
13. QUALITY MANAGEMENT

A. Quality Studies Medical Records Access

APPLIES TO:

- A. This policy applies to all IEHP Medi-Cal Providers.

POLICY:

- A. IEHP performs a variety of quality studies that meet contractual and regulatory requirements and are relevant to the IEHP Member population.
- B. All Providers, Delegates and Hospitals must provide access to Members' medical records for use in quality studies, at no cost to the Health Plan.

DEFINITION:

- A. Delegate – For the purpose of this policy, this is defined as a medical group, Health Plans, Delegated IPA, or any contracted organization delegated to maintain and/or provide Member medical record access for use in Quality Studies.

PROCEDURES:

A. Quality Studies

1. IEHP performs quality studies to meet requirements of California Department of Health Care Services (DHCS), Centers for Medicare and Medicaid Services (CMS), and the National Committee for Quality Assurance (NCQA). These studies cross over total IEHP Membership.
2. IEHP utilizes NCQA's Healthcare Effectiveness Data Information Set (HEDIS[®]) methodology for all applicable quality studies. For studies not addressed by HEDIS[®], IEHP utilizes a format approved by the agency requesting the study.
3. In order to complete these studies according to required methodologies, IEHP must gather information both from administrative data (i.e., encounter data) and Members' medical records.

B. Medical Record Access

1. Title 22, California Code of Regulations, Section 51009, allows for the exchange of medical record information to fiscal intermediaries such as IEHP.
2. The California Civil Code, Section 56.10, allows for the release of medical records to health plans for the purposes of medical data processing, quality of care assessment and other research purposes.

C. Delegate Pre-notification

1. IEHP notifies Delegates at least five (5) business days before PCPs are contacted for medical record information.

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A. Quality Studies Medical Records Access

2. Notification includes a description of the study purpose and requirements.

D. Primary Care Physician (PCP) and Hospital Notification

1. IEHP notifies PCPs and Hospitals if any of their Members have been selected for inclusion in a quality study.
2. Notification includes a description of the study purpose and requirements as well as a list of the Members whose records are needed and the method of data collection.
3. IEHP collects medical record data in one of the following ways, depending on the nature of the study and the location of the PCP's office or Hospital:
 - a. IEHP staff may make appointments with the PCP's office or Hospital to visit the site for the purpose of medical record review and/or data collection. Data collection includes making photocopies and/or scanning hard copy medical records or downloading selected electronic medical records for study purposes.
 - b. IEHP may request that the PCP's office or Hospitals retrieve the requested records and mail, fax or email records to IEHP.

E. Confidentiality

1. IEHP maintains compliance with the Health Information Portability and Accountability Act (HIPAA) requirements with all Member medical record information, including information used for the purpose of a quality study.
2. IEHP maintains strict confidentiality when using Member records for quality studies.
3. Members' identities are not disclosed in quality study results.
4. Abstracted data is archived and saved for a period of time determined by the study on an IEHP secure server.

REFERENCES:

- A. Title 22, California Code of Regulations §51009.
- B. California Civil Code §56.10.

| INLAND EMPIRE HEALTH PLAN | | |
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| Chief Title: Chief Medical Officer | Revision Date: | January 1, 2020 |

13. QUALITY MANAGEMENT

B. Quality Management Program Overview for Members and Providers

APPLIES TO:

- A. This policy applies to all IEHP Medi-Cal Members and Providers.

POLICY:

- A. IEHP makes information about the Quality Management (QM) Program, including information on achieving established quality goals, available to all Members and Providers.
- B. An overview of the QM Program is available to Members and Providers via the IEHP website.

PROCEDURE:

- A. Two (2) information pieces regarding the QM Program are available for Members and Providers:
1. The “IEHP Annual Evaluation of Quality Improvement Activity Effectiveness Executive Summary” addresses progress in achieving quality goals and contains yearly Healthcare Effectiveness Data and Information Set (HEDIS®) and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) results. This information is posted on the IEHP web site at www.iehp.org or available by request.
 2. The “Quality Management Program Description” provides information on goals and objectives, QM and Quality Improvement (QI) activities addressing access to care, satisfaction surveys, clinical practice guidelines and IEHP monitoring activities. This information is available on the IEHP website at <https://www.iehp.org/en/about/innovations-and-quality-performance?target=quality-performance> or available by request.
- B. IEHP provides information regarding IEHP’s progress in meeting quality goals to Members and Providers as follows:
1. The Member Services Department receives calls regarding the QM Program and/or activities.
 2. Member Services staff directs the caller to the website at www.iehp.org.
 3. Callers, who are not able to access the website, are mailed a copy of the information.
- C. Members and Providers may also receive information about QM Program activities by submitting a written request to IEHP at:

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B. Quality Management Program Overview for Members and Providers

Inland Empire Health Plan
P.O. Box 1800
Rancho Cucamonga, CA 91729-1800
Attention: Quality Management Department

Upon receipt of a written request for information letter, the QM Department staff mails a packet to the requesting party consisting of the annual evaluation of “Quality Improvement Activity Effectiveness Executive Summary” and the “Quality Management Program Description.”

- D. Members and Providers are advised to contact IEHP in writing if they have suggestions or would like further information on the QM/QI Program and activities.

REFERENCE:

- A. DHCS Final Rule Contract Amendment January 2018, Exhibit A, Attachment 4, Quality Improvement System.

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13. QUALITY MANAGEMENT

C. Chaperone Guidance

APPLIES TO:

- A. This policy applies to all IEHP Medi-Cal Members.

POLICY:

- A. This policy establishes guidance for the use of Chaperones and procedures that should be in place for consultations, examinations, and investigations. A chaperone is present as a safeguard for all parties (Member and Primary Care Physicians (PCPs)/Practitioners) and is a witness to the procedure. Chaperone guidance is for the protection of both the Member and staff; and therefore, should always be followed.

PROCEDURES:

- A. All Members may be offered a chaperone during any consultation, or intimate examination or procedure.
- B. The chaperone may sign the Member's record indicating their presence during the visit.
- C. The Member must have the right to decline any chaperone offered. If the Member declines the offer, it is important to record that the offer was made and declined.
- D. The presence of a chaperone during a clinical examination and treatment must be the clearly expressed choice of a Member (*however; the default position should be that all intimate examinations are chaperoned*).
- E. Chaperoning should not be undertaken by anyone other than medical staff. This applies to all healthcare professionals working within a clinical or medical office setting.
- F. No family member or friend of a Member may be routinely expected to undertake any formal chaperoning role in normal circumstances.

Role of the chaperone

- A. The chaperone can be utilized in any of the following areas:
1. Providing emotional comfort and reassurance for Members;
 2. To assist in the examination, for example; handing instruments to the Physician;
 3. To assist with undressing Members;
 4. To act as an interpreter (Refer to Policy 9H1, "Cultural & Linguistic Services-Foreign Language Capabilities" for more information);
 5. To provide protection to healthcare professionals against unfounded allegations of improper behavior; and/or
 6. To protect the clinician against an attack.

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C. Chaperone Guidance

- B. An experienced chaperone, who identifies unusual or unacceptable behavior by the healthcare professional is expected to report to the following: IEHP Compliance Hotline (866) 355-9038 or the California Medical Board at (800) 633-2322.
- C. Where a chaperone is needed but not available:
1. If the Member has requested a chaperone and none is available at that time, the Member must be given the opportunity to reschedule their appointment within a reasonable timeframe.
 2. Providers must contact the Member upon notice of unavailability of chaperone.
 3. If the seriousness of the condition would dictate that a delay is inappropriate, then this should be explained to the Member and recorded in their notes.
 4. It is acceptable for a doctor (or other appropriate member of the healthcare team) to perform an intimate examination without a chaperone if the situation is life-threatening or speed is essential in the care or treatment of the Member. This should be recorded in the Member's medical records.

REFERENCE:

- A. American Medical Association Code of Medical Ethics 1.2.4, Use of Chaperones.
(<http://www.ama-assn.org>)

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13. QUALITY MANAGEMENT

D. Reporting Requirements Related to Provider Preventable Conditions

APPLIES TO:

- A. This policy applies to all IEHP network Providers who treat IEHP Medi-Cal Members.

POLICY:

- A. IEHP must review encounter data submitted by network Providers for evidence of Provider Preventable Conditions (PPCs) that are mandated to be reported to the Department of Health Care Services (DHCS) on a monthly basis. This includes both Category One (1) – Health Care-Acquired Conditions (HCACs) for any inpatient hospital setting and Category Two (2) – Other Provider Preventable Conditions (OPPC) for any health care setting (See Attachment, “Provider Preventable Conditions” in Section 13).
- B. IEHP must report PPCs to DHCS according to established reporting channels, including the DHCS secure online reporting portal.
- C. All IEHP Providers are required by DHCS to report PPCs through DHCS secure online reporting portal and send a copy of the completed PPC submission to IEHP.
- D. IEHP must retain a copy of all PPC submissions submitted to DHCS from all network Providers.

PROCEDURES:

- A. IEHP reviews encounter data submitted by network Providers for evidence of PPCs that must be reported to DHCS on a monthly basis. IEHP’s clinical and analytics team members systematically screen and identify potential PPCs among encounter data and ensure that confirmed PPCs are reported to DHCS according to the established reporting channel, DHCS secure online reporting portal, which is the avenue to submit PPCs to DHCS’s Audits & Investigation (A&I) Division.
 - 1. The A&I Division then reports the IEHP data to the Managed Care Operations Division (MCO).
- B. Notifications are sent annually to all network Providers, reminding Providers that all PPCs must be reported to DHCS according to the established reporting channel, the DHCS secure online reporting portal, which is found at: <https://apps.dhcs.ca.gov/PPC/SecurityCode.aspx>.
- C. All network Providers are responsible for submitting a copy of their completed DHCS online reporting PPC submission to IEHP by fax at (909) 890-5545 within five (5) business days of reporting to DHCS.
- D. All completed and submitted PPC submissions are retained by IEHP.
- E. IEHP does not pay Provider claims nor reimburse a Provider for a Provider Preventable Condition (PPC).

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D. Reporting Requirements Related to Provider Preventable Conditions

REFERENCES:

- A. Department of Health Care Services (DHCS) All Plan Letter (APL) 17-009 Supersedes APL 16-011, "Reporting Requirements Related to Provider Preventable Conditions".
- B. Title 42, Code of Federal Regulations § 438.3(g).
- C. DHCS Final Rule Contract Amendment January 2018, Exhibit A, Attachment 8, Provider Compensation Arrangements.

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Attachments

| <u>DESCRIPTION</u> | <u>POLICY CROSS REFERENCE</u> |
|---------------------------------|-----------------------------------|
| Provider Preventable Conditions | 13D |

Category 1 – Health Care-Acquired Conditions (For Any Inpatient Hospital Settings in Medicaid)

- Any unintended foreign object retained after surgery
- A clinically significant air embolism
- An incident of blood incompatibility
- A Stage III or IV pressure ulcer that developed during the patient's stay in the hospital
- A significant fall or trauma that resulted in fracture, dislocation, intracranial injury, crushing injury, burn, or electric shock
- A catheter-associated urinary tract infection (UTI)
- Vascular catheter-associated infection
- Any of the following manifestations of poor glycemic control: diabetic ketoacidosis; nonketotic hyperosmolar coma; hypoglycemic coma; secondary diabetes with ketoacidosis; or secondary diabetes with hyperosmolarity
- A surgical site infection following:
 - Coronary artery bypass graft (CABG) - mediastinitis
 - Bariatric surgery; including laparoscopic gastric bypass, gastroenterostomy, laparoscopic gastric restrictive surgery
 - Orthopedic procedures; including spine, neck, shoulder, elbow
 - Cardiac implantable electronic device (CIED) procedures
- Deep vein thrombosis (DVT)/pulmonary embolism (PE) following total knee replacement **with pediatric and obstetric exceptions**
- Latrogenic pneumothorax with venous catheterization
- A vascular catheter-associated infection

Category 2 – Other Provider Preventable Conditions (For Any Health Care Setting)

- Wrong surgical or other invasive procedure performed on a patient
- Surgical or other invasive procedure performed on the wrong body part
- Surgical or other invasive procedure performed on the wrong patient