DEPARTMENT OF HEALTH
BUREAU OF MANAGED CARE
GUIDELINES AND TECHNICAL ADVICE TO HMO APPLICANTS REGARDING QUALITY ASSURANCE PROGRAM STANDARDS

The following items must be integrated into the quality assurance program described in the Certificate of Authority application.

1) **A detailed description of the quality assurance committee structure, including composition, duties, how physicians will be selected to participate, frequency of meetings, etc. A detailed description should be given of how the quality assurance system will be used to improve quality, how information will be fedback to physicians, how physicians will be involved in the process of standard development, and how the Board of Directors will assume its ultimate responsibility for monitoring quality.**

2) **An organization chart of the quality assurance/utilization review department/section. Include resumes/CV's of quality assurance personnel and Medical Director.**

3) **A one-year short term quality assurance work plan, listing specific measurable objectives for the first year of operation, listing target timetable and personnel accountable for completion. Objectives should include, at a minimum:**

* Development of a minimum of ten (10) clinical standards of care
* Conduct of at least three (3) focused medical care evaluations through review of actual medical records
* Preparation for conduct of the required external quality assessment one year from date of licensure
* If a capitated mental health/substance abuse subcontractor will be utilized, a description of how the subcontractor's performance will be monitored, including review of medical records.
* List of trigger diagnosis and trigger events (adverse outcomes) which the HMO will be monitoring.

CORPORATE ACCOUNTABILITY

1) **The HMO Board of Directors shall formally adopt a written quality assurance program which delineates an identifiable structure responsible for performing quality assurance functions within the HMO. The structure shall designate a person responsible for quality assurance activities.**

2) **The HMO shall implement a program for accountability which, at a minimum, determines the quality assurance responsibilities and provides an organizational structure so that the accountable person and any associated committees or entities are ultimately accountable to the board of the HMO.**

3) **The HMO's quality assurance program shall demonstrate the presence of adequate support staff to carry out its responsibilities.**

4) **The HMO's quality assurance program shall assure that the medical decision process is the responsibility of the medical director or the appropriate medical review body.**

5) **The structure and operation of the HMO's quality assurance program shall involve physicians who are contracting with or employed by the HMO.**

6) **As a part of a quality assurance program there shall be regularly scheduled meetings of all HMO entities demonstrating that quality assurance activities are performed on a continuous basis. Records or minutes reflecting quality assurance activities and corrective actions shall be kept.**

7) **At least once each year, the HMO's Board of Directors shall review a report on quality assurance activities including studies undertaken, results, subsequent actions and aggregate data on utilization and quality of services rendered.**

8) **The HMO's quality assurance program shall identify areas of deficiency and produce recommendations for corrective action, and the HMO's Board of Directors shall assure that appropriate corrective action is taken.**

SCOPE AND CONTENT

1) **The HMO's quality assurance program shall evaluate a representative sample of all services provided in institutional and non-institutional settings including the care provided in private practice offices.**

2) **The HMO shall establish an appropriate methodology for identifying, evaluating and correcting clinical and quality of service problems. Evidence shall be provided that quality assurance activities have contributed to changes in the HMO's delivery system, and that appropriate follow-up to all problems identified has occurred.**

3) **The HMO quality assurance program shall identify and apply uniform appropriate quality standards to evaluate the quality of care provided by all providers, whether**

organized in groups, as individuals or in combinations thereof. When the HMO contracts with group practices and also contracts directly with individual physicians, the HMO's quality assurance program shall ensure an acceptable level of quality across all components of the delivery system.

4) The HMO's quality assurance review process shall encompass both the quality of clinical care and the quality of service elements including availability, accessibility and continuity of care.

5) The HMO's quality assurance program shall demonstrate that access to specialists is both medically appropriate and timely and shall examine the use of specialists to detect appropriate underutilization and overutilization.

6) The HMO's quality assurance program shall ensure that providers maintain medical records in a legible, current detailed, organized and comprehensive manner which permits effective quality assurance reviews and assessment of appropriate health management and continuity of care.

MEDICAL RECORDS STANDARDS

1) Medical records are maintained in a current, detailed, and comprehensive manner that permits effective patient care and quality review.

   * Records reflect all aspects of patient care, including ancillary services.
   * Records are available to health care practitioners at each encounter and to the Department of Health or its designated Quality Review Organization.

2) The managed care organization sets standards for medical records, systematically reviews the records for conformance, and institutes corrective action when standards are not met.

3) The documentation of items on the Department of Health's Medical Records Review Summary Sheet demonstrates that the medical records are in conformity with good professional medical practice and appropriate health management.