

Provider Manual

Quality Improvement Program



The Buckeye Quality Improvement Program

The scope of Buckeye's Quality Improvement Program (QIP) is comprehensive, addressing both the quality of clinical care and the quality of non-clinical aspects of service. The scope of the QIP ensures that all demographic groups, care settings, and services are included in QI activities. The QIP is concerned with continual improvement in clinical care performance, including acute and chronic disease states, high-risk conditions, high volume care, inpatient care, ambulatory care and preventive healthcare. The various departments work together to identify enrollees/members with special health care needs, to identify, develop and implement appropriate health care services. Healthcare Effectiveness Data and Information Set (HEDIS®) measures are key monitors when considering future clinical studies and strategies. Also, referenced are sources such as, but not limited to:

- Governmental agencies, such as the Centers for Disease Prevention and Control, the U.S. Preventive Services Task Force, the Advisory Committee on Immunization Practices and the National Institutes of Health, etc.
- National physician professional organizations, such as the American Medical Association, the American Psychiatric Association, American College of Obstetricians and Gynecologists, etc.
- National health organizations, such as but not limited to the American Diabetes Association, National Cancer Institute and the American Heart Association, The National Heart Blood and Lung Institute, The Institute of Medicine and the National Patient Safety Foundation.

Activities to Fulfill the Scope

- Annual Assessment of the Quality Improvement Program (QI)
- Assessment of Patient Safety
- Assessment of Member Satisfaction
- Assessment of Provider/Practitioner Satisfaction
- Assessment of Continuity and Coordination of Care
- Assessment of Provider/Practitioner Access and Availability
- Delegation Oversight
- QI Program Activities
- Ongoing Assessment of changes

Program Content/ Implementation

The goal of Buckeye's quality improvement program is to conduct meaningful quality improvement activities across all care settings aimed at improving member health status/outcomes, quality of care, services delivered, and overall customer satisfaction.

Quality Improvement

Buckeye's quality improvement efforts assess and improve the level of performance of key processes and outcomes within the organization. Opportunities to improve care and service are found primarily by examining the systems by which care, services are provided, and developing procedures and implementing corrective action plans to improve overall service and outcomes within the organization. QI activities are coordinated with other performance monitoring activities and management functions including, but not limited to utilization/medical management, credentialing/recredentialing, EPSDT/HEALTHCHEK, patient safety, compliance, claims, member and provider services, network development, behavioral health and disease management. In

addition, collaborative health performance improvement measures are developed by the Ohio Department for Jobs and Family Services.

Buckeye provides ongoing quality improvement through identification, implementation, analysis, evaluation, and re-measurement through:

- Adequate staffing and resources to support the QI functions
- Identification of opportunities for improvement and corrective action plans when opportunities are identified
- On-going monitoring and follow-up related to all quality improvement activities and the care and services members receive
- Maintain information systems that captures sound QI data required for reporting and analysis
- Identification and follow-up of issues identified by the Quality Improvement Committee and Sub-Committees

QI Process

Buckeye's Quality Improvement Committee (QIC) reviews and approves the annual QI Program, QI Evaluation and Work Plan. Buckeye utilizes traditional quality/risk/medical management approaches for identifying opportunities for improvement. Initiatives are selected based on information indicating the need for improvement in a particular clinical or non-clinical area having the greatest potential for improving health outcomes and reflecting the cultural and/or special needs of Buckeye's membership. Other initiatives can be selected to test an innovative strategy. Once QI topics are selected, the QI Department, in conjunction with specific functional areas as appropriate, will present the proposed QI initiative to the QIC for approval. The QIC will select those initiatives that have the greatest potential for improving health outcomes or the quality of service delivered to Buckeye's members and network providers. Performance improvement projects, focused studies and other QI initiatives are designed and implemented in accordance with principles of sound research design and appropriate statistical analysis. Results of these studies are used to evaluate the appropriateness and quality of care and services delivered against established standards and guidelines. QI initiatives are designed to allow for monitoring improvement over time.

Quality of Care and Service

Buckeye identifies quality of care and service issues through the following activities:

- Key indicators of care and service based on reliable data derived from claims, authorizations, inbound telephone calls, and internal tracking mechanisms, etc.
- Credentialing data
- Performance monitoring of contracted physicians/practitioners, facilities, ancillary providers and organizational providers
- Provider office site review through member complaints
- Utilization data (under-over utilization) and performance indicator reports
- Issues identified during care coordination
- Referrals from sources indicating potential problems, including those identified by affiliated hosPICals and contracted providers
- Quality of Care monitoring
- Trends in member grievance and appeals
- Care Management reports
- Pharmacy data and reports
- Member satisfaction survey
- Provider satisfaction survey
- Access and availability reports
- Utilization Review Activities
- Integration/collaboration of Quality Improvement (QI), Medical Management (MM), and Care Management (CM) processes

Activities Designed to Improve Quality of Care and Service

Buckeye's QI Department, QIC and subcommittees, as appropriate, continuously monitor various internal systems and administrative processes related to medical and behavioral health care for members. A listing of key focus areas for quality improvement activities are:

Access and Availability

The QIC provides oversight to the provider network in order to ensure adequate numbers and geographic distribution of PCPs, specialists, hospitals, and other providers while taking into consideration the special and cultural needs of members. Provider Relations measure provider Access and Availability at least annually. Results are reviewed and recommendations are made to the Performance Improvement Committee (PIC) to address any deficiencies in the number and distribution of Primary Care, Specialty, Behavioral Health, Dental, HosPICAL, Pharmacy, and Ancillary providers. The QIC sets standards for the number and geographic distribution of PCPs, Specialists, Dental Providers, HosPICALs, Behavioral Health Providers, and Pharmacies in accordance with State contract requirements. Provider Relations analyzes practitioner appointment accessibility (Primary Care and Behavioral Health Care providers) at least annually and Member Services (telephone accessibility). Results are reviewed by the QIC to ensure compliance with contractual, regulatory and accreditation requirements as well as appropriate appointment and availability access.

Administrative and Customer Service

Buckeye measures its administrative and customer services performance by monitoring relevant indicators related to member and provider complaints, member and provider satisfaction with regard to administrative services, and member and provider call center performance. Buckeye collects and analyzes data to measure its performance against established benchmarks or standards, identifies and prioritizes improvement opportunities. Specific metrics are developed and implemented to improve performance, and the effectiveness of each metric is measured at specific intervals, depending upon the intervention.

Assessment of Utilization Patterns

To ensure appropriate care and service to members, an annual assessment of utilization data to identify potential under and over utilization issues or practices is completed. Data sources include medical service encounter data, pharmacy, dental and vision encounter. The MM Department, Case/Care Managers VPMM, VPMA, and Regional Medical Directors identify problem areas and provide improvement recommendations to the QIC for recommendation/approval. The MM Department implements approved actions to improve appropriate utilization of services. A minimum of four (4) data types are used for this analysis and at least one is related to behavioral health. Examples of possible data types are:

- Length of Stay (LOS) data
- Inpatient acute days or discharges
- Unplanned readmissions
- Rates of selected procedures
- Member satisfaction survey results
- Rates of referrals to specialists
- Ambulatory visit rates
- Rates of pharmacy use
- Rates of behavioral health utilization
- Rates of EPSDT/HEALTHCHEK screenings and subsequent treatment
- Member Grievances and requests for Administrative Review related to authorization denials

Continuity and Coordination of Care

Continuity of care is assessed via several different activities. Data from each activity is aggregated, reported and reviewed at least annually. The following are examples of some of the Buckeye activities that monitor continuity and coordination of care:

Medical Care

- Surveying PCPs to assess their satisfaction with feedback from referred providers, including medical/surgical specialists, and other organizational providers;
- Assessing, through medical record review, the quality of the information exchange between medical providers, including the protection of privacy;
- Reviewing claims data to determine utilization patterns for specialty care referrals.
- Service to members with complex healthcare needs by case/care management teams.

Between Medical and Behavioral Health Care

- Assessing, through medical record review, the quality of the information exchange between medical and behavioral health providers;
- Utilizing pharmaceutical reports to assess the appropriateness of psychopharmacological medications prescribed by primary care physicians;
- Reviewing primary care providers' guidelines for assessment for behavioral health disorders in at-risk individuals and referral to behavioral health providers;
- Surveying PCPs to assess their satisfaction with feedback from referred behavioral health providers;
- Including a representative from Buckeye's behavioral health provider in UM rounds and QIC Committee;
- Reviewing claims data to determine utilization patterns for Behavioral Health referrals;
- Management of treatment access and follow-up for members with coexisting medical and behavioral disorders
- Collaborative approach to the development and adoption of primary and/or secondary prevention programs for behavioral healthcare.
- Collaboration on the use of the HEDIS Antidepressant Medication Management and Follow-Up Care for Children Prescribed ADHD Medication (ADD) measures

Key Quality Documents and Documentation Cycle

The QI Program Documentation Cycle is an ongoing sequence that applies a systematic process of quality assessment, identification of opportunities for improvement, action implementation, and evaluation. Several key QI instruments demonstrate Buckeye's continuous quality improvement cycle using a pre-determined documentation flow. Include but are not limited to the following:

- QI Program Description
- QI Work Plan
- QI Program Evaluation
- Performance Improvement Projects
- Focused Studies

Quality Improvement Work Plan (QI Work Plan)

In order to develop the comprehensive scope of the QIP, a QI Work Plan is developed that clearly defines the activities that must be completed within the measurement year. The annual QI Work Plan specifies the activities to be addressed, the person(s) responsible for each activity, the date of expected completion and the monitoring techniques that will be used to ensure completion within the established timeframe. The QI Work Plan is reviewed/ evaluated and approved by the QIC and BOD at least annually. The QI Work Plan is presented to the QIC for review and updates quarterly.

Quality Improvement Program Evaluation (QI Evaluation)

The QI Department completes an annual evaluation of the QI Work Plan. As part of this evaluation, compliance with external accreditation and regulatory standards are assessed. After completing the annual evaluation of the QI Program, its findings and the QI Work Plan, the QI Department formulates a written report outlining the findings and provides recommendations for improvement to the QI Program. The VPMA presents the findings and recommendations to the QIC within ninety-days (90) after year-end for review and approval. The QI Evaluation is reviewed/evaluated and approved by the QIC and BOD at least annually.

Quality Improvement Committee Structure

Buckeye's Board of Directors (BOD) has the ultimate authority and accountability for the QIP. The Board of Directors delegates its authority of the QIP to Buckeye's President/CEO who delegates the daily operations of the QIP to the Vice President of Medical Affairs (VPMA).

Eight committees support the QI Program. The structure and need for each committee is developed based on the ability of the QI Program to operate within the Organization. Each committee meets monthly, bi-monthly, and quarterly, may call special meetings on an as needed basis, a chairperson is identified for each committee. The chairperson and/or designated staff are responsible for leading the meeting, developing agendas and maintaining the minutes. The minute's list attendees, issues presented key points of discussion, decisions, planned actions and assigns appropriate responsibility for each communication, action or follow-up. The QI Committees and Sub-Committees include the following:

- Quality Improvement Committee
- Credentialing Sub-Committee
- Delegated Vendor Oversight Committee
- Grievance and Appeals Sub-Committee
- Medical Management Committee
- Member Advisory Committee
- Performance Improvement Committee
- Pharmacy and Therapeutic Committee
- Cenpatico Oversight Sub-Committee (Sister Company)
- DentaQuest (Centene Vendor)
- NurseWise (Sister Company)
- Nurtur (Sister Company)
- Nuclear Imaging Associates (Centene Vendor)
- Opticare Vision (Sister Company)

Notification To Providers

Upon request, Buckeye provides information regarding the QI Program Description and QI Program goals and objectives to providers/practitioners.

Billing Error Abuse and Fraud (BEAF) System

Buckeye takes the detection, investigation, and prosecution of fraud and abuse very seriously, and has a BEAF program that complies with state and federal laws. Any information related to BEAF, embezzlement or theft will be reported to the appropriate authorities. These are the primary agencies to which incidents or practices of abuse and/or fraud are to be reported:

Billing Errors, Abuse, and Fraud (BEAF) Hotline

1-866-685-8664

Ohio Department of Job and Family Services' Bureau of Managed Care

50 West Town Street, Suite 400

Columbus, OH 43215

1-614-466-4693