6.6.8906 WRITTEN DESCRIPTION OF QUALITY ASSESSMENT PLAN

(1) The health carrier shall implement a written quality assessment plan that is evaluated annually and updated as necessary. The plan must be submitted to the commissioner by June 1 of each year. The plan must describe:

(a) the plan's mission, goals, and objectives;

(b) the plan's organizational structure and the job titles of the personnel responsible for quality assessment;

(c) the scope of the quality assessment plan's activities, including:

(i) specific diagnoses, conditions, or treatments targeted for review to improve health care services and health outcomes;

(ii) mechanisms to evaluate enrollees' health and health care services in relation to current medical research, knowledge, standards, and practices;

(iii) communication processes by which the findings generated by the quality assessment program are communicated to providers and consumers to improve the health of enrollees; and

(iv) mechanisms to evaluate the service performance of the health carrier and primary care physicians.

(2) The written quality assessment plan must be signed by the health carrier's corporate officer certifying that the plan meets the commissioner's requirements.

(3) The commissioner and each health carrier will meet annually to review and approve the written quality assessment plans and their outcomes.

Authorizing statute(s): 33-36-105, MCA

Implementing statute(s): 33-36-105, 33-36-302, MCA

History: NEW, 2001 MAR p. 1342, Eff. 7/20/01; TRANS, from 37.108.506, 2023 MAR p. 1403, Eff. 1/1/24; AMD, 2024 MAR p. 714, Eff. 4/13/24.