Quality

Tufts Health Public Plans is committed to working with providers to continuously improve the quality of health care provided to members. Refer to this chapter for information about:

- Quality Improvement (QI) Program
  - National Committee for Quality Assurance (NCQA)
  - Healthcare Effectiveness Data and Information Set (HEDIS)
  - The Consumer Assessment of Healthcare Providers and Systems (CAHPS)
  - Medical and Treatment Records
  - Confidentiality of Member Medical and/or Behavioral Health Records
  - Confidentiality of Substance Use Disorder Patient Records Rule
  - Reporting
  - Massachusetts Quality Improvement Program (QIP)
  - External Quality Review Organization (EQRO)
- Clinical Practice Guidelines
- Pay for Performance
- Patient Safety
- Delegation

Tufts Health Public Plans monitors the following areas to continually improve the access to, and quality and frequency of, the medical and behavioral health care and services that members receive:

- Preventive health services such as well-child visits
- Acute and chronic care
- Care provided to members with specific diagnoses (e.g., diabetes, asthma, depression and/or attention deficit/hyperactivity disorder)
- Continuity and coordination of behavioral health services and medical care
- Services and medication underuse and overuse
- Patient safety and risk management
- Patient complaints, appeals and grievances
- Member and provider satisfaction
- Medical record documentation

Quality Improvement (QI) Program

Tufts Health Public Plans' Quality Improvement Program (QI) is designed to facilitate member access to high-quality medical and behavioral health care, access to primary and specialty care, continuity and coordination of care across settings, and culturally competent care. With the QI, Tufts Health Public Plans measures and tracks key aspects of care and services, using data-driven monitoring to identify improvement opportunities, implement interventions and analyze data to determine overall intervention effectiveness in improving clinical care.

The primary components of the program are:

- Ongoing monitoring and evaluation
- Continuous QI
- Customer satisfaction
- Practitioner/provider credentialing
- Utilization management

The goals of the program are to:

- Continuously improve the quality and safety of clinical care and service, including physical and behavioral health (including substance use disorder) care, and service, including community-based services and long-term services and supports (LTSS) that members receive from contracting health care providers
- To assure adequate access and availability to clinical care and services
- Increase member satisfaction
- Improve the quality of service that providers and members receive from Tufts Health Public Plans
- Increase provider satisfaction
- Improve the health and wellness of identified segments of the member community while responsibly managing health care costs

Tufts Health Public Plans utilizes a Quality Management and Improvement Program (QMIP) to evaluate progress and document the results in the Quality Management and Improvement and Utilization Management Program Evaluations.

Providers cooperation with Tufts Health Public Plans' QI activities helps to:

- Improve the quality of care, services and the member experience, including the collection and evaluation of data and participation in Tufts Health Public Plans' QI programs
- Allow the organization to collect and use performance measurement data
- Assist the organization in improving clinical and service measures
- Comply with inquiries from Tufts Health Plan QI Program staff, including requests for medical records/documentation to support the investigation of member grievances and/or quality occurrences, in accordance with their provider agreement.

The Board of Directors has overall responsibility for the QI program. A Care Management Committee (CMC) is responsible for overseeing the implementation of the QI program, including the annual QI Work Plan, and for determining that funding is adequate to support program activities and goals. An annual summary of the QI work plan may be found here.

Specific positions, committees, and organizational units play a significant role in QI activities, including:

- Quality Management Committee (QMC)
- Quality of Care Committee (QOCC)
- Quality Performance Improvement Team (QPIT)
- QI work groups
- QI project teams

Tufts Health Public Plans providers offer input into the program by participating in CMC, QOCC, and the Medical Specialty Policy Advisory Committee (Medical/Behavioral Health).

National Committee for Quality Assurance (NCQA)

As an NCQA-accredited Medicaid and Exchange health plan, Tufts Health Public Plans adheres to NCQA standards and guidelines to measure, analyze and improve the health care services members receive.

Healthcare Effectiveness Data and Information Set (HEDIS)

HEDIS measures are industry-standard indicators of the quality of care health plan members receive. Tufts Health Public Plans monitors HEDIS data annually, as well as on a monthly basis, to monitor trends and identify opportunities to improve member's care. Interim and annual rates are also evaluated against national and regional HEDIS benchmarks to assess the performance of Tufts Health Public Plans' network. Tufts Health Public Plans considers the provider network in an effort to best serve members. By responding to HEDIS-related requests, Tufts Health Public Plans is able to measure the quality care provided that is so important to members.

HEDIS data is a critical underpinning of the Tufts Health Plan's quality program against which performance across its provider networks is assessed. HEDIS data is incorporated into provider communications that may include provider performance on key metrics as well as the identification of members in need of care. Such communications are tools intended to drive quality improvement and support provider practices in delivering the best care possible to its members.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a standardized survey that measures member experience with the services provided by their health plan and its provider network. This survey addresses members' experience with accessing care, coordination of care, and the care received by providers, as well as aspects of the health plan's services. Tufts Health Public Plans uses CAHPS survey responses annually to help develop action plans, performance goals, and improve strategies to ensure the highest quality of care and services is being offered to members.

Medical and Treatment Records

Network practitioners and providers are required to maintain member health records in a current, detailed and organized manner in order to facilitate appropriate communication and coordination of care. Network practitioner and provider records are subject to chart audits to ensure adherence to these standards, including appropriate medical record content and organization, ease of retrieving medical records and appropriate maintenance of confidential information.

PCP Medical Records

PCP medical records are expected to include the following information:

- All services provided directly by a practitioner who provides primary care services
- All ancillary services and diagnostic tests ordered by a practitioner
- All diagnostic and therapeutic services for which a member was referred by a practitioner include, but are not limited to:
  - Home health nursing reports
  - Specialty physician reports
  - Hospital discharge reports
  - Physical therapy reports

Medical Record Documentation Standards

Medical records are required to include the following information:

- History and physical
- Allergies and adverse reactions
- Problem list
- Medications
- Documentation of clinical findings and evaluation for each visit
- Preventive services and risk screening

Providers are required to cooperate with chart audits. Chart audits are part of Tufts Health Public Plans contractual obligations with regulatory agencies to monitor appropriateness of care and the quality of record-keeping.

Site visits initiated in response to complaints or quality concerns always include a medical and/or behavioral health record-keeping practice review. Tufts Health Public Plans will set up a time in advance to review the records. For questions about the record review process, call Provider Services at **888-257-1985** (Massachusetts) or **844-301-4093** (Rhode Island).

Confidentiality of Member Medical and/or Behavioral Health Records

Tufts Health Public Plans requires that providers comply with all applicable federal and state laws relating to the confidentiality of member medical records, including but not limited to the privacy regulations of the Health Insurance Portability and Accountability Act (HIPAA). Tufts Health Public Plans monitors providers' compliance with its confidentiality policies through clinical quality reviews and audits. Providers must:

- Maintain medical records in a space staffed by office personnel
- Maintain medical records in a locked office and/or password-protect electronic medical records when staff is not present
- Prohibit unauthorized review and/or removal of medical records
- Maintain and adhere to policies and procedures regarding patient confidentiality and record retention
- Train staff periodically in member information confidentiality

Tufts Health Public Plans requires providers, upon request, to provide member medical information and medical and/or behavioral health records for the following purposes:

- Administering Tufts Health Public Plans' health benefit plans, such as claims payment, coordination of benefits, subrogation, enrollment eligibility verification, reinsurance and audit activities
- Managing care, such as utilization management and QI activities
- Carrying out member satisfaction procedures described in the *Member Handbook*
- Participating in reporting on quality and utilization indicators, such as HEDIS
- Complying with the law

Providers are responsible for obtaining any member consents or releases that are necessary to comply with state and federal law.

Note: A member's consent/authorization to release medical records to Tufts Health Public Plans for the purpose of an appeal is not necessary.

Confidentiality of Substance Use Disorder Patient Records Rule

Providers participating in a Part 2 program must comply with the requirements of the Confidentiality of Substance Use Disorder Patient Records Rule (42 C.F.R. PART 2) including obtaining patient consent for treatment, payment, and disclosure of health care information. A Part 2 program refers to a program or facility that is federally assisted and provides substance use disorder diagnosis, treatment, or referral to treatment. Tufts Health Public Plans reserves the right to deny payment of provider claims if the provider fails to attain the required patient consent. Providers can use this form or one of their own to obtain patient consent. Providers do not need to submit the completed consent form to Tufts Health Public Plans unless it is requested. Tufts Health Public Plans reserves the right to deny payment of provider's claims and the right to refuse to process other information in the event that the provider fails to obtain the necessary consent.

Reporting

Tufts Health Public Plans sends providers a monthly report listing the names of members with asthma, diabetes, and chronic obstructive pulmonary disease (COPD) who are overdue for important health-related screenings or who may benefit from a discussion about medication usage. Twice a year, providers are notified of women's health-related screenings, such as screenings for breast cancer, cervical cancer and chlamydia. For more information about asthma and diabetes disease management or women's health management, refer to the Care Management chapter. For more information about Tufts Health Public Plans' asthma and diabetes reports, please call Provider Services at **888-257-1985** (Massachusetts) or **844-301-4093** (Rhode Island).

When applicable, Tufts Health Public Plans provides performance reporting mechanisms for certain PCPs to review clinical performance.

Tufts Health Public Plans is contractually obligated to provide information to state and federal governments about the quality of care that members receive. Occasionally, providers are asked for information that is not available in claims or administrative data, such as medical record data, in order to comply with both state and federal regulatory reporting requirements.

Massachusetts Quality Improvement Program (QIP)

MassHealth evaluates Tufts Health Public Plans' performance annually on a set of predetermined quality measures and evaluates the initiatives that Tufts Health Public Plans implements to improve performance.

External Quality Review Organization (EQRO)

The Centers for Medicare and Medicaid Services (CMS), MassHealth and Rhode Island Medicaid arrange for objective, external third parties to evaluate the quality of the managed care plans with which they contract. These third parties evaluate the design, implementation and performance of specific quality performance improvement programs, as well as the HEDIS program and information systems capabilities.

Clinical Practice Guidelines

Tufts Health Public Plans uses evidence-based guidelines that are adopted from national sources or developed in collaboration with specialty organizations and/or regional collaborative groups. There are two types of guidelines:

- Preventive health guidelines, involving screening for disease
- Clinical practice guidelines, outlining a recommended treatment path or use of ancillary services

These guidelines are not intended to replace the provider's clinical judgment. Rather, they are standards that are designed to assist providers in making decisions about appropriate health care for specific clinical circumstances. When no such evidence-based guidelines are available from recognized sources, Tufts Health Public Plans will involve representative providers from appropriate specialties in the development or adoption of clinical practice guidelines.

Guidelines are reviewed at least every two years and revised as needed. Literature reviews occur quarterly to ensure that all Tufts Health Public Plans internally developed guidelines are current. When new guidelines are published, they are reviewed internally by Tufts Health Public Plans physicians and posted for contracted Tufts Health Public Plans providers to review before adoption.

Tufts Health Public Plans' clinical practice and preventive health guidelines are designed to support preventive health, behavioral health, acute disease treatment protocols, and/or chronic disease management programs. The clinical practice and preventive health guidelines are available online.

Pay for Performance

At times, Tufts Health Public Plans may offer providers in Massachusetts extra reimbursement to improve clinical processes to ensure members get the services needed. For more information about specific programs, refer to the Care Management chapter or call Provider Services at **888-257-1985**.

Tufts Health Public Plans offers extra reimbursements for the following activities:

- Pregnancy notification — Refer to the Care Management chapter
- Early Periodic Screening, Diagnosis and Testing (EPSDT) completion — Refer to the Providers chapter
- Child and Adolescent Needs and Strengths (CANS) assessments — Refer to the Behavioral Health chapter

Tufts Health Public Plans also offers members a variety of rewards for successfully completing key health care activities.

Patient Safety

Tufts Health Public Plans addresses patient safety by:

- Facilitating the identification of children with serious emotional disturbances (SED) and monitoring the delivery of behavioral health services to them
- Distributing information to members pertaining to optimal clinical practices, enhancing their ability to monitor the safety of their own care
- Monitoring adverse and unanticipated events, such as ones resulting in death or serious physical or psychological injury occurring in inpatient and residential settings and identifying trends that could indicate unsafe environments or practices in these contracted institutions. Providers are required to inform Tufts Health Public Plans of the events that occur when serving members by emailing Adverse_Events_Submission@point32health.org
- Monitoring provider preventable conditions (PPCs), serious reportable events (SREs) and Serious Reportable Adverse Events (SRAEs).
  - For the full list of PPCs, SREs, and SRAEs please refer to the SRE, SRAE, PPC Payment Policy, the Massachusetts Executive Office of Health and Human Services' June 2015 Transmittal Letter ALL-195, or Rhode Island Executive Office of Health and Human Services. Providers are required to inform Tufts Health Public Plans of SREs, SRAEs and PPCs that occur when serving members.
  - Tufts Health Public Plans will not compensate providers or permit providers to bill members for services related to the occurrence of SREs, SRAEs and PPCs. Such nonpayment will not prevent patients' access to healthcare services.
- Monitoring new clinical sites for safety practices as needed
- Monitoring and managing controlled substances overuse through the controlled substances management program
- Working with the pharmacy benefit manager to stop a pharmacy from dispensing medications that are inappropriate in terms of drug interaction, drug dosage, ingredient duplication, age precaution, pregnancy precaution, gender conflict and/or therapeutic duplication, if the drug on the claim may interact with other drugs in a member's claims history

Delegation

Selected aspects of Tufts Health Public Plans' utilization management, pharmacy, care management and credentialing programs may be delegated to providers and service organizations. Tufts Health Public Plans reviews these programs prior to delegation, and at least annually thereafter. Contact Provider Services with questions or concerns about such delegations.

PUBLICATION HISTORY

01/12/24	Updated year in footer
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