

Section 5

Quality Management

HCG Quality Management/Performance Improvement (QM/PI) Program, under the leadership of the Chief Medical Officer/Medical Director, provides the framework for a systematic and organization-wide approach for quality of care measurement and evaluation. Activities are planned in accordance with the goals of HCG and regulatory agencies. The purpose is to continuously improve care and service outcomes to meet the needs/expectations of HC Generations members and their providers while fulfilling all regulatory and contractual requirements. The QM/PI Program encompasses all HC Generations departments, primary care providers, mid-level practitioners, ancillary services, behavioral health, extended care and acute care facilities.

All referrals of potential quality of care issues are investigated within the HCG QM Department under the direction of the HCG Chief Medical Officer/Medical Director. All cases referred to the QM Department are investigated and reviewed for potential quality issues. Cases are assigned a severity level and tracked for trending purposes.

The HCG Quality Management Department also processes and retains records of complaints from members and providers that may not be directly related to quality of care. These complaints are evaluated and trended as indicated per HCG Policy and Procedure.

The HCG Quality Management Committee (QMC), chaired by the HCG Chief Medical Officer/Medical Director, provides oversight for the QM/PI Program and is responsible for the quality of care and peer review functions. Contracted physicians, representing a variety of medical specialties, serve on the Committee and are appointed by the Chief Medical Officer/Medical Director. If a provider issue is investigated by the QMC, and that particular specialty is not represented within the Committee, the Chief Medical Officer/Medical Director may consult on an ad hoc basis with a peer from that specialty.

The Credentialing/Recredentialing process is a part of the HCG QM/PI Program. The Credentialing Committee is a sub-committee of the QMC. A site evaluation is a required component of the initial credentialing process. Reported potential quality of care concerns or service issues may require additional evaluations/reviews. The QMC is responsible for the oversight of the credentialing process.

All contracted HC Generations providers are re-credentialed every three- (3) years. Each provider must complete a recredentialing application. At that time, primary source verification of credentials is updated. The National Practitioner Data Bank is queried to obtain current information. The recredentialing process also may include an on-site evaluation, a medical chart audit and an appointment availability survey.

HCG encourages communication between the Health Plan and the Primary Care Provider regarding quality of care issues or concerns. Issues may involve specific patient cases or

systems problems, which can impact patient care. Concerns may be communicated to the Chief Medical Officer/Medical Director or the QM Department. All information is confidential and is peer-protected.

The HCG Quality Management Department strongly encourages a working relationship with providers and welcomes comments, questions, or suggestions.

The Quality Management Department at HCG consists of the following functions:

- Coordination and oversight of quality performance measures and performance improvement projects
- Review, research, and resolution of complaints and quality of care issues
- Member transitions to other Health Plans
- Oversight of medical record/site evaluation process
- Credentialing and Re-credentialing processes

Peer Review

The formal peer review process at HCG is accomplished by evaluating the clinical activities and qualifications of practitioners and providers through the efforts of the QM Department and other review committees of HCG. This process is pursuant to the QM/PI (Performance Improvement) Plan and A.R.S. 36-2401 et seq. and 36-2917 (“Arizona Peer Review Laws”). If an adverse action is taken against a provider as a result of the peer review process, the provider has certain rights pursuant to HCG Policy “Peer Review Process and Appeals”. This policy is available upon request from your Network Services Representative, and will be sent to any provider when an adverse action is taken. The provider has the right to appeal. This policy, in summary, contains the following provisions:

- The HCG Chief Medical Officer/Medical Director and/or QM Director will review all issues referred to the QM department, and will ask the provider for comment and clarification, where indicated. The issue may be referred to the QM Committee for peer review if the care involved is questioned and had potential to harm or did harm the member. If a provider in the same medical specialty is not represented on the Committee, the HCG Chief Medical Officer/Medical Director and/or the Committee may secure an ad hoc consultation and participation in the investigation from a provider of the same specialty.
- If the HCG Quality Management Committee determines, after initial review of all available information regarding a referred Quality of Care concern, that further information is needed, the Committee may invite the provider for a formal interview to obtain the provider’s perspective on the case.
- The Committee may take one or more of several possible actions:
 1. It may recommend focused informal education for the provider, communicated by HCG staff.
 2. It may recommend formal CME requirements.
 3. It may recommend limitation of privileges, or termination of privileges.
 4. It may impose concurrent or retrospective review of care for specified periods of time.