

Quality Assurance



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AmeriHealth Caritas Iowa's Quality Assurance and Performance Improvement (QAPI) program provides a framework for evaluating the delivery of health care and services provided to members.

AmeriHealth Caritas Iowa develops goals and strategies considering applicable State and Federal laws and regulations and other regulatory requirements, NCQA accreditation standards, evidence-based guidelines established by medical specialty boards and societies, public health goals and national medical criteria.

AmeriHealth Caritas Iowa also uses performance measures such as HEDIS[®], CAHPS[®], consumer and Provider surveys, and available results of the External Quality Review Organization (EQRO), as part of its QAPI program.

Preventive health and clinical guidelines are developed using criteria established by nationally recognized professional organizations and with input from the AmeriHealth Caritas Iowa Provider Advisory Council. Guidelines are distributed via the Plan's website at www.amerhealthcaritasia.com. Hard copies are available upon request.

Preventive Health Guidelines:

Preventive Health	
<ul style="list-style-type: none">• Pregnancy• Well Child Age Birth-10 yrs.• Adolescent Age 11-20 yrs.• Adult Age 21-44 yrs.• Adult Age 45-64 yrs.• Adult Age 65+ yrs.	<ul style="list-style-type: none">• Childhood Immunizations• Adolescent Immunizations• Adult Immunizations• Chlamydia Screening• Early and Periodic, Screening, Diagnosis, Treatment (EPSDT) Schedule / HealthCheck

Medical Record Documentation

Complete and consistent documentation in patient medical records is an essential component of quality patient care. AmeriHealth Caritas Iowa adheres to medical record requirements that are consistent with national standards on documentation. A list of our medical record standards is available in the AmeriHealth Caritas Iowa Provider Manual on our website at www.amerihealthcaritasia.com.

Committees and Councils that Support the QAPI Program:

- Provider Advisory Council
- Member Advisory Council
- Quality of Service Committee
- Pharmacy and Therapeutics Committee
- Credentialing Committee
- Culturally and Linguistically Appropriate Service (CLAS) Workgroup

Provider Participation

We encourage provider participation in our quality-related programs. Providers who are interested in participating in one of our Quality Committees may contact Provider Services at **1-855-411-0579** or their Account Executive.

Policy Statement

AmeriHealth Caritas Iowa monitors the quality and appropriateness of care provided to its members by hospitals, clinics, physicians, home health care agencies and other providers of health care services.

Purpose

The purpose of monitoring care is to identify those unusual and unexpected occurrences involving death or serious physical or psychological injury, or the risk thereof, or which otherwise adversely affect the quality of care and service, operations, assets, or the reputation of the Plan.

This includes **critical incidents, sentinel events, never events and minor incidents.** The phrase “or risk thereof” includes any process variation for which an occurrence (as in a “near miss”) or recurrence would carry a significant chance of a serious adverse outcome.

Important definitions and examples include:

Sentinel Event – Real-time identification of an unexpected occurrence that causes a member death or serious physical or psychological injury, or risk thereof, that included permanent loss of function. This includes medical equipment failures that could have caused a death and all attempted suicides. These events are referred to as “sentinel” because they signal the need for immediate investigation and response. Please note, the terms “sentinel event” and “medical error” are not synonymous; not all sentinel events occur because of an error and not all errors result in sentinel events.

- Examples of sentinel events are maternal death after delivery or suicide while inpatient.

Important definitions and examples include:

Critical Incident - Retrospective identification of an unexpected occurrence that causes a member death or serious physical or psychological injury, or risk thereof, that included permanent loss of function. Critical incidents include:

- Physical injury that requires physician treatment or admission to the hospital
- Results in death
- Requires emergency mental health treatment for the member
- Requires intervention by law enforcement
- Requires report of child abuse
- Prescription medication error or pattern of errors that results in physical injury, physician's treatment, hospitalization, death or emergency mental health treatment.

Important definitions and examples include:

Minor Incidents: means an occurrence involving a member during service provision that is not a major incident and that:

1. Results in the application of basic first aid;
2. Results in bruising;
3. Results in seizure activity;
4. Results in injury to self, to others, or to property; or
5. Constitutes a prescription medication error.

Reporting Procedure for Minor Incidents may be reported in any format designated by the provider. When a minor incident occurs or a staff member becomes aware of a minor incident, the staff member involved shall submit the completed incident report to the staff member's supervisor within 72 hours of the incident. The completed report shall be maintained in a centralized file with a notation in the member's file.

Important definitions and examples include:

Never Events – Reportable adverse events that are serious, largely preventable, and of concern to both the public and health care providers for the purpose of public accountability. These events are clearly identifiable and measurable. Never events are also considered sentinel events. Examples include (but aren't limited to):

- Surgery performed on the wrong patient
- Surgery on the wrong body part
- Unintended retention of a foreign object after surgery
- See CMS.gov or NQF.org for a complete list.

Reporting Unusual Occurrences

Providers are expected to report unusual occurrences, as described above and including near misses, to the Plan in real time. The Plan recognizes that the safety of the involved member is the primary goal of the treating practitioner; therefore, allowance is made for the stabilization of the member prior to reporting. All unusual occurrences must be reported to the Plan within 24 hours of occurrence. Reports may be made to the AmeriHealth Caritas Iowa Risk Manager by calling **1-844-411-0579**.

AmeriHealth Caritas Iowa's goals are to:

- Have a positive impact on improving patient care, treatment and services and prevent unusual occurrences;
- Focus the attention of the organization on understanding the causes that underlie the event, and on changing systems and processes to reduce the probability of such an event in the future; and,
- Increase general knowledge about unusual occurrences, their causes and strategies for prevention.

AmeriHealth Caritas Iowa will not take punitive action or retaliate against any person for reporting an unusual occurrence. The practitioners involved will be offered the opportunity to present factors leading to the unusual occurrence and to respond to any questions arising from the review of the unusual occurrence.

For comprehensive procedures following the report of an unusual occurrence, please consult the provider manual at www.amerihealthcaritasia.com.