



**Department of Consumer and Business Services**  
**Division of Financial Regulation**  
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**Quality Assessment  
Annual Summary**

Quality assessment annual summary for 20\_\_.

Due on June 30 for previous calendar year.

Each insurer offering managed health plans shall have a quality-assessment program that enables the insurer to evaluate, maintain, and improve the quality of health services provided to enrollees.

ORS743B.200, OAR 836-053-1170.

1. Company name: \_\_\_\_\_ Filing date: \_\_\_\_\_
2. Company address: \_\_\_\_\_  
City, state, ZIP: \_\_\_\_\_
3. Company Web site: \_\_\_\_\_
4. Name, e-mail address, and phone number of the person completing this form:  
\_\_\_\_\_
5. Name, title, and department of manager responsible for oversight of quality assessment:  
\_\_\_\_\_

**For the following information, enter the URL or the name of the publication in which the information appears:**

6. Name, title, phone number, address, and e-mail address of the person whom enrollees can contact (other than their provider) regarding quality of care:  
\_\_\_\_\_  
URL or the publication title, date, and page: \_\_\_\_\_
7. Name, title, and department of the designee for providers to contact with their concerns about quality of care:  
\_\_\_\_\_  
URL or the publication title, date, and page: \_\_\_\_\_
8. Does the company use formal program evaluation to maintain and improve the quality of its health services?  
 No  Yes Who conducts program evaluation? \_\_\_\_\_  
URL or the publication title, date, and page: \_\_\_\_\_
9. How often does the company conduct a formal, systemwide quality assessment?  
 Never  Semiannually  Annually  Biennially  Other (specify): \_\_\_\_\_  
URL or the publication title, date, and page: \_\_\_\_\_
10. Does the company systematically assess its enrollees' satisfaction with quality of care?  
 No  Yes Specify means and frequency: \_\_\_\_\_  
URL or the publication title, date, and page: \_\_\_\_\_

11. Does the company prioritize quality-of-care concerns?  
 No  Yes Name and title of person who determines priorities: \_\_\_\_\_  
 URL or the publication title, date, and page: \_\_\_\_\_
12. List current quality-improvement goals and steps toward accomplishment:  
 Main goal: \_\_\_\_\_ Status: \_\_\_\_\_  
 Other goal: \_\_\_\_\_ Status: \_\_\_\_\_  
 Goal: \_\_\_\_\_ Status: \_\_\_\_\_  
 Goal: \_\_\_\_\_ Status: \_\_\_\_\_  
 Goal: \_\_\_\_\_ Status: \_\_\_\_\_  
 URL or the publication title, date, and page: \_\_\_\_\_
13. Does the company include provider participation in its quality assessment?  
 No  Yes How? \_\_\_\_\_  
 URL or the publication title, date, and page: \_\_\_\_\_
14. Does the company credential providers?  
 No  Yes Credential(s) awarded: \_\_\_\_\_  
 URL or the publication title, date, and page: \_\_\_\_\_
15. Does the company use clinical practice guidelines?  
 No  Yes Specify type or source: \_\_\_\_\_  
 URL or the publication title, date, and page: \_\_\_\_\_
16. List non-mandated screening and preventive health benefits covered by any company plan:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
17. List activities (including HEDIS measures, if available) in the following areas of health promotion and disease prevention:  
 Tobacco cessation advice given to smokers: \_\_\_\_\_  
 URL or the publication title, date, and page: \_\_\_\_\_  
 Diabetes education and home monitoring: \_\_\_\_\_  
 URL or the publication title, date, and page: \_\_\_\_\_  
 Pregnancy care begun within first 13 weeks: \_\_\_\_\_  
 URL or the publication title, date, and page: \_\_\_\_\_  
 Childbirth education and parenting support: \_\_\_\_\_  
 URL or the publication title, date, and page: \_\_\_\_\_  
 Immunizations by child's second birthday: \_\_\_\_\_  
 URL or the publication title, date, and page: \_\_\_\_\_  
 Nutrition: \_\_\_\_\_  
 URL or the publication title, date, and page: \_\_\_\_\_  
 Cardiovascular health: \_\_\_\_\_  
 URL or the publication title, date, and page: \_\_\_\_\_  
 Injury prevention: \_\_\_\_\_  
 URL or the publication title, date, and page: \_\_\_\_\_