

# Title: Quality of Care

**Issuance Date: April 26, 2023**

## Applicable Regulations, Guidelines, and AHS Policy:

### Federal statute or rule:

- 42 CFR Part 431 Subpart P - Quality Control
- 42 CFR Part 455 - Program Integrity: Medicaid

### Vermont statute or rule:

- DVHA Rule 7106 Violations of Provider Responsibility
- Medicaid HCAR Rule 4.101

## Purpose:

A quality of healthcare concern that care did not meet a generally accepted practice standard, as defined in Medicaid HCAR Rule 4.101, may be identified and disclosed to DVHA via various sources including but not limited to:

- A provider,
- a member,
- or DVHA employee.

The purpose of the Quality of Care (QOC) review process is to address concerns identified around care, in a timely manner, which may warrant education or a corrective action plan on the part of the provider. Given that Vermont Medicaid members seeking care may continue to be referred to a provider associated with a QOC concern by Department of Vermont Health Access' (DVHA) customer service vendor, it is imperative that DVHA review QOC concerns to ensure the safety and well-being of its members. In the most egregious of cases, a concern may result in preclusion of provider participation in Vermont Medicaid, or referral to Medicaid Fraud and Residential Abuse Unit (MFRAU), Office of Professional Regulation (OPR) or Medical Practice Board. Resultant determinations from the QOC concern review process will be as follows:

- Level 0 – No confirmed QOC problem.
- Level 1 – Confirmed QOC problem without significant adverse effect on the patient.
- Level 2 – Confirmed QOC problem with the potential for significant adverse effect on the patient.
- Level 3 – Confirmed QOC problem with significant adverse effect on the patient.

If the concern is deemed not to be a QOC issue, it may be forwarded as a grievance and managed per that protocol.

DVHA will complete an annual quality review of received QOC concerns.

### **Procedure:**

#### **A. Concern Receipt and Request for Documentation**

If at any point in the QOC concern review process, escalation of the case is required, e.g., if the scale of the QOC concern is at the facility, institutional, or practice level, the DVHA physician would refer QOC case to the appropriate DVHA unit and inform DVHA Senior Leadership of case escalation.

1. A quality of healthcare concern is received at the CST email address. The Quality of Healthcare Concern Report Form (i-1) is completed by the CST Staff who initially receives the case.
2. An assigned administrative staff enters case into tracking log to include date of report and date of report receipt. The referral document is forwarded to 1) DVHA Special Investigations Unit (SIU) to determine if a case exists with the provider and 2) the DVHA Appeals Unit to determine if a related grievance exists.
3. SIU verifies whether a case is open with the provider named in the case. If death of a member is involved, SIU requests medical records and contacts MFRAU accordingly.
4. SIU discusses case with DVHA physician to determine course of action, e.g., if CST should hold or proceed with QOC process. DVHA physician may request additional assistance from DVHA's SIU such as coding analysis or record review in reviewing a Quality of Care concern.
5. The DVHA physician reviews QOC concern to determine which clinical unit, Clinical Operations, Pharmacy, or Clinical Integrity, is the most appropriate to staff the case. Appropriate unit clinical staff member is assigned by unit lead to review the case. The tracking sheet is updated by clinical staff person with date of case assignment. The DVHA clinical staff member and DVHA physician meet to review i-1 and determine next steps regarding medical record requests.
6. The assigned unit clinical staff reviewer completes and mails the initial request for medical records (form letter e-1a) and sends via certified mail. Date of initial records request is updated on tracking.
  - a. If records are not received within 30 business days, the assigned unit clinical staff reviewer completes and mails via certified mail, the second request for medical records (Form letter e-1b). Date of the second record request is updated on tracking.
  - b. If records remain outstanding after an additional 15 business days, the assigned unit clinical staff reviewer communicates with the provider to discuss plan to receive records, and mails via certified mail the third and

final request for medical records (form letter e-1c) which states that sanctions will be applied if records not received within 15 business days. Tracking is updated with final record request date.

- c. If records remain delinquent, the case is referred to the SIU. Date of referral logged on tracking sheet.
7. Medical records are received, and date of receipt is logged on tracking by assigned unit clinical staff reviewer. The assigned clinical staff reviews medical records and completes review worksheet form i-2 and presents both the medical records and review worksheet to the DVHA physician.

### **B. Review and Preliminary Determination**

1. The DVHA physician reviews the records and i-2 with the assigned unit clinical staff reviewer. The unit reviewer completes the top section of form i-3 and the DVHA physician completes the remainder of i-3. A preliminary QOC review determination is made.
2. The DVHA physician drafts preliminary findings correspondence to the provider in question (form e-2) and provides to the clinical staff person to submit to the provider via certified mail. If a preliminary level 3 determination is made, consult with general counsel in drafting e-2 response. This preliminary finding correspondence may request additional response via documentation related to policy, procedure, staff training, etc., within 15 business days. This allows the provider in question an opportunity to provide information that may contribute explanation related to the QOC concern.
3. If the additionally requested documentation is not received within 15 business days, there may be a referral to SIU regarding sanctions. The DVHA physician/unit reviewer should reach out to the provider to identify extenuating circumstances around delayed documentation receipt prior to SIU referral.

### **C. Final Determination and Outcomes**

1. Upon receipt of the additionally requested documentation, the assigned unit clinical staff reviewer updates the tracking with date of record receipt, reviews the additionally requested documentation, and completes the top portion of form i-4. DVHA physician reviews and completes the final severity assignment determination on the same form. A final determination is made by the DVHA physician.
2. If no QOC concern is identified, form e-3 is drafted by DVHA physician/clinical staff person to notify provider of no QOC concern findings and review is complete. If there is concern for grievance, contact MPS and forward i-1. The assigned unit clinical staff reviewer sends letter e-3 via certified mail and updates tracking.
3. A final determination is made:
  - a. If a level 0 (no quality of care concern) is identified, form e-3 is drafted indicating no QOC and sent via certified mail by clinical staff to provider

notifying no findings, review complete. Tracking updated with date mailed. No further response is required from the provider, and this is the end of review date.

- b. If a Level 1, 2 or 3 severity final quality problem is determined, form e-3 is submitted to the provider including these findings via certified mail, requesting acknowledgement and response to the identified QOC concern and plan regarding the findings within 15 business days. The assigned unit clinical staff reviewer updates tracking with the date the letter was mailed. If the QOC is a level 3 severity finding, review with DVHA Legal prior to mailing.
4. If a response is not received within 15 business days, the case is forwarded to SIU for consideration of sanctions. Tracking updated by assigned unit clinical staff reviewer with date of referral to SIU. Again, the DVHA physician/unit reviewer should reach out to the provider to identify extenuating circumstances around delayed response prior to SIU referral.
5. The provider response is received, date of receipt is logged on the tracking sheet and the response is reviewed by assigned unit clinical staff reviewer and the DVHA physician. This is the date the case is closed.
6. If the final severity assigned is deemed to be a Level 3, the case is referred to Legal, Senior Leadership, and SIU. A decision is made whether to refer the case to the Medical Practice Board and/or to terminate the provider from Vermont Medicaid in addition to a Corrective Action Plan that can be monitored and verified once completed.
7. If a CAP is implemented, date of the CAP completion is entered by the unit clinical staff reviewer once confirmation of this is received from the provider.
8. If additional correspondence is required w/ provider, e.g., adjustment of CAP, etc., form e-4 may be utilized for this purpose.

### Revision History:

Date	Summary of Revisions
2/28/22	Review and minor process improvements made
9/16/22	Review and minor process improvements made r/t grievance referrals
3/6/2023	OMU review for updates.
4/26/2023	Review

Table 1 Revision History