QUALITY IMPROVEMENT STUDIES AND PROJECTS

The Healthcare Effectiveness Data and Information Sets (HEDIS) is a core set of performance measures that gauges the effectiveness of BCBSTX and its providers. BCBSTX measures the effectiveness of our care and services through:

- HEDIS and HEDIS hybrid measures
- Internal quality improvement projects. These include focused studies that measure quality of care and service in specific clinical and service areas

We submit the results of HEDIS and quality studies annually to the Texas Health and Human Services Commission (HHSC).
HEDIS ACTIVITIES
Providers are asked to support and contribute to our efforts to improve HEDIS measures rates. Detailed information on HEDIS is available at www.ncqa.org.

HEDIS Training and Consultation for Office Staff
BCBSTX provides assistance for medical office staff training in HEDIS activities. Physicians and other professional providers can request a consultation by calling Member Outreach at 877-375-9097. Training and consultation includes:
• Information about the year’s selected HEDIS measures
• How data for those measures will be collected
• Codes associated with each measure for administrative data
• Tips for smooth coordination of medical record data collection

Access to Medical Records for HEDIS Audits
BCBSTX’s Quality Improvement staff will contact the provider’s office to arrange for a review or to copy any medical records required for quality improvement studies. Office staff must give access to medical records for review and copying.

PREVENTABLE ADVERSE EVENTS
The breadth and complexity of today’s health care system means there are inherent risks, many of which can be neither predicted nor prevented. However, the occurrence of preventable adverse events should be tracked and reduced, with the ultimate goal being to eliminate them.

Physicians and health care systems, as patient providers and advocates, are responsible for the continuous monitoring, implementation, and enforcement of applicable standards. We will work with network physicians and hospitals to identify preventable adverse events that are measurable and preventable as a means of improving the quality of patient care.

Preventable adverse events should not occur. We firmly support the concept that a health plan and patients should not pay for services that resulted from a preventable adverse event.

Focusing on patient safety, we are committed to working collaboratively with network physicians and hospitals to ensure that physicians and hospitals identify preventable adverse events and implement appropriate strategies and technologies to prevent them. Our goal is to enhance the quality of care received not only by our members but all patients receiving care in these facilities.

Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations specify that Protected Health Information (PHI) can be disclosed for the purpose of health care operations in relation to quality assessment and improvement activities.

Also, the information you share with us is legally protected through the peer review process; as such, it will be maintained in a strictly confidential manner. If you receive a request for medical records, please provide them within 10 days from the date of request.
We will continue to monitor activities related to the list of adverse events from federal, state, and private payers, including ‘Serious Reportable Events.’ As defined by the National Quality Forum (NQF), ‘Serious Reportable Events’ are adverse events that are serious, but largely preventable, and of concern to both the public and health care providers. **Medicaid is prohibited from paying for certain health care acquired conditions (HCAC). This applies to all hospitals.**

**SATISFACTION SURVEYS**

**Member Satisfaction Surveys**

Member satisfaction with our services is measured every year. The Texas External Quality Review Organization (EQRO) conducts the Consumer Assessment of Healthcare Providers and Systems (CAHPS), an annual survey of members to measure satisfaction with the service and care provided by BCBSTX and its physicians and other professional providers. The survey measures access to care, member satisfaction with BCBSTX, and satisfaction with physicians and other professional providers’ communications and office staff performance.

The EQRO releases the results of the survey to members, physicians and other professional providers.

**Physicians and other Professional Providers Satisfaction Surveys**

BCBSTX conducts provider surveys on an annual basis to monitor and measure satisfaction your satisfaction with BCBSTX’s services and access to care and to identify areas for improvement. We inform providers of the results and plans for improvement through physicians’ and other professional providers’ bulletins, newsletters, meetings or training sessions.

The participation of physicians and other professional providers in the survey process is highly encouraged. Your feedback is very important to us to address areas needing improvements.

**MEDICAL RECORD AND FACILITY SITE REVIEWS**

BCBSTX conducts medical record reviews and facility site reviews in order to:

- Determine the physicians and other professional provider office’s ongoing compliance with standards for provision and documentation of health care services, and compliance with processes that maintain safety standards and practices.
- Confirm physician and other professional provider involvement in the continuity and coordination of care for our members.

Texas HHSC and BCBSTX have the right to enter the premises of providers to inspect, monitor, audit or otherwise evaluate the work performed. We will perform all inspections and evaluations in such a manner as not to unduly delay work in accordance with the provider agreement.

Medical Record Review and Facility Site Review survey tools are available upon request. The tools indicate which elements are reviewed.
Medical Record Review

BCBSTX completes a medical record review annually according to our medical records standards. We complete medical record reviews at select primary care sites and high volume provider offices. The Medical Records Documentation Standards are outlined in Chapter 14, Provider Roles and Responsibilities.

Scheduling a Medical Record Review

Plan Quality Improvement staff will call the physician’s or professional provider’s office to schedule an appointment date and time within 30 days. On the day of the review, plan Quality Improvement staff will:

• Request the number and type of medical records required
• Review the appropriate type and number of medical records per physician and other professional provider
• Complete a medical record review
• Meet with the provider or office manager to review and discuss the results of the medical record review
• Provide a copy of the medical record review results to the office manager or doctor, or send a final copy within 10 days of the review
• Schedule follow-up reviews for any corrective actions identified

Physicians and other professional providers must attain a score of 80 percent or greater in order to pass the Medical Record Review.

Facility Site Review

All primary care provider sites participating in BCBSTX must undergo an initial site inspection regardless of other accreditation or certification. A site review is completed as part of the initial credentialing process for new physicians and other professional providers if that site has not been previously reviewed and accepted as part of BCBSTX’s credentialing process.

Obstetrics/gynecology (OB/GYN) specialty sites participating in BCBSTX (and not serving as PCPs) must undergo an initial site inspection.

A plan Quality Improvement associate will call the physician and other professional provider’s office to schedule an appointment date and time before the facility site review due date. The associate will fax or send a confirmation letter with an explanation of the audit process and required documentation.

During the facility site review, our associate will:

• Lead a pre-review conference with the provider or office manager to review and discuss the process of facility review and answer any questions.
• Conduct a review of the facility, complete a facility site review and develop a corrective action plan, if applicable.

After the facility site review is completed, our associate will meet with the physician and other professional provider or office manager to:

• Review and discuss the results of the facility site review and explain any required corrective actions.
• Provide a copy of the facility site review results and the corrective action plan to the office manager or physician and other professional provider or send a final copy within 10 days of the review.

• Schedule a follow-up review for any corrective actions identified.

• Educate the provider and office staff about our standards and policies.

**Facility Site Review Scoring**

BCBSTX will notify physicians and other professional providers of the site review score, all cited deficiencies and corrective action requirements at the time of a non-passing survey. Physician and other professional provider office sites will complete corrective action plans. Follow-up site visits will occur every six months until the site compiles with the standards.

**Physician and Other Professional Provider Support of the Facility Site Review Process**

The Physician and other professional provider and office staff will:

• Provide an appointment time for the review.

• Be available to answer questions and participate in the exit interview.

• Schedule a time for follow-up reviews, if applicable.

• Complete a corrective action plan.

• Sign an attestation that corrective actions are complete.

• Submit completed corrective action plan, supporting documents and signed attestation to our quality improvement analyst.

**PHYSICIAN AND OTHER PROFESSIONAL PROVIDER PROFILING**

BCBSTX believes that provider profiling contributes to ongoing improvements by assessing provider performance against established benchmarks. Provider profiling helps ensure that our providers receive valuable feedback concerning their performance to support the delivery of high quality care.

Primary care providers (PCPs) and select providers such as OB/GYN are profiled by BCBSTX in order to assess our providers’ ability to render appropriate services, order medically necessary diagnostic tests, and provide preventive services consistent with clinical guidelines and pharmacy utilization protocols.

The profiles enable us to identify opportunities for improvements by comparing a provider’s practice to that of his/her peers. Profiles are created utilizing the claims, enrollment and encounter data submitted by all providers.

The provider profiles include, at a minimum, the following measures:

• Distribution of established patient E/M visits with 10 most frequent diagnoses

• Established and new patient preventive care

• Average specialist visits per year
• Average emergency room visits
• Average inpatient hospital admission
• Percent of admissions that are readmissions.
• Member satisfaction or number of complaints

Specific scores from medical record reviews, access availability and HEDIS scores
• TX HealthSteps Annual MRR results
• Access and Availability annual results (if available)
• HEDIS W34 – Health Care Effectiveness Data and Information Set (HEDIS) Well-child Visits (3-6 years of age)
• HEDIS AWC – Health Care Effectiveness Data and Information Set (HEDIS) Adolescent Well-care visits
• ASM – Health Care Effectiveness Data and Information Set (HEDIS) Use of appropriate medications for people with asthma
• AMR – Health Care Effectiveness Data and Information Set (HEDIS) Asthma medication ratio

BCBSTX defined performance measures used as part of the provider profile reporting:
• Preventive visits measured by the percentage of assigned members seen during the reporting period
• The top diagnoses, which provides an opportunity to educate the provider about case management or disease management programs that may be appropriate for the population
• Peer comparisons on the frequency of Evaluation and Management (E&M) codes as well as ER visits to evaluate the appropriateness of provider practices and to provide an opportunity to educate
• Educating the provider about the availability of the ER Census program for members who are frequent ER users
• Specialty referral distribution comparison, which may indicate overuse or underuse of key specialties or indicate an opportunity for recruitment of specific types of providers to the network.

Provider Profile Reporting
The Provider Profile report is generated annually by BCBSTX and delivered to providers either in face-to-face meetings or by mail with a follow-up call or visit to explain the findings. PCPs with 40 or more STAR members on average per year on their panel will receive profile reports. This volume requirement allows production of a meaningful profile with enough information to allow comparisons.

Improving Performance of Profiled Providers
In order to promote continuous quality improvement, BCBSTX’s Network Management team, Quality Improvement team and medical director(s) work directly with PCPs to interpret profile results, review performance measures and discuss new medical guidelines, if needed. By working proactively with providers, we promote accountability and improve the quality of care provided to our members.
PROCESS AND TIMELINE FOR IMPROVING PERFORMANCE

For those providers whose performance falls significantly below average, or represents unsafe practice patterns, the local medical director follows up with the provider to develop a corrective action plan.

Providers found to be out of compliance with medical management standards are closely monitored and, if necessary, subjected to corrective interventions. A follow-up is scheduled to determine the effectiveness of interventions, and if necessary, to implement further corrective measures for possible disciplinary action or contract termination.

SHARING BEST PRACTICE METHODS

Network Management teams share best practice methods with providers during provider visits. We also offer educational toolkits to help guide improvements. Toolkits may include examples of best practices from other offices along with BCBSTX policies and procedures, resources for improving compliance with preventive health services, clinical practice guidelines, and care for members with special or chronic care need.

QUALITY MANAGEMENT

Consistent with National Committee for Quality Assurance (NCQA) standards, BCBSTX analyzes relevant utilization data against established thresholds for each health plan to detect potential under- and over-utilization on at least a semi-annual basis.

If the findings fall outside specified target ranges or thresholds and indicate potential under- or over-utilization that may adversely affect members, further drill-down analyses will occur based upon the recommendation of BCBSTX’s Medicaid Quality Improvement Committee and Medicaid Provider Advisory Committee. The drill-down analyses may include the following data from specific provider and practice sites:

- Case management services as needed for members
- Retrospective reviews of services provided without authorization
- Investigation and resolution of member and provider complaints and appeals within established time frames
- Coordination with physicians, other professional providers and agencies
- Claims payment for covered services
Focus Studies

BCBSTX performs focus studies to objectively and systematically monitor and evaluate the quality of care and service provided to members. The studies utilize topics and tools agreed upon by the Quality Improvement Committee and include, but are not limited to, the following:

- Medical records review utilizing HEDIS measures
- Provider surveys
- Member surveys
- Random audits of member medical records
- Claims and encounter data review

Providers are notified of audits (if medical record review is necessary) at least two weeks prior to the medical record review visit. BCBSTX submits findings from these focus studies to providers. If necessary, quality improvement plans with defined outcomes and deadlines are initiated for providers by BCBSTX.

Practice Guidelines

In order to achieve the best possible success, our Quality Improvement Committee requires provider cooperation in the following areas:

- Upon request, allowing BCBSTX access to medical records concerning our members,
- Responding promptly to all communications from BCBSTX regarding quality improvement or management issues,
- Maintaining the confidentiality of all BCBSTX member information, and
- Cooperating with all Quality Improvement Committee proceedings.

For more information on proper practice guidelines, please see Chapter 14: Provider Roles and Responsibilities and Chapter 15: Access Standards and Access to Care.