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| **QAPI Committee (Minutes)** | |  | **Managed Care Reporting** | |
| MCE ID: |  |  | Report Number: | 0119 |
| MCE Name: |  |  | Report Name: | QAPI Committee (Minutes) |
| MCE Contact: |  |  | Report Frequency: | Quarterly |
| Contact Email: |  |  | Report Due Date: | April 30, July 30, October 30, and January 30 |
| Report Period Start Date: |  |  | File Type: | Word |
| Report Period End Date: |  |  | Subject Matter: | Quality |
| Submission Date of Report: |  |  | Revision Date: | 11/3/2022 |
| Date Meeting Occurred: |  |  |  |  |

*(This plan can be submitted in any format. However, this document must be completed and submitted with the required plan)*

Free Form

Template

**Definitions and Instructions:**

The QAPI Committee is required to meet on a quarterly basis. **The date the meeting occurred must be included in the report.**

Below is a recommended format:

* Header Information
  + Member Advisory Council
  + Meeting Date
  + Meeting Time
  + Meeting Location
* Meeting Information
  + Meeting Called By
  + Type of Meeting
  + Meeting Facilitator
  + Note Taker
  + Attendees
* Agenda Topics
  + Presenter (For each topic)
  + Discussion (For each topic)
  + Conclusion (For each topic)
  + Action Items (For each topic)
    - Person(s) Responsible
    - Deadline

**Contract Reference: QAPI Committee**