

Policy Name: Performance Improvement Policy (HHP-07)

Effective Date:

Approved by the Board: [June 26, 2013]

Previous Versions: None

Approval Signature: _____



Name: Douglas Kwock, M.D.

Title: President/Chair

Definitions:

"Adverse Action" means any reduction, restriction, suspension, revocation, or denial of a Provider's status as a participating physician or practitioner with HHP and corresponding termination of the Participation Agreement, as applicable, in accordance with the Termination of Participating Providers Policy (HHP-08).

"Board" means the HHP Board of Managers.

"Committee" means the HHP Quality and Clinical Integration Committee.

"Corrective Action Plan" means a corrective action plan with respect to a Provider developed in conjunction with the Committee and HHP Medical Director specific to performance deficiencies and as further described below.

"Executive Director" means the HHP Executive Director as defined in the HHP Executive Director Job Description.

"HHP" means Hawai'i Health Partners, LLC.

"HHP Patient(s)" means an individual who is enrolled in a health plan or product sponsored or administered by a commercial or government health care insurer or any self-insured health plans that have contracted with HHP to participate in quality and incentive programs related to the furnishing of medically necessary items and services to such individual.

"Medical Director" means the HHP Medical Director as defined in the HHP Medical Director Job Description.

"Participation Agreement" means a written agreement with HHP to provide covered services to HHP Patients and includes any joinder agreement(s) signed by individual providers as part of a provider group.

"President/Chair" means the President/Chair of the Board.

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“Provider” means a physician or allied health professional who has been credentialed and approved by the Board as a participant with HHP and has not had his or her Participation Agreement terminated.

“Summary Suspension” means emergency or urgent Adverse Action taken against a Provider before a hearing is held.

Purpose:

The purpose of this policy is to ensure that all HHP Patients receive high quality care and service from Providers by establishing a mechanism for professional review, quality improvement and support of Providers whose performance on defined clinical and service measures falls below performance expectations.

Policy / Procedure:

I. Establishment of benchmarks or performance expectations:

The Committee has been established to perform various functions including acting in the capacity of a quality Improvement and peer review committee. Periodically, the Committee will determine and implement quality metrics to evaluate the performance of HHP overall as well as its Providers. Providers will receive HHP performance data for these metrics on a not less than annual basis. A Provider's current performance in relation to each quality measure will be provided based on data reported from claims, medical record sources and/or patient or provider surveys. The performance data will contain the following:

- A. The individual Provider and/or their provider group score per applicable measurement.
- B. The Provider's comparative score (such as average score, percentile rank, etc.) per measurement.
- C. The measure's target and/or benchmark (as defined by the Committee in collaboration with the HHP Medical Director). Various sources for benchmarks will be considered including, but not limited to, the Center for Medicare & Medicaid Services (CMS), the Healthcare Effectiveness Data Information System (HEDIS), the Agency for Healthcare Research and Quality (AHRQ), and the National Committee on Quality Assurance (NCQA).

II. Performance Improvement

If the Committee finds that a Provider is performing at a level that is significantly below target or expectation for a measure(s), the following process will apply:

- A. In conjunction with the Committee and HHP Medical Director, a Corrective Action Plan specific to performance deficiencies will be developed, taking into account the Provider's practice characteristics and patient population. The Corrective Action Plan may include the assignment of a peer mentor, as an agent of the Committee, to provide assistance with Plan implementation. This Corrective Action Plan shall be designated as a protected peer review and/or quality improvement document.
- B. Appropriate time frames for regular reports on progress back to the Committee as well as goals for the Provider's progress will be specified in the Corrective Action Plan. The Provider will have sixty (60) days to begin implementation of the

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Corrective Action Plan (or such shorter or longer period of time as is agreed to by the parties based upon the circumstances) and must record this implementation on documents approved by the Committee.

- C. The Committee and the Medical Director will continue to work collaboratively with the Provider until the performance improvement opportunity has been addressed and corrected. Updates must be provided to the Committee at no less than one hundred eighty (180) day intervals (or such shorter time frame as established by the Corrective Action Plan) until the Committee determines that adequate progress has been made, and the Corrective Action Plan may be considered successfully completed.

III. Adverse Action or Summary Suspension

- A. Participation in a Corrective Action Plan is mandatory. If a Provider chooses not to participate in the development and implementation of a Corrective Action Plan, the Committee may, in its sole discretion, recommend Adverse Action or Summary Suspension. In such case, the procedure set forth in the HHP Termination of Participating Providers Policy (HHP-08) then would take effect.
- B. The Committee, following discussion with the HHP Medical Director, has the authority to terminate a Corrective Action Plan and recommend Adverse Action or Summary Suspension whenever the Committee determines in its sole discretion that sufficient improvement is not being made by the Provider justifying the continuance of the Corrective Action Plan. In addition, the Committee may direct the Medical Director and/or the Executive Director to immediately initiate a Summary Suspension of a Provider whenever the Committee determines, in its judgment, that such action is necessary to protect HHP Patients from imminent danger to their health, welfare, or safety. In such event, the procedure set forth in HHP's Termination of Participating Provider Policy (HHP-08) would then take effect.

- IV. Information compiled, generated, and distributed pursuant to this Policy will be labeled as Confidential Quality Assurance / Peer Review materials and shall be protected from discovery to the extent permitted under applicable law.

- V. Scope of Policy: This Policy is only intended to address situations that appear to be subject to remediation pursuant to a performance improvement process as determined by the Committee. All other situations will be addressed through the provisions of the Participation Agreement.

Related Documents:

Termination of Participating Providers Policy (HHP-08)

Distribution: