

Quality Improvement Programs

Part 3: Writing Quality Improvement Plans and Corrective Action Plans

Developed by
Quality Management, PerformCare

PerformCARE®

Objectives for Part 3

- To define a quality improvement plan (QIP) and corrective action plan (CAP).
- To identify why a QIP/CAP may be required.
- To recognize the crucial purpose of a QIP/CAP.
- To identify the steps of the monitoring system.
- To examine all required fields of a QIP/CAP.

Agenda

- QIPs and CAPs.
- Why a QIP or CAP may be requested by PerformCare.
- Overview of the monitoring of QIPs/CAPs.
- Review of required fields on a QIP/CAP.
- Frequently asked questions.

Defining a Quality Improvement Plan

A quality improvement plan (QIP) is a document the Provider completes and submits in response to areas of opportunity identified by PerformCare. These areas of opportunity may be identified by:

- Treatment or service record review.
- The monitoring of Provider performance measures, such as Behavioral Health Rehabilitation Services (BHRS) access and administrative appeals.
- Quality of Care Council concerns referred by PerformCare staff.
- Special Investigation Unit record review.

Examples of When QIPs Are Required

- Access standards are not met.
- Scores below benchmark during a treatment or service record review.
- Report of an adverse event or Member safety concern.
- Failure to submit timely claims, leading to multiple claims appeals.
- History of not following PerformCare policies or procedures. For example, lack of timely submission of clinical information or poor discharge planning.
- Inadequate clinical treatment, such as not developing a safety plan, not incorporating recovery principles, and not coordinating with other team members.
- Pervasive violations of established federal and state regulations, Medical Assistance bulletins, PerformCare policies and procedures, the Provider Handbook, or any other written expectations for service provision and documentation.

Defining a Corrective Action Plan

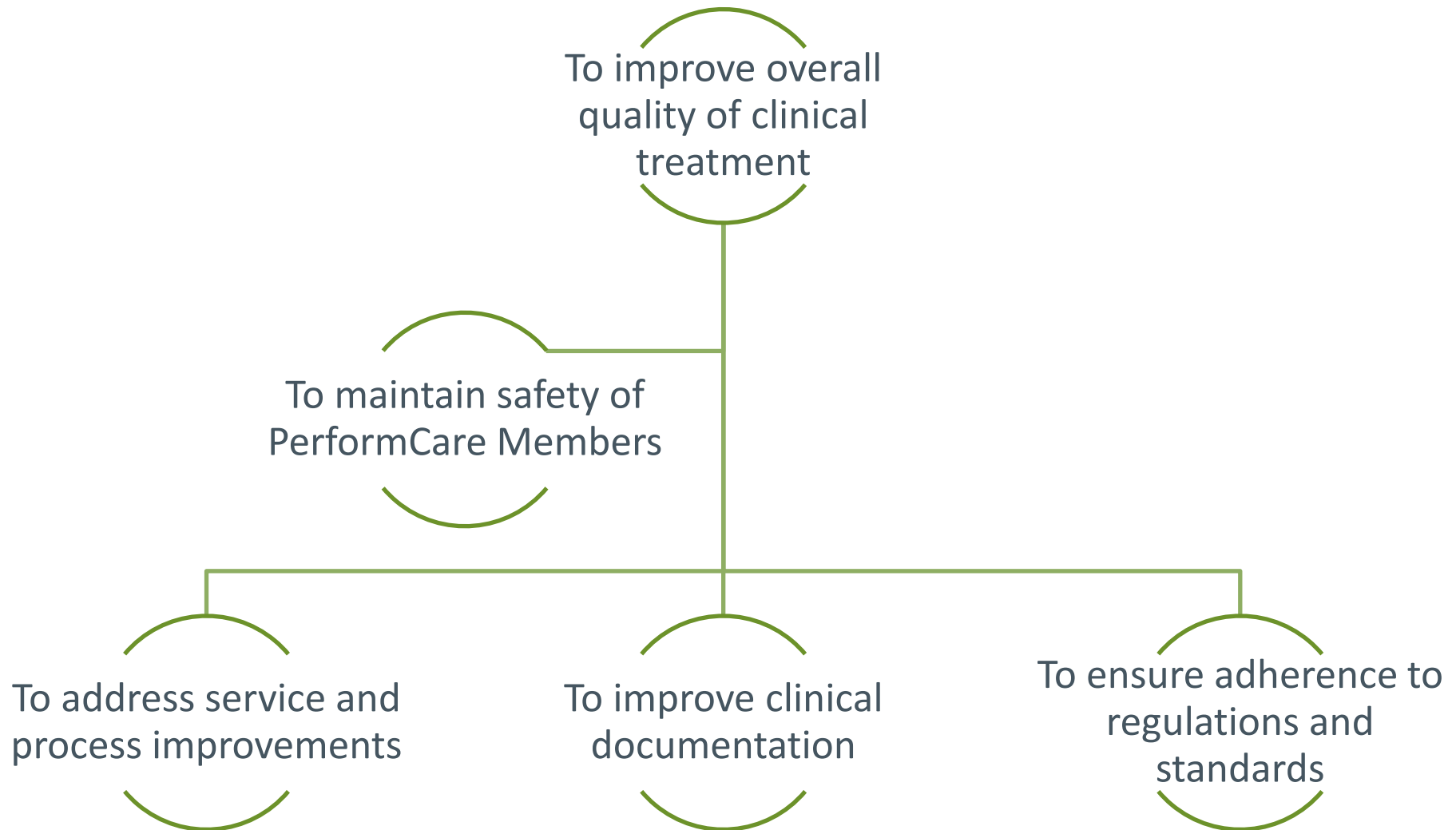
A Corrective Action Plan (CAP) is a document the Provider completes and submits in response to one or more significant areas of opportunity due to the Provider not meeting contractual obligations. A CAP will be requested by the PerformCare Credentialing Committee. Referrals are made to the Credentialing Committee for the following reasons:

- Inability to make progress during the Quality Improvement Plan process.
- Provider did not respond to outreaches by PerformCare when there are significant quality issues.
- Significant Member safety concerns were reviewed by the Quality of Care Council.

Examples of When a CAP Is Required

- Provider repeatedly fails to follow PerformCare administrative procedures after multiple coaching sessions and documented education about a concern during the QIP process.
- Efforts to resolve a violation of PerformCare policy do not succeed at a lower level.
- PerformCare identifies a situation that could result in immediate harm to Members.
- Efforts to resolve a quality concern at a lower level through the Quality of Care Council and Provider education efforts are unsuccessful.

Purpose of a QIP or a CAP



How Does a Provider Know the Areas of Opportunity?

The identified areas of opportunity for a **QIP** will be:


- Pre-populated on the QIP template by PerformCare due to a low treatment or service record review score, administrative appeal concerns, or a BHRS access issues.
- Outlined in a letter from the Quality of Care Council. These are concerns based on referrals to the council.
- Outlined in an overpayment recovery letter from the Special Investigation Unit.

The identified areas of opportunity for a **CAP** will be:


- Outlined in a letter sent on behalf of the Credentialing Committee, which includes the reasons the CAP is required and the elements that need to be addressed.

Monitoring Process


Provider receives a letter and has 30 days to provide a QIP/CAP.



PerformCare provides feedback in written form and may request a telephonic meeting.



Provider submits the required information and updates the QIP/CAP as needed.



Feedback is provided until the QIP is finalized.



Provider completes QIP/CAP when the threshold established by PerformCare was met.

QIP/CAP Template Example

Provider:						Completed date:
Level of care (if applicable):						
Identified area of opportunity	Action steps	Lead staff responsible	Start date	Planned completion date	Documented evidence of completion	Updates and comments
	1					
	2					
	3					
	4					
	5					

Required Fields

Identified area of opportunity

These are identified by PerformCare.

Action steps

Insert one or more major action steps for each recommendation. The action steps are the plans that the Provider will implement to improve the areas of opportunity.

Lead staff responsible

Provide the name of one individual who has lead responsibility for each recommendation.

Start date and planned completion date

Insert the start date and planned completion date for each major action step.

Documented evidence of completion

Specify the objective and measurable evidence you will use for internal project management to demonstrate completion of each major action step.

What Are the Major Action Steps?

Clear and concise actions that will be taken to successfully address the areas of opportunity:

- Each area of opportunity should have at least one major action step, though more can be included.
- These action steps should be new items that are not already occurring.
- They may include new trainings; new processes; new or updated policies, procedures, and protocols; or other actions to ensure the desired outcome.

Lead Staff Responsible

Clearly identify the **name** and **role** of the staff person who is responsible for each action step:

- Example: Quality Improvement Director, Joe Smith.

While many staff may be involved, please list the primary staff person responsible for carrying out each action step.

Start Date and Planned Completion Date

Start date

The date by which the major action step will begin:

- For most items, this should be almost immediate.
- For multiple action steps under one area of opportunity, the dates should be individualized to each action step.

Planned completion date

The date by which the major action step will be complete:

- By this date, you should be able to provide evidence of completion.
- For BHRS access QIPs, planned completion dates should be timely.
- Do not use “on-going” for a planned completion date.

Documented Evidence of Completion

Objective, measurable evidence that demonstrates completion of the major action step:

- Each action step should include documented evidence of completion.
- Providers should be able to provide this evidence to PerformCare.
- Examples of evidence of completion that can be submitted to PerformCare:
 - Trainings and training logs.
 - Audit tools and results of internal reviews.
 - Policies or procedures.
 - Updated or newly created forms.
 - Tracking sheets.

- PerformCare will use this column for multiple reasons, which may include:
 - Providing clarification and/or suggestions.
 - Requesting revisions.
 - Accepting evidence of completion.
- Providers may use this section to clarify or to note action steps that are completed.

Questions

How do I know when my QIP is accepted?

Providers will receive notification when their QIP/CAP is accepted, and when revisions are requested. If revisions are requested, PerformCare will provide a due date for the revised QIP/CAP.

How often will I need to make updates?

Providers should monitor the QIP/CAP internally, and update their primary PerformCare contact. In many cases, PerformCare will request updates, also. Updates should include, but are not limited to:

- Notification of trainings being performed.
- Internal reviews being completed and identification of any barriers encountered.
- Any action steps that have been added.
- Evidence of completion that is ready for submission.

Questions (Continued)

How do I know the QIP/CAP is completed?

The QIP/CAP is completed when all the action steps have been performed, and the identified areas of opportunity have been fully resolved. Notification will be provided from PerformCare when the QIP/CAP is closed.

Will other Providers and stakeholders know I am on QIP/CAP?

Other Providers will not know. Oversight and county representatives may know, if necessary.

Will being on a QIP/CAP interfere with my program (e.g., lower my rate or stop referrals)?

When you are on a QIP/CAP, the Provider will be notified immediately if there is a suspension of referrals. Not all Providers are placed on a suspension because it depends on the severity of the issue and the progress made. PerformCare has not lowered rates due to a QIP/CAP.

Questions and Concerns

If you have any questions about this presentation, please contact PerformCare and ask for the Quality department at 1-888-700-7370.

PerformCARE®

Care is the Heart of Our Work