

Quality Improvement Program



Goal

The overarching goal of CareSource's quality improvement program is improving the quality of care for our members by continually assessing and analyzing the quality of care and service offered to our members.

CareSource utilizes objective systematic monitoring and evaluation to identify opportunities for improving the quality of care. CareSource then implements programs to improve outcomes. This process is dynamic in order to continuously respond to the needs of our members to the highest degree possible. The quality improvement program is overseen by the Medical Director. On an annual basis, CareSource makes information available about its Quality Improvement (QI) program to providers on our website.

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Scope of Quality Program/Global Objectives

The CareSource quality program encompasses a spectrum of performance categories including, but not limited to:

- Assure members are provided with a health care delivery system which fulfills generally accepted standards of quality
- Continuously improve the level of care and services provided to the covered population
- Methods to achieve this include, but are not limited to, establishing standards and performance goals for the delivery of care and services, measuring performance and outcomes, and taking actions to improve outcomes
- Integrate quality information from a variety of sources into overall quality improvement initiatives and provide information on quality improvement in the form of feedback or recommendations to providers, governing bodies, members and staff
- Meet requirements of external licensing and accrediting entities
- Michigan physician incentive program
- Clinical quality and effectiveness of care including clinical practice guidelines
- Quality of service and key performance metrics including member and provider satisfaction
- Data management/quality including Health Employer Data and Information Set (HEDIS),
- Health Outcomes Survey (HOS), Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- Credentialing
- Delegated oversight
- Clinical performance metrics

Access Standards

CareSource has a comprehensive quality improvement program to help ensure our members receive the best possible health care services. It includes evaluation of the availability, accessibility and acceptability of services rendered to patients by participating health care providers.

Please keep in mind the following access standards for differing levels of care. Participating providers are expected to have procedures in place to see patients within these timeframes and to offer office hours to their CareSource patients that are at least the equivalent of those offered to Fee-For-Service Medicaid patients and patients with commercial insurance coverage. Thank you for adhering to these standards.

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Primary Care Providers (PCPs)

Patients with. . .	Should be seen. . .
Emergency needs	Immediately upon presentation (the same day)
Urgent care needs	No later than the end of the following working day after their initial contact with the PCP site (within 2 days)
Routine care needs	Within 21 days
Annual Physical	Within 90 days

Non-PCP Specialists

Patients with. . .	Should be seen. . .
Emergency needs	Immediately upon presentation (the same day)
Urgent care needs	No later than 2 days after their initial contact with the specialist site
Routine care needs (stable condition)	Within 21 days

Maternity: Initial Prenatal Care Appointments

Patients within. . .	Should be seen. . .
First trimester	Within 14 days of first request
Second trimester	Within seven (7) days of first request
Third trimester	Within three (3) days of first request
High risk pregnancies	Within three (3) days of identification of high risk to the health plan or maternity care provider, or immediately if an emergency exists

Behavioral Health

Patients with. . .	Should be seen. . .
Non-life threatening emergency	Within 6 hours
Urgent care	Within 48 hours
Routine office visit	Within 10 business days

For certain specialties with higher demand (such as dermatology, endocrinology and orthopedics), patients with routine care needs should be seen within 16 weeks.

A member should be seen as expeditiously as the member's condition warrants based on severity of symptoms. It is expected that, if a provider is unable to see the member within the appropriate timeframe, CareSource will facilitate an appointment with a participating provider or a non-participating provider, if necessary.

External Quality Reviews *(Medicaid only)*

Tips for complete medical record documentation — CareSource realizes that supplying medical records for review requires your staff's valuable time, and we appreciate your cooperation with our requests and associated timelines. We offer the following suggestions to ensure complete and accurate documentation of patient services:

- Use legible handwriting
- Consider dictated notes which can improve comprehension of medical records with less chance of misinterpretation
- Include patient name on front and back of every page of the medical record
- Initial and date lab results in the medical record to indicate that they have been reviewed by a physician
- Record all patient visit dates and sign all chart entries
- Consider using preprinted forms to document all aspects of comprehensive services, such as Well Child/EPSTD exams

We appreciate your attention to detail in chart documentation.

Provider Performance and Profiling

As a function of medical management oversight responsibilities, CareSource monitors over and under-utilization of medical services. Provider clinical practice reports are compiled periodically which summarize utilization of common outpatient services, as well as preventive services, HEDIS clinical performance measures and pharmacy utilization. The clinical practice reports are provided to individual physicians on a quarterly basis.

Practitioners performing outside the norm compared with peers are identified so that deficiencies can be identified and addressed through a corrective action plan. Further action may include on-site assessment, auditing medical care at specific intervals, disseminating comparative data or standards of care, meeting with physicians or other actions for more severe deficiencies.

Preventive Guidelines and Practice Guidelines

Evidence-based clinical practice guidelines are reviewed and adopted by CareSource. These clinical practice guidelines are treatment protocols which are systematically developed statements that help practitioners and members make decisions regarding appropriate health care for specific clinical circumstances or for specific age ranges.

Treatment protocols are developed with the input of local health care providers who are part of our quality improvement committees and are based on national standards. CareSource has adopted evidence-based clinical practice guidelines developed by either the National Guideline Clearinghouse or the Michigan Quality Improvement Consortium (MQIC). Physicians can receive a copy of the clinical practice guidelines through the CareSource Provider Portal or by contacting the Care Management Department. The adopted preventive health guidelines and clinical practice guidelines for care and all revisions are distributed to:

- a. All new and existing appropriate providers via provider manual updates, provider newsletters, provider website, Care Management and/or Provider Relations Representatives
- b. Updates to providers will be communicated in writing by mail, fax or email

Preventive guidelines include recommendations for preventive care for patients at specific age ranges and for certain conditions.

These recommendations include schedules for:

- Immunizations for children, adolescents and adults
- Tests and exams for children
- Tests and exams for pregnant women
- Tests and exams for all adults
- Tests and exams for men and
- Tests and exams for women

Preventive guidelines and practice guideline links are included in the Preventive/Practice Guidelines section of this manual and upon request are distributed to participating providers.

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