Passport Advantage
Provider Manual
Section 8.0
Quality Improvement

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PASSPORT ADVANTAGE (HMO SNP)

8.0 Quality Improvement

8.1 Quality Improvement Plan Description

As part of the Quality Improvement (QI), the QI Plan is tailored to meet the unique needs of the DSNP population and focuses on our mission to improve the health and quality of life of our members. The QI Plan identifies the processes by which Passport Advantage collects, analyzes, and reports on quality performance, including the Model of Care (MOC).

Components of Passport Advantage's QI Plan include:

- QI Program Description
- QI Program Evaluation
- QI Workplan
- Health outcome measurement by National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) process
- Medicare Health Outcome Survey (HOS) for members
- Member satisfaction measurement by Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
- Chronic Care Improvement Program (CCIP)
- Quality Improvement Projects (QIP)
- Model of Care (MOC) process
- Quality Committee structure, support, and authority
- NCQA Structure and Process Measure reporting
- CMS Part C reporting
- CMS Part D reporting
- Quality of Care Concerns
- Sentinel Events
- Patient Safety Plan
- Provider Satisfaction
- Continuity and Care Coordination
- Access and Availability of Care
- Delegation Oversight
- Credentialing and Re-credentialing of providers
- Adoption and promotion of preventative health guidelines
- Adoption and promotion of Clinical Practice Guidelines (CPGs)
- Ongoing assessment of the eligible population, including special needs and cultural and linguistic needs
- Risk management

The objectives of the Passport Advantage QI Plan are:

- To continually monitor key clinical and service indicators
- To analyze and aggregate data on specific provider trends related to quality of care concerns

and or sentinel events
- To manage disease and health management programs
- To ensure members are provided culturally and linguistically appropriate services
- To conduct outreach and health education activities
- To develop programs for populations with special needs
- To conduct intervention studies in clinical and service areas that were selected based on review of data
- To perform appropriate oversight of delegated activities
- To conduct member and provider satisfaction surveys
- To coordinate activities related to structure and process with cross-functional areas to improve care and service
- To foster an environment that assists to help providers with improving the safety of their practices
- To conduct oversight of risk management
- To evaluate the effectiveness of the QI program
- To establish a Model of Care that promotes care coordination of both physical and behavioral health
- To evaluate the effectiveness of outreach to assess member's health status and establish an individualized plan of care

Providers can request a copy of Passport Advantage's "Quality Improvement Program Description" or "Quality Improvement Program Evaluation" by contacting the Provider Network Department.

8.2 Clinical Practice Guidelines

The most current and approved Passport Advantage Clinical Practice Guidelines are posted on our website:

- Acute Pharyngitis
- Adult Obesity
- Adult Preventative Health and 2015 Adult Immunizations
- Asthma
- Cardiovascular
- Chronic Kidney Disease (need to send PRF to have added to website, not presently on there)
- Congestive Heart Failure
- COPD
- Diabetes
- Management of High Blood Pressure in Adults
- Sickle Cell
- Viral Upper Respiratory Infection
- Major Depressive Disorder
- Panic/ Anxiety Disorder

- Schizophrenia (pending approval- will present at Oct 13th QMMC)
- Substance Use Disorder (pending addition to website)

8.3 Star Measures

The Center for Medicare and Medicaid Services (CMS) Star Rating strategy measurement categories:

- Outcomes focusing on improvement to an enrollees health as a result of care that is provided
- Patient experience measured from the enrollees perspective
- Access measures reflect issues that can create barriers to receiving needed care
- Process captures the method by which health care is provided

Weights Assigned to Individual Performance Measures

Measure ID	Measure Name	Weighting Category	Part C Summary	MA-PD Overall
C01	Breast Cancer Screening	Process Measure	1	1
C02	Colorectal Cancer Screening	Process Measure	1	1
C03	Annual Flu Vaccine	Process Measure	1	1
C04	Improving or Maintaining Physical Health	Outcome Measure	3	3
C05	Improving or Maintaining Mental Health	Outcome Measure	3	3
C06	Monitoring Physical Activity	Process Measure	1	1
C07	Adult BMI Assessment	Process Measure	1	1
C08	Special Needs Plan (SNP) Care Management	Process Measure	1	1
C09	Care for Older Adults – Medication Review	Process Measure	1	1
C10	Care for Older Adults – Functional Status Assessment	Process Measure	1	1
C11	Care for Older Adults – Pain Assessment	Process Measure	1	1
C12	Osteoporosis Management in Women who had a Fracture	Process Measure	1	1
C13	Diabetes Care – Eye Exam	Process Measure	1	1
C14	Diabetes Care – Kidney Disease Monitoring	Process Measure	1	1
C15	Diabetes Care – Blood Sugar Controlled	Intermediate Outcome Measure	3	3
C16	Controlling Blood Pressure	Intermediate Outcome Measure	3	3
C17	Rheumatoid Arthritis Management	Process Measure	1	1
C18	Reducing the Risk of Falling	Process Measure	1	1
C19	Plan All-Cause Readmissions	Outcome Measure	3	3
C20	Getting Needed Care	Patients' Experience and Complaints	1.5	1.5
C21	Getting Appointments and Care Quickly	Patients' Experience and Complaints	1.5	1.5
C22	Customer Service	Patients' Experience and Complaints	1.5	1.5

C23	Rating of Health Care Quality	Patients' Experience and Complaints	1.5	1.5
C24	Rating of Health Plan	Patients' Experience and Complaints	1.5	1.5
C25	Care Coordination	Patients' Experience and Complaints Measure	1.5	1.5
C26	Complaints about the Health Plan	Patients' Experience and Complaints Measure	1.5	1.5
C27	Members Choosing to Leave Passport Advantage	Patients' Experience and Complaints Measure	1.5	1.5
C28	Beneficiary Access and Performance Problems	Measures Capturing Access	1	1
C29	Health Plan Quality Improvement	Improvement Measure	5	5
C30	Plan Makes Timely Decisions about Appeals	Measures Capturing Access	1.5	1.5
C31	Reviewing Appeals Decisions	Measures Capturing Access	1.5	1.5
C32	Call Center – Foreign Language Interpreter and TTY Availability	Measures Capturing Access	1.5	1.5

Table G-2: Part D Measure Weights

Measure ID	Measure Name	Weighting Category	Part D Summary	MA-PD
D01	Call Center – Foreign Language Interpreter and	Measures Capturing Access	1.5	1.5
D02	Appeals Auto–Forward	Measures Capturing Access	1.5	1.5
D03	Appeals Upheld	Measures Capturing Access	1.5	1.5
D04	Complaints about the Drug Plan	Patients' Experience and	1.5	1.5
D05	Members Choosing to Leave Passport Advantage	Patients' Experience and	1.5	1.5
D06	Beneficiary Access and Performance Problems	Measures Capturing Access	1	1
D07	Drug Plan Quality Improvement	Improvement Measure	5	5
D08	Rating of Drug Plan	Patients' Experience and Complaints	1.5	1.5
D09	Getting Needed Prescription Drugs	Patients' Experience and	1.5	1.5
D10	MPF Price Accuracy	Process Measure	1	1
D11	High Risk Medication	Intermediate Outcome Measure	3	3
D12	Medication Adherence for Diabetes Medications	Intermediate Outcome Measure	3	3
D13	Medication Adherence for Hypertension (RAS	Intermediate Outcome Measure	3	3
D14	Medication Adherence for Cholesterol (Statins)	Intermediate Outcome Measure	3	3
D15	MTM Program Completion Rate for CMR	Process Measure	1	1

*Medicare 2016 Part C&D Star Rating Technical Notes (Centers for Medicare and Medicaid Services, 2015)

For additional information on Medicare Star Ratings: www.medicare.gov and/or *http://go.cms.gov/partcanddstarratings

8.4 Quality of Care Concerns (COCC)

Quality of Care Concerns (COCC) can be reported by both internal and external customers such as members, providers, and/or advocates. All reported concerns are investigated and monitored for trends. Passport Advantage expects full provider cooperation with the investigation of the concern.

This includes response to the reported concern, the timely submission of requested medical records (10 business days), the submission of a requested Corrective Action Plan (CAP), and the implementation of a CAP.

As part of the investigation process, medical records can be requested from all providers involved in the care of the member or related to specific incident in question. All records are reviewed by clinical staff, including both nurses, Chief Medical Officer (CMO) and/or Medical Directors. Every effort is made for like specialist to review the medical record. Once the review is completed an outcome code is assigned (see the list below). Passport Advantage medical Directors can assign an outcome code up to a 3 A, however any outcome code above 3A must be reviewed by a quality review committee, such as Quality Medical Management (QMMC).

QUALITY REVIEW OUTCOME CODES

Outcome Code	Definition	Follow-up Recommendations*
0	**No Quality of Care or Documentation Concerns** No potential or actual adverse outcome as result of care provided. Care and documentation meet standards.	If the practitioner has received a letter of inquiry, or request for more information, then a follow-up letter stating no quality of care concerns were identified is sent.
1	**Quality of Care and/or Documentation Concern** Care or documentation does not meet standards but there is no adverse outcome or potential for adverse outcome.	FYI letter to practitioner stating why care or documentation did not meet standards, and if applicable, include a statement of standards and recommendation(s) on how to avoid reoccurrence.
2	**Quality of Care and/or Documentation Concern with potential for adverse outcome** Patient placed at risk for adverse outcome due to care and/or documentation that does not meet standards.	Letter to practitioner stating why care and/or documentation did not meet standards. Provide statement of standards with recommendations on how to avoid future occurrences if applicable. Can request corrective action plan or reply from provider. Intensified review as deemed appropriate.
3A	**Quality of Care Concern resulting in a temporary adverse outcome** Care and/or documentation does not meet standards resulting in an adverse outcome from which the patient recovers.	Letter to practitioner stating why care and/or documentation did not meet standards. Provide statement of standards with recommendations on how to avoid future occurrences if applicable. Can request corrective action plan or reply from provider. Intensified review as deemed appropriate.

3B	**Quality of Care Concern resulting in permanent adverse outcome** Care and/or documentation does not meet standards resulting in adverse outcome from which the patient cannot/does not recover.	Letter to practitioner stating why care did not meet standards. Provide statement of standards with recommendations on how to avoid future occurrences if applicable. Can request corrective action plan from provider. Intensified review as deemed appropriate.
3C	**Quality of Care Concern resulting in a mortality** Care and/or documentation does not meet standards and death is directly related to substandard care.	Letter to practitioner stating why care and/or documentation did not meet standards. Provide statement of standards with recommendations on how to avoid future occurrences when applicable. Can request corrective action plan from provider. Intensified review as deemed appropriate.
U	**Quality of Care and/or Documentation Concern(s) is/are present but Passport Advantage is unable to determine if the provider's action/inaction and/or documentation or lack thereof directly or indirectly impacted the outcome of the case**	Letter to practitioner reiterating the quality of care and/or documentation concerns and providing recommendations on how to avoid future occurrences. Can request corrective action plan from provider. Intensified review as deemed appropriate.
F	**Failure to Comply with Review process** The provider or facility has failed to cooperate with the quality of care review process by not releasing medical records and/or not responding to letters requesting a corrective action plan.	Refer to the Provider Relations Department for follow up as non-compliant with contract requirements.

***NOTE: These guidelines are recommendations only. The Chief Medical Officer(s), Medical Directors, and physician committees conducting review can also apply their discretion in determining whether to heighten or decrease the intensity of follow-up actions.**

The provider(s) involved in the quality of care concern is notified of the outcome of the investigation by mail. Each quality of care concern is tracked and trended regardless of outcome code. Quarterly quality of care concerns are reported to QMMC, including any identified trends (3 or more concerns for a specific provider). QMMC determines the course of action based on the trend and has authority to approve, implement, and evaluate all Corrective Action Plans (CAPs).

For more information regarding quality of care concerns, please contact the Quality Improvement department at (800) 578-0636, ext. 8254.

8.5 Provider Sanctioning

In the event Passport Advantage identifies health care services rendered to a Passport Advantage member by a participating practitioner that are outside the recognized treatment patterns of the organized medical community and quality management and/or credentialing standards, the practitioner can be subject to sanctions and/or corrective actions. The National Practitioner Data Bank (NPDB) can be notified of all negative outcomes if formal sanctioning proceedings are implemented and if the outcome is to last 30 days or more.

In addition to the above, Passport Advantage will exclude, implement a corrective action plan, and/or penalize a provider under any of the following conditions:

- Passport Advantage has received recommendations to take such actions as a result of an investigation conducted by the Office of the Inspector General or other appropriate state and/or federal agency.
- The provider fails to cooperate with an investigation of alleged fraud and abuse.
- The provider has been listed on the Medicare/Medicaid Sanctions Report.

Possible sanctions for deviation from accepted quality management and/or credentialing standards and program integrity violations include:

- Limiting a PCP's panel, not necessarily limited to freezing new member assignment.
- Termination of participating provider status.
- Withholds from future claims payments of amounts that are improperly paid or reasonable estimates of such amounts.
- Suspension of claims activity.