other such long-term health and medical care services the Agency requires to be provided by an ICN. These measures should include, but not be limited to:

(a) identifying individuals needing Long Term Service Supports (LTSS);

(b) delivering person centered planning;

(c) providing adequate access to services; and,

(d) progressing toward rebalancing in the delivery of services.

(3) Quality measures adopted by the Committee shall not conflict with existing state and national quality measures.

(4) The Committee shall meet at least bi-annually to review quality, performance and outcomes measures and make recommendations to the Agency for modifications to measures for the upcoming calendar year.

(a) A quorum of a simple majority (50 percent +1 member) of the Committee members (or their selected alternates) shall be required to take such action on behalf of the Committee.

(b) The Committee shall approve or disapprove outcome and quality measures based on a simple majority vote of those present and eligible to vote.

(c) If approved by the Committee Chair, a Committee member may participate in a meeting of the Committee by means of telephone conference, videoconference, or similar communications equipment by means of which all persons participating in the meeting may hear each other at the same time. Participation by such means shall not constitute presence in person at a meeting for all purposes, including the establishment of a quorum.

(d) In the event that a Committee member is unable to participate in a Committee meeting, the Committee Chair shall, upon receipt of advance written, facsimile or email request from the member explaining the reason for the member's absence, permit the alternate member selected by the Medicaid Commissioner pursuant to subsection (1)(d) of this rule to participate and/or vote in the member's place.

(5) The Committee shall recommend quality measures to the Agency to include in the ICN Quality Assessment and Performance Improvement program which will be included in contractual agreement(s).

(6) The Quality Assessment and Performance Improvement Plans developed by ICNs shall consult with the Committee prior to approval by the Agency.

(7) Outcome and quality measures, established in accordance with this Rule, shall be used to review the care rendered through an ICN.

(a) The Committee shall adopt outcome and quality measures annually and adjust the measures to reflect the following:

(i) Shifts and changes in utilization that reflect rebalancing and enhancements in the delivery of services.

(ii) Changes in membership (ICN enrolled population) of the organization.

(iii) A community health assessment conducted by a state agency.

(iv) Percentage of population served in a community setting.

(b) The Agency shall continuously evaluate the outcome and quality measures adopted by the Committee and make adjustments to the outcome and quality measures as necessary.

(c) The Medicaid Commissioner shall, where appropriate, incorporate outcome and quality measures established by the Committee into each ICN contract to hold the organizations accountable for their performance and consumer satisfaction evaluation measures.

(8) The Agency shall require each ICN to provide electronic encounter, assessment data, claims management, and all other relevant information on all applicable beneficiaries in a format approved by the Agency. Information shall include, but is not limited to:

(a) Diagnosis, Setting of Care, Committee approved quality measures, hospitalization, coordination of care and outcomes.

(b) Any other information, as specified by the contract between an ICN and the Agency, or data required by CMS, that is necessary for the Agency to evaluate the performance and outcomes achieved through the coordination of LTSS by an ICN.

(9) The Agency shall utilize available data systems for reporting outcome and quality measures adopted by the Committee and take actions to eliminate any redundant reporting or reporting of limited value.

(10) The Medicaid Agency shall publish the information collected under this section at aggregate levels that do not disclose information otherwise protected by law. The information published shall report, by ICN, all of the following:

(a) Quality measures;

(b) Costs and financial performance;

(c) Outcomes; and,

(d) And other information, as specified by the contract between an ICN and the Agency, that is necessary for the Agency to evaluate the value of health services delivered by an ICN.

(11) Except as otherwise provided in rules promulgated by the Agency, the Committee shall not participate in the data validation or performance evaluation of an ICN by the Agency.

(12) Each ICN shall create a provider standards committee which shall review and develop the performance standards and quality measures required of a provider by the ICN. The performance standards and quality measures shall be subject to the approval of the Committee.

(13) No member of the Committee, including Ex Officio members, who has a potential conflict of interest with a particular quality measure or performance standard shall vote or participate in the Committee's review of that performance standard or quality measure.

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**Statutory Authority:** Code of Alabama, 1975 Section 22-6-227; 42 CFR Part 438.

**History:** Emergency Rule filed and effective October 19, 2016. **Repealed:** Filed June 20, 2018.