

November 1, 2010

Quality Assessment and Performance Improvement Program

Under federal and state regulations, managed care organizations must have an organized Quality Assessment and Performance Improvement (QAPI) program. BlueChoice HealthPlan Medicaid is strongly committed to quality improvement. We are committed to working with you to provide access to quality, cost-effective care and to have a systematic process to monitor and evaluate the quality and appropriateness of the care and service our members receive.

QAPI Program Scope

The QAPI program consists of a written program description that includes the program goals, objectives, structure and framework. Additionally, the program description includes the:

- Role of designated physicians,
- Role function and membership of the Quality Improvement Committees, and
- Resources committed to the program.

The QAPI program includes the development and implementation of standards for clinical care and service, measuring conformity to those standards and taking action to improve performance if needed. The scope of the QAPI program includes, but is not limited to, the evaluation of:

- Care and service provided in all health delivery settings.
- Provider and member satisfaction.
- Provider site facilities and medical records review.
- Provider promotion of preventive health services, exams and management of member health status.
- Internal health plan organizational performance.

We evaluate the QAPI annually to ensure compliance with regulatory and accrediting bodies, and to provide the structure and processes for implementing, evaluating and continuously improving safety and effectiveness of programs and services.

What Providers Can Do to Support the QAPI Program

Providers support the activities of the QAPI Program by:

- Providing access to medical records for quality improvement projects and studies,
- Participating in the facility and medical record review process,
- Completing corrective action plans when applicable,
- Responding in a timely manner to requests for written information and documentation if a quality of care or grievance issue has been filed, and
- Using preventive health and clinical practice guidelines in member care.

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HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality.

QAPI Program Work Plan and Annual Evaluation

BlueChoice HealthPlan Medicaid develops an annual work plan of activities based on the results of the previous year's QAPI program evaluation. We review and assess the QAPI program's effectiveness annually in our evaluation. The evaluation is a written description of our ability to implement the QAPI program, meet program objectives and develop and implement plans to improve the quality of care and service provided to our members.

Performance Improvement Studies and Projects

The Healthcare Effectiveness Data and Information Set (HEDIS[®]) is a core set of performance measures used to determine the effectiveness of a plan and its providers in ensuring quality of care and services to adults and children. HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA). BlueChoice HealthPlan Medicaid measures the effectiveness of its care and services through:

- HEDIS measures, and
- Performance Improvement Projects (PIPs), which include focused studies that measure quality of care and service in specified clinical and nonclinical care areas.

We ask providers to support and contribute to our efforts to improve HEDIS measure rates. Our Quality Management staff contacts a provider's office to arrange for a review or to copy medical records required for quality improvement studies or HEDIS.

Member Satisfaction Surveys

BlueChoice HealthPlan Medicaid participates in the Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]), an annual National Committee for Quality Assurance (NCQA) survey of members to measure satisfaction with the service and care they receive from BlueChoice HealthPlan Medicaid and its network providers. CAHPS is a registered trademark of the Agency for Healthcare Research and Quality. The survey measures access to care, member satisfaction with the managed care plan and satisfaction with the providers' communications and office staff performance. We communicate the results of the CAHPS survey to both members and providers.

Medical Record Review

BlueChoice HealthPlan Medicaid recognizes that the process and the outcome of health care management are found in the member's medical records. A current, well-organized and detailed medical record allows the physician to establish a logical treatment plan based on sound reasoning and to provide that care in the safest and most appropriate manner.

A medical record review consists of an assessment of the medical record for organization, continuity and coordination of care, and content of the medical record, including documentation of all services provided directly by the provider and all ancillary services and diagnostic tests ordered by the practitioner.

The Quality Management department conducts medical record reviews to assess primary care physicians' compliance with BlueChoice HealthPlan Medicaid's Medical Record Documentation Standards.

BlueChoice HealthPlan Medicaid conducts a medical record review for all primary care physician offices with a minimum of 100 members. We conduct this review within two years following an office joining BlueChoice HealthPlan Medicaid's network, or within one year following reaching 100 members. The performance goal is an overall score of 80%. If an office fails its first review, it is resurveyed the following year.

Facility Site Review

BlueChoice HealthPlan Medicaid assesses the quality, safety and accessibility of office sites where care is delivered, following all applicable statutes, regulations, and contract requirements of Medicaid, as well as NCQA accreditation standards.

- As part of its quality improvement program, BlueChoice HealthPlan Medicaid conducts a pre-contracting review for primary care practitioners (PCP), Obstetricians and Gynecologists (OB/GYNs) prior to initial credentialing of the first practitioner at a practice site. When a credentialed PCP or OB/GYN opens a new site or relocates to another site, the Health Network Services area conducts the site visit and routes the site visit results to the credentialing/quality area prior to members being seen at the new site.
- BlueChoice HealthPlan Medicaid also follows NCQA requirements regarding site visits initiated as a result of complaints on the physical accessibility, physical appearance, or adequacy of waiting- and examining room space of the offices of network practitioners.

A hard copy of any of the above documents, the Program Description, Work Plan or Annual Program Evaluation is available upon request by calling the Customer Care Center at **1-866-757-8286**.