

## Section 11: DCHP Quality Program

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### *DCHP QI Program*

Driscoll Children's Health Plan Quality Improvement Program actively monitors and evaluates services provided to health plan enrollees. The program is designed to ensure that members of Driscoll Children's Health Plan receive appropriate, timely, and quality services rendered in settings suitable to their individual needs while promoting primary preventive care in an effort to achieve optimal wellness.

Authority for the program is received from the Governing Board. The Governing Board receives annual reports concerning the operation of the program from the Quality Improvement Committee.

Annually, a Quality Improvement Work Plan is developed to identify areas to monitor for the coming year. The Plan includes monitoring and evaluating the structure, process, and outcomes of the health plans delivery system. The Governing Board approves the QI Work Plan.

Monitoring of structure assures that internal and external operations are suitable for maintaining efficient and effective quality services. Process monitoring and evaluation is performed to determine the extent to which care received by Driscoll Children's Health Plan members conforms to current acceptable medical standards and is documented appropriately.

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### *DCHP Provider Quality Measures*

The Annual QI Work Plan includes ongoing specific quality measures that directly involves providers. These measures include, but are not limited to, reviews of:

- Accessibility and availability of providers.
- Member Complaints as it relates to providers
- ER utilization
- Quality of Care Focused Studies
- MRSA claims
- Well-Child exams
- Readmission rates
- Member Satisfaction surveys

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**DCHP Provider Services: 1-877-DCH-DOCS (324-3627)**

**Prior Authorization and Referrals: 1-877-455-1053 (FAX 1-866-741-5650)**

**Case Management: 1-877-222-2759 (FAX 1-866-741-5650)**

**CHIP Member Services: 1-877-451-5598    STAR Member Services: 1-877-220-6376**

**Member Services FAX: 361-904-0187**

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Other areas may be added throughout the year. Providers will be notified at the next manual update of the areas that have been added.

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## ***DCHP HEDIS Measurements***

Driscoll Children's Health Plan is required by the Health and Human Services Commission (HHSC) to conduct certain defined HEDIS measurements. Health Employer Data Information Sets (HEDIS) are specified criteria defined by the National Committee for Quality Assessment (NCQA), the national accrediting agency for Health Maintenance Organizations (HMOs). The HHSC defined criteria includes, but are not limited to, the following:

- evaluation of well child examinations
- pharyngitis diagnosis and treatment
- use of appropriate medications for members with asthma
- mental health follow-up appointments following hospitalization (at 7 days and 30 days)
- mental health utilization - inpatient discharges and average lengths of stay

DCHP provides encounter data to the HHSC-contracted External Quality Review Organization (EQRO). The EQRO evaluates all STAR and CHIP health plan claims and produces health plan report cards and HEDIS data. For more information regarding HEDIS criteria, and monitoring, contact Provider Services at the number below.

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## ***DCHP Quality Improvement Committee***

Driscoll Children's Health Plan has a Quality Improvement Committee which is responsible for oversight and ensuring that quality processes, and quality of care is provided to all members. This committee is comprised of Pediatricians, Specialists, the CEO of the health plan, a member representative, the Executive Director of QI, and other ad hoc members as needed. All DCHP Subcommittees report to the QI Committee. Subcommittee chairmen provide subcommittee updates at each QI Committee meeting. The QI Committee reviews and approves the annual QI Work Plan. Each committee meeting consists of review of areas associated with the work plan. In addition, all policies and procedures for DCHP are reviewed and approved by this committee. The QI Committee reports to the Governing Board.

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## ***How to Get Involved in DCHP Quality Program***

All providers are encouraged to participate in the DCHP Quality Program. This includes participation in the QI Committee. For more information on how to participate in the Quality Program and/or the QI Committee, contact the Executive Director of QI at **361-694-6433**.

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## ***Provider Report Cards***

Driscoll Children's Health Plan prepares individual provider report cards that evaluates the provider's membership and the providers performance as it relates to the care of the members. The information is compiled from claims data, and is compared to like providers so that a peer to peer evaluation can be completed. For more information regarding the report card, the Provider may contact Provider Services at the number below.

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## ***Credentialing and Recredentialing***

### *Becoming a DCHP Provider*

Driscoll Children's Health Plan (DCHP) is dedicated to recruiting and contracting with providers that are needed to meet the needs of all DCHP members. This includes a network of PCP's, specialists and ancillary providers necessary to accommodate membership objectives within the DCHP geographic service area.

Each provider interested in participating in the provider network must complete a credentialing application and sign a provider agreement.

### *Network Participation Requirements*

The following are required of all providers to participate with DCHP:

- Comply with all DCHP policies, procedures, rules and regulations
- PCP to provide a medical home for the member
- Maintain confidential medical records consistent with the DCHP medical record standards and guidelines as applicable to HIPPA regulations.
- Maintain twenty-four (24) hours per day/seven (7) days a week, coverage personally or by phone.
- Abide by the DCHP Accessibility and Availability Guidelines
- Arrange for coverage when not available

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- Maintain current malpractice insurance with minimum coverage \$100,000/\$300,000
- Abide by the terms of the participating provider agreement
- Maintain a facility or office that promotes patient safety

### Credentialing and Recredentialing Committee

The Credentialing/Recredentialing Subcommittee is responsible for approval of practitioners / providers to the Driscoll Children's Health Plan network. The subcommittee meets as often as necessary to review practitioner/provider credentialing/recredentialing activities. There are contemporaneous dated and signed minutes that reflect all Credentialing/Recredentialing Subcommittee activity. Reports are then made to the Quality Improvement Committee. The main scope of the committee is to ensure that competent qualified practitioners and providers are included in DCHP network and to protect the members from professional incompetence.

### Provider Site Reviews

Site visits will be conducted at the offices of all primary care physicians, OB/GYN physicians, and high volume individual behavioral health providers, by a Registered Nurse, LVN, or Provider Relations Representative prior to initial credentialing at Driscoll Children's Health Plan. In addition, site visits will be conducted by a Registered Nurse, LVN or Provider Relations Representative at any time for cause, including a complaint made by a member or another external complaint made to Driscoll Children's Health Plan.

High volume behavioral health providers are determined by reviewing claims processed from encounters for a three to six month period. The top 5% of classification of providers will be determined to be the high volume BH providers. In addition, all psychiatrists, any behavioral health group or clinic of ten (10) or more practitioners, and all Community Mental Health Mental Retardation (MHMR) centers will be designated as high volume. Site visits for initial credentialing will be conducted at these provider offices.

The site visit review will consist of the following components:

- Physical Structure and Surroundings
- Safety
- Provider Accessibility
- Provider Availability
- Staffing
- Emergency Preparedness
- Treatment Areas
- Medication
- Infection Control
- Patient Education / Patient Rights
- Medical Record Review

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For Rural Health Clinics, if a Nurse Practitioner or Physician Assistant is the main provider, additional criteria are reviewed that includes:

- Evidence of current state licensure for the Nurse Practitioner (Advance Practice Nurse);
- Evidence of protocols or orders in place to provide medical authority and prescriptive authority;
- Verification that these protocols or orders are signed by the Medical Director and reviewed annually;
- Evidence that the Medical Director has visited at least once every ten (10) days; and
- Evidence that the Nurse Practitioner or Physician Assistant has given a daily report to the Medical Director if there are complications.

Physician office site visits that do not achieve 85% compliance or higher have failed the site visit. The physician and office are notified of the results of the review by registered letter, with the deficiencies identified. The physician's office will be required to develop a corrective action plan that will include a time frame for correcting the deficiencies. Another site visit will be conducted in six months from the date of the deficient visit, and every six months until the provider complies with the site visit requirements. The provider office will be provided feedback of the site visit findings.

Required Office Policies & Procedures

Driscoll Children's Health Plan requires that network providers have Policies & Procedures in place for:

- **Advance Directives:** DCHP requests that information on Advance Directives be provided to any DCHP member 18 years of age or older.
- **Oversight of Mid-Level Practitioners:** Provide office policies defining the role of the Mid-Level Practitioner in providing health care within their scope of practice.
- **Medical Record Confidentiality:** DCHP requests that the provider office implement and maintain a policy which acts to ensure the confidentiality of patient information as required by the Health Insurance Portability and Accountability Act of 1996 (HIPPA).
- **Release of Records:** The Provider office must have a policy in place directing its staff to follow a specific process that is HIPPA compliant for release of records.
- **Informed Consent and ID:** A written policy and procedure must be in place for release of information and obtaining consent for treatment.

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- **Maintenance of Medical Records:** The office should have a written policy regarding the safeguard against loss, destruction, or unauthorized use of the medical records.

Recredentialing Requirements

The following updated information is required in recredentialing. The Credentials Verification Organization, along with the DCHP Credentialing Specialist, will be requesting the following information for the recredentialing process.

- Current Texas medical license;
- Current DEA license;
- Current DPS license;
- Clinical privileges at the primary network admitting facility;
- Malpractice/Liability insurance declaration page with minimum coverage of \$100,000/\$300,000 or as required by the primary admitting facility and expiration date\*;
- National Practitioner Data Bank inquiry;
- Board certification if newly certified or recertified since last credentialing
- Sanction inquiry (Medicare and Medicaid);
- Any additional medical diplomas and/or certificates; and
- Malpractice history.

\* Failure to provide Malpractice/Liability Insurance will result in immediate termination of the Physician Service Agreement.

Disputes from participating providers denied participation in the Health Plan will be addressed through the Health Plan formal credentialing appeals process, in a timely manner.

In addition, Driscoll Children's Health Plan must be notified by the provider whenever any of the following occurs:

- Malpractice settlements
- Any disciplinary actions taken (i.e. from hospital where physician has privileges, etc.)
- Change in malpractice coverage
- Loss of medical license

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***Confidentiality***

Each physician contracted with Driscoll Children's Health Plan (DCHP) must implement and maintain a policy which acts to ensure the confidentiality of patient information as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

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Only healthcare providers treating a member and essential DCHP employees involved in the coordination of a member's care are permitted access to medical records and member-specific information. Essential personnel are defined as those with "a need to know". All member-specific information shall be maintained in a secure area at the DCHP corporate and operational offices.

Verbal and written exchange of member-specific information is permitted when used for purposes of treatment, payment or operational procedures. Some examples of these purposes may be:

- During professional conferences, consultations and reports that are required as part of the DCHP Utilization Management or Quality Improvement programs.
- Between essential DCHP staff and the healthcare providers involved in the member's care.
- Only pertinent and essential health information will be communicated.
- Healthcare providers include PCPs, pediatric specialists, behavioral health care providers and other persons involved in the direct care for a member at in- and out-patient facilities.

Only pertinent and essential health information will be communicated. The general rule of "the least amount of information required to accomplish the task" shall be followed in all cases.

All DCHP records are the property of Driscoll Children's Health Plan. They may be removed from the DCHP jurisdiction and safe-keeping only in accordance with recognized statutes of law, including but not limited to, court order or subpoena.

Copies of hospital medical records of DCHP members are released according to the policies and procedures of the Medical Records Department of the particular institution and their contract with DCHP.

Copies of the physician office medical records may be released in compliance with state and federal regulations, and the terms of the individual physician's or group's contract with DCHP.

Unauthorized release of confidential information by an employee or agent of DCHP will result in disciplinary action, in compliance with Driscoll Children's Hospital Human Resources Policy.

Confidential information relating to a member, including HIV/AIDS information will not be disclosed or published without the prior written consent of the patient, parent, family, or legal guardian.

No longer needed confidential information is completely destroyed (i.e. shredded, etc.).

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## ***Practice Guidelines***

Driscoll Children's Health Plan utilizes the American Academy of Pediatrics Practice Guidelines, as guidelines for care for the CHIP/STAR Members. DCHP recognized nationally recognized

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guidelines as published by the various specialty medical societies and the AMA. Copies of these guidelines are available at the various websites via the internet. Questions regarding these practice guidelines may be directed to the DCHP office at **1-877- 324-7543**.

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### ***Focused Studies and Utilization Management reporting requirements***

In conjunction with the QI Work Plan, Driscoll Children's Health Plan conducts focused studies to look at the quality of care. Examples of focused studies conducted are:

- T&A Surgeries
- Appendicitis care and treatment
- Diabetes care and treatment

The QI Work Plan is developed annually, and focused studies may be added at this review.

Other Utilization Management reports that are produced monthly and reviewed at the Utilization Management / Behavioral Health Subcommittee meetings, as well as the QI Committee are as follows:

- Review of admissions and admission/1,000 members (BH and Medical)
- Review of bed days and bed days/1,000 members (BH and Medical)
- Average length of stay for inpatient admissions (BH and Medical)
- ER utilization and utilization/1,000 members
- Outpatient surgeries and surgeries/1,000 members
- Observations (23 Hour) stays and stays/1,000 members
- Denials and appeals
- Other reports as needed to evaluate utilization of services by membership

For information on any of the above reports, or to see one of these reports, contact the Executive Director of QI for DCHP at **1-877-324-7543**.