

This format is to be used to report meeting minutes to the Agency.

PRIMARY CONTRACTOR'S NAME QUALITY ASSURANCE COMMITTEE MEETING MINUTES

District:
Date:
Quarter:
Location:

Members Required	Members Name	Present/Absent	Comments
Program Director			
OB/GYN or Family Practice/Delivering Physician			
RN w/ OB experience			
Licensed Social Worker			
Members Recommended			
Medicaid Consumer			
Other			

Call to Order:

Approval of Minutes:

Agenda:

(To include but not limited to)

- I. Evaluation of Enrollment Process
- II. Grievances
- III. Internal and External QAPI activities
- IV. Performance Improvement Project
- V. Subcontractors and Recipients under and over utilization detection
- VI. Utilization of Medical Record Review information
- VII. Provider Network Issues

General Discussion:

Question and Answer:

Adjournment: