

Provider Manual

Section 9.0

Quality Improvement

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9.0 Quality Improvement

9.1 Quality Improvement Program Description

The purpose of the Quality Improvement (QI) Program is to provide the infrastructure for the continuous monitoring, evaluation and improvement in care, safety, and service.

Providers may obtain a copy of Passport's complete "Quality Improvement Program Description," "Quality Improvement Program Evaluation," or "Quality Program Committee Structure" and/or a copy of a summary of its annual evaluation by visiting the Passport website at www.passporthealthplan.com/member/eng/qi-program/index.aspx or by contacting their Provider Relations Specialist.

9.2 Quality of Care Concerns

Quality of Care Concerns may be reported by both internal and external customers such as members, providers, and advocates. All reported concerns are investigated and monitored for trends.

In the event a quality of care concern is reported, Passport requires full cooperation with the investigation of the concern. This includes the timely submission of requested medical records and the implementation of corrective action plans. Providers have the right to respond to reported concerns.

For more information regarding quality of care concerns, please contact the Quality Improvement department at (800) 578-0636, ext. 8571.

9.3 Practitioner Sanctioning Policy

In the event Passport identifies health care services rendered to a Passport 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 may be subject to sanctions. The National Practitioner Data Bank (NPDB) may 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 will exclude and/or penalize a provider under any of the following conditions:

- The Plan 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.

9.4 Clinical Practice Guidelines

The intent of the guidelines is to support the provider's efforts in the care and education of members and to reduce variation in diagnosis and treatment. The Plan makes every effort to ensure that current scientific data and expert opinion is the basis for each guideline. Each guideline is evaluated as new data becomes available or at a minimum of every two years. For Quality Improvement initiatives, Passport monitors provider compliance and member outcomes related to these clinical guidelines by performing an annual medical record audit. These guidelines are intended to assist the practitioner in clinical decision-making and attempt to define clinical practices that apply to most patients in most circumstances. The treating practitioner should make the ultimate decision regarding the care of a particular patient.

Relevance:

These guidelines are relevant to our Disease Management programs, HEDIS measures, Healthy Kentuckian elements, and NCQA Standards for Accreditation.

Guidelines

These guidelines include:

- Preventative guidelines for children and adults,
- EPSDT Periodicity Schedule,
- Immunization schedules for Adults and Children,
- Guidelines addressing appropriate antibiotic use in adult and children
- Behavioral Health guidelines, and
- Guidelines for Acute / Medical conditions

Providers may [access the guidelines through our website](#), or request a hard copy of the guidelines by contacting the Quality Improvement Nurse at 1-800-578-0636, ext. 8259.