

Quality Improvement Program Goals

Humana – CareSource’s overarching goal is to continually assess and analyze the quality of care and service offered to its members, utilizing objective and systematic monitoring and evaluation and to implement programs to improve outcomes.

This process is dynamic in order to continuously respond to the needs of our members to the highest degree possible. These activities are embedded in Humana –CareSource’s strategic business plan to ensure optimal coordination of activities within the company and to assure that our entire organization is working toward the common goal of continuous improvement. The quality improvement program is overseen and facilitated by the chief medical officer. On an annual basis, Humana – CareSource makes information available about its quality improvement program and results to providers on its website. On an ongoing basis, Humana – CareSource gathers and uses provider performance data to improve quality of services.

Scope of Quality Program/Global Objectives

The Humana – CareSource quality program encompasses a spectrum of performance categories including, but not limited to, the following with the objective to continuously improve in all areas:

- Clinical quality and effectiveness of care, including behavioral health and member safety
- Quality of service and key performance metrics
- Business process improvement
- Data integrity and management
- Provider and member service and satisfaction
- Service utilization/medical cost ratio
- Over/underutilization of services
- Delegated oversight
- Accreditation
- Clinical performance metrics

Quality improvement program activities include monitoring clinical measures and outcomes, appropriateness of care, Healthcare Effectiveness Data and Information Set (HEDIS) measures, barrier analysis and strategic interventions. The quality assessment committee is delegated by the board to monitor and evaluate the quality assessment and performance improvement program. This committee is also responsible for identifying, planning and implementing interventions to promote continuous quality improvement.

Access Standards

Humana – CareSource has a comprehensive quality improvement program to help ensure our members receive the best possible health care services. The quality improvement program includes evaluation of the availability, accessibility and acceptability of services rendered to members by participating health care providers.

Please keep in mind the following access standards for differing levels of care. Participating providers are expected to have procedures in place to see members within these time frames and to offer office hours to their Humana – CareSource patients that are at least the equivalent of those offered to any other patient. Thank you for adhering to these standards.

Primary Care Providers

Patients with:	Should be seen:
Emergency needs	Immediately upon presentation; 24 hours a day, seven days a week
Persistent symptoms	Not to exceed 48 hours from date of a member's request
Routine care needs	Not to exceed 30 days from date of a member's request

Non-PCP Specialists

Patients with:	Should be seen:
Emergency needs	Immediately upon presentation
Persistent symptoms*	Not to exceed 48 hours
Routine care needs	Not to exceed 30 days (stable condition)

(this language moved to below)

Behavioral Health

Patients with:	Should be seen:
Emergency care	Must be provided within 24 hours, crisis stabilization
Urgent care	Within 48 hours
Routine office visit	Shall not exceed 21 days
Post discharge from an acute psychiatric hospital	May not exceed 14 days

Other referrals may not exceed 60 days

**A member should be seen as expeditiously as the member's condition warrants based on severity of symptoms. It is expected that if a provider is unable to see the member within the appropriate time frame Humana – CareSource will facilitate an appointment with a participating provider or a nonparticipating provider, if necessary.*

For the best interest of our members and to promote their positive health care outcomes, Humana – CareSource supports and encourages continuity of care and coordination of care between medical care providers as well as between medical care providers and behavioral health care providers.

General vision, lab and X-ray wait times shall not exceed 30 days for regular appointments and 48 hours for urgent care.

Dental wait time shall not exceed three weeks for regular appointments and 48 hours for urgent care.

External Quality Reviews

Through our contract with the commonwealth of Kentucky, we are required to participate in periodic medical record reviews. The commonwealth retains an external quality review organization (EQRO) to conduct medical record reviews for Humana – CareSource members. You may periodically receive requests for medical record copies from an EQRO or from Humana - CareSource for a review. Your contract with Humana – CareSource requires that you furnish member medical records to us for this purpose. EQRO reviews are a permitted disclosure of a member's personal health information in accordance with the Health Insurance Portability and Accountability Act (HIPAA). As in the past, we plan to continue sharing the

results of these studies and working in partnership to achieve the best health care possible for our members.

Tips for Complete Medical Record Documentation

Humana – CareSource realizes that supplying medical records for review requires your staff's valuable time and we appreciate your cooperation with our requests and associated timelines. We offer the following suggestions to ensure complete and accurate documentation of member services:

- Use legible handwriting for paper medical records
- Consider dictated notes which can improve comprehension of medical records while reducing the chance of misinterpretation
- Include the patient's name on front and back of every page of the medical record
- Initial and date lab results in the medical record to indicate that they have been reviewed by a physician
- Record all patient visit dates and sign all chart entries
- Consider using preprinted forms to document all aspects of comprehensive services such as EPSDT exams

We appreciate your attention to detail in chart documentation.

Provider Performance and Profiling

As a function of medical management oversight responsibilities, Humana – CareSource monitors over- and underutilization of medical services. Provider profiling is done periodically to measure utilization of common inpatient and outpatient services as preventive services, Healthcare Effectiveness Data and Information Set (HEDIS) clinical performance measures and pharmacy utilization. Summary reports for these measures are available to individual providers upon request, and routine periodic reporting is under development.

If a provider is found to be performing below minimum care standards for participation with Humana – CareSource, this information is shared with the provider so he or she can make positive changes in practice patterns. We are committed to working with the provider to develop an action plan for improvement for those who do not meet the standards. Further action may include onsite assessment, auditing medical care at specific intervals, disseminating comparative data or standards of care, meeting with physicians, reporting deficiencies to appropriate authorities or termination of participation with Humana – CareSource.

Preventive Guidelines and Clinical Practice Guidelines

These clinical treatment protocols are systematically developed statements that help providers and members make decisions regarding appropriate health care for specific clinical circumstances or for specific age ranges. The use of these guidelines allows Humana – CareSource to measure the impact of the guidelines on outcomes of care. Treatment protocols, based on national standards, are developed with the input of local health care providers who are part of the Humana – CareSource quality improvement committees.

Preventive health guidelines and clinical practice guidelines are distributed to:

- a. All new and existing providers via provider manual updates, provider newsletters, our provider website, care management and/or provider relations representatives.
- b. Updates to providers will be communicated in writing by mail, fax or email.

Preventive guidelines and clinical practice guidelines also are available at CareSource.com/ky.

NOTE: Information is available to providers and members upon request if not available on the website.

Quality Assessment and Performance Improvement Program (QAPI)

Humana – CareSource has a QAPI program that includes but is not limited to the following elements:

- Performance improvement projects
- Over and underutilization measures
- Annual analysis of plan demographics including clinical, geographical and cultural to identify high risk populations, areas of network need, member education opportunities and performance improvement opportunities
- Assessment of access and availability of network providers including after-hours availability of primary care physicians
- Assessment of quality and appropriateness of care furnished to children with special health care needs
- Continuity and coordination of care
- Healthcare Effectiveness Data and Information Set HEDIS measurement
- Consumer Assessment of Health Plan Survey (CAHPS)
- Annual measurement of effectiveness review of the QAPI