



## Section 10 – Quality Improvement Program

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### Goals

CareSource's overarching goal is to continually assess and analyze the quality of care and service offered to its members utilizing objective and systematic monitoring and evaluation and to implement programs to improve outcomes. This process is dynamic in order to continuously respond to the needs of our members to the highest degree possible. These activities are embedded in CareSource's strategic business plan to ensure optimal coordination of activities within the company and to assure that all staff is working toward the common goal of continuous improvement. The quality improvement program is overseen by the Chief Medical Officer in conjunction with the Vice President/Senior Medical Director and implementation is facilitated by the Vice President of Health Services.

### Scope of Quality Program/Global Objectives

The CareSource quality program encompasses a spectrum of performance categories including, but not limited to, the following with the objective to continuously improve the quality and effectiveness of:

- Clinical quality and effectiveness of care including behavioral health and member safety
- Quality of service and key performance metrics
- Business process improvement
- Data management/quality
- Provider and member service and satisfaction
- Service utilization/medical cost ratio
- Delegated oversight
- Accreditation
- 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 time frames and to offer office hours to their CareSource patients that are at least the equivalent of those offered to any other patient. Thank you for adhering to these standards.

### Primary Care Providers (PCPs)

Patients with . . .	Should be seen . . .
Emergency needs	Immediately upon presentation
Persistent symptoms	No later than the end of the following working day after their initial contact with the PCP site
Routine care needs	Within 6 weeks



## Non-PCP Specialists

Patients with. . .	Should be seen. . .
Emergency needs	Immediately upon presentation
Persistent symptoms*	No later than 30 days after their initial contact with the specialist site
Routine care needs (stable condition)	Within 12 weeks

For certain specialties with higher demand (such as dental, dermatology, orthodontia, 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 time frame, CareSource will facilitate an appointment with a participating provider or a non-participating provider, if necessary.*

### External Quality Reviews (*Medicaid only*)

The Ohio Department of Job and Family Services (ODJFS) also requires many medical record reviews periodically to monitor the quality of care our members receive. ODJFS retains an External Quality Review Organization (EQRO) to conduct medical record reviews for CareSource members. You may periodically receive requests for medical record copies from an EQRO or from CareSource for these purposes. Regulations in the Ohio Administrative Code (OAC) require that health care providers furnish patient medical records to us for this purpose. These regulations are also part of your contract with CareSource. EQRO reviews are a permitted disclosure of a member's personal health information in accordance with the Health Insurance Portability and Accountability Act (HIPAA). As we have in the past, we hope to continue sharing the results of these studies and working in partnership with you to achieve the best health care possible for our members.

**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 Healthchek 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 profiling is done periodically to measure utilization of common inpatient and outpatient services as well as preventive services, Healthcare Effectiveness Data and Information Set (HEDIS) clinical performance measures and pharmacy utilization. Summary reports for these measures are available to individual providers upon request and routine periodic reporting is being developed.

If a provider is found to be performing below minimum care standards for participation with CareSource, this information is shared with the provider so practitioners can make positive changes in practice patterns. We work with the provider to develop an action plan for improvement. Further action may include onsite assessment, auditing medical care at specific intervals, disseminating comparative data or standards of care, meeting with physicians, probation, reporting deficiencies to appropriate authorities, or termination of participation with CareSource. CareSource also works with participating providers, if necessary, to develop corrective action plans for those who do not meet the standards.

## **Preventive Guidelines and Clinical Practice Guidelines**

These clinical treatment protocols are systematically developed statements that help practitioners and members make decisions regarding appropriate health care for specific clinical circumstances or for specific age ranges. The use of these guidelines allows CareSource to measure the impact of the guidelines on outcomes of care. 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.

Examples of preventive guidelines include, but are not limited to, recommendations for preventive care for patients in the following age groups:

- 0-1 year
- 1-4 years
- 5-10 years
- 11-18 years
- 19-29 years
- 30-39 years
- 40-49 years
- 50-64 years
- 65+ years

Examples of clinical practice guidelines that may be developed or adopted by CareSource include, but are not limited to:

- Asthma care
- Diabetes care
- Behavioral health
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) / Healthchek
- Prenatal care

Preventive guidelines and clinical practice guidelines are available on our Website at [www.caresource.com](http://www.caresource.com).