

Quality Improvement Program Goals



Humana – 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 Humana – CareSource’s strategic business plan to ensure optimal coordination of activities within the company and to assure that our entire organization is working toward the common goal of continuous improvement. The quality improvement program is overseen and facilitated by the chief medical officer. On an annual basis, Humana – CareSource makes information available about its quality improvement program and results to health partners on its website. On an ongoing basis, Humana – CareSource gathers and uses health partner performance data to improve quality of services.

SCOPE OF QUALITY PROGRAM AND GLOBAL OBJECTIVES

The Humana – CareSource quality program encompasses a spectrum of performance categories, with the objective to continuously improve in all areas including, but not limited to, the following:

- Clinical quality and effectiveness of care, including behavioral health and member safety
- Quality of service and key performance metrics
- Business process improvement

- Data integrity and management
- Health partner and member service and satisfaction
- Service utilization/medical cost ratio
- Over/underutilization of services
- Delegated oversight
- Accreditation
- Clinical performance metrics

Quality improvement program activities include monitoring clinical measures and outcomes, appropriateness of care, Healthcare Effectiveness Data and Information Set (HEDIS) measures, barrier analysis and strategic interventions. The quality assessment committee is delegated by the board to monitor and evaluate the quality assessment and performance improvement program. This committee also is responsible for identifying, planning and implementing interventions to promote continuous quality improvement.

ACCESS STANDARDS

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

Please keep in mind the following access standards for differing levels of care. Participating health partners are expected to have procedures in place to see members within these time frames and to offer office hours to their Humana – 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

Patients with:

Emergency needs

Persistent symptoms

Routine care needs

Should be seen:

Immediately upon presentation; 24 hours a day, seven days a week

Not to exceed 48 hours from date of a member's request

Not to exceed 30 days from date of a member's request

NonPCP Specialists

Patients with:

Emergency needs

Persistent symptoms

Routine care needs

Should be seen:

Immediately upon presentation

Not to exceed 48 hours

Not to exceed 30 days (stable condition)

Behavioral Health

Patients with:

Emergency care

Urgent care

Routine office visit

Postdischarge from an acute psychiatric hospital

Should be seen:

Must be provided within six hours, crisis stabilization

Within 48 hours

Shall not exceed 10 days

Within seven days, but may not exceed 14 days*

**Health partners must contact members who have missed an appointment within 24 hours to reschedule.*

Other referrals may not exceed 60 days

Please note: A member should be seen as expeditiously as the member's condition warrants based on severity of symptoms. It is expected that if a health partner is unable to see the member within the appropriate time frame Humana – CareSource will facilitate an appointment with a participating health partner or a nonparticipating health partner, if necessary.

For the best interest of our members and to promote their positive health care outcomes, Humana – CareSource supports and encourages continuity of care and coordination of care between medical care health partners as well as between medical care health partners and behavioral care health partners.

General vision, lab and X-ray wait times shall not exceed 30 days for regular appointments and 48 hours for urgent care.

Dental wait time shall not exceed three weeks for regular appointments and 48 hours for urgent care.

EXTERNAL QUALITY REVIEWS

Through our contract with the commonwealth of Kentucky, we are required to participate in periodic medical record reviews. The commonwealth retains an external quality review organization (EQRO) to conduct medical record reviews for Humana – CareSource members. You may periodically receive requests for medical record copies from an EQRO or from Humana – CareSource for a review. Your contract with Humana – CareSource requires that you furnish member medical records to us for this purpose. 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 in the past, we plan to continue sharing the results of these studies and working in partnership to achieve the best health care possible for our members.

Tips for Complete Medical Record Documentation

Humana – 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 member services:

- Use legible handwriting for paper medical records
- Consider dictated notes which can improve comprehension of medical records while reducing the chance of misinterpretation
- Include the patient's 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 EPSDT exams

We appreciate your attention to detail in chart documentation.

HEALTH PARTNER PERFORMANCE AND PROFILING

As a function of medical management oversight responsibilities, Humana – CareSource monitors over- and underutilization of medical services. Health partner profiling is done periodically to measure utilization of common inpatient and outpatient services 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 health partners upon request, and routine periodic reporting is under development.

If a health partner is found to be performing below minimum care standards for participation with Humana – CareSource, this information is shared with the health partner so he or she can make positive changes in practice patterns. We are committed to working with the health partner to develop an action plan for improvement for those who do not meet the standards. Further action may include onsite assessment, auditing medical care at specific intervals, disseminating comparative data or standards of care, meeting with physicians, reporting deficiencies to appropriate authorities or termination of participation with Humana – CareSource.

PREVENTIVE GUIDELINES AND CLINICAL PRACTICE GUIDELINES

These clinical treatment protocols are systematically developed statements that help health partners and members make decisions regarding appropriate health care for specific clinical circumstances or for specific age ranges. We strongly encourage health partners to use these guidelines and to consider these guidelines whenever they promote positive outcomes for clients. The use of these guidelines allows Humana – CareSource to measure the impact of the guidelines on outcomes of care. Humana – CareSource monitors health partner implementation of guidelines through the use of claim, pharmacy and utilization data. Treatment protocols, based on national standards, are developed with the input of local health care partners who are part of the Humana – CareSource quality improvement committees.

Preventive health guidelines and clinical practice guidelines are distributed in writing by mail, fax or email to all new and existing health partners through the following formats:

- Health partner manual updates
- Health partner newsletters
- Health partner website

Providers also can receive preventive health and clinical practice guidelines through the care management department or their provider relations representative. Preventive guidelines and clinical practice guidelines also are available at **CareSource.com/KY**.

NOTE: Information is available to health partners and members upon request if not available on the website.

Quality Assessment and Performance Improvement Program (QAPI)

Humana – CareSource has a QAPI program that includes but is not limited to the following elements:

- Performance improvement projects
- Over and underutilization measures
- Annual analysis of plan demographics including clinical, geographical and cultural to identify high risk populations, areas of network need, member education opportunities and performance improvement opportunities
- Assessment of access and availability of network health partners including after-hours availability of primary care physicians
- Assessment of quality and appropriateness of care furnished to children with special health care needs
- Continuity and coordination of care
- HEDIS measurement
- Consumer Assessment of Health Plan Survey (CAHPS)
- Annual measurement of effectiveness review of the QAPI



KY-P-0639 • HUCS01009 • NOV 2016