STANDARD I. QAPI PROGRAM STRUCTURE AND OPERATIONS[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
	The HP has a quality improvement infrastructure to ensure continuous improvement in the quality and safety of clinical care as well as the quality of services it provides to its members.
1. **QAPI Program Written Description** *42 CFR 438.240* *SMM 2091.7* *RFP § 50.520*	☐ The written QAPI Program Description clearly delineates the role(s) and function(s) of the HP's quality improvement (QI) structures and processes, and clearly assigns responsibility. At a minimum, the QAPI Program Description addresses the following:
2. **QAPI Program Goals and Objectives**	☐ Annually developed overall goals and objectives.
3. **QAPI Program Scope**	☐ A comprehensive scope addressing the quality of:
	• Clinical medical care;
	• Behavioral health care;
	• Member safety, and
	• Non-clinical aspects of service, including the availability, accessibility, coordination and continuity of care.
4. **QAPI Program Range of Care**	☐ The entire range of care provided by the HP, including:
	• All demographic groups in its QUEST population.

[1] Standard is subject to change.
6/11/06

STANDARD I. QAPI PROGRAM STRUCTURE AND OPERATIONS[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
	• All care settings (e.g. inpatient, ambulatory, including care provided in private practice offices and home care).
	• All types of services (e.g. preventive, primary, specialty care and ancillary care).
5. **Governing Body Accountability**	☐ The written description stipulates that the Governing Body is accountable for providing organizational governance of the HP's QAPI Program.
	☐ The governing body's oversight responsibilities are clearly delineated and execution of these responsibilities is documented in sufficient detail in meeting minutes to demonstrate that this body directs and follows-up on QAPI Program actions.
6. **Designated Physician and Behavioral Health Practitioner**	☐ The QAPI Program Description specifies the role(s) and responsibilities of the designated physician as well as the designated behavioral health practitioner, who participate in or advise the Quality Improvement Committee (QIC).
7. **Quality Improvement Committee (QIC) and Sub-Committees**	☐ The QAPI Program description clearly delineates the role(s), function(s), composition, meeting frequency, and reporting relationships of the Quality Improvement Committee (QIC) and all Sub-Committees. Documentation in meeting minutes reflect execution of designated functions.
8. **Participation of Practitioners**	☐ Practitioner participation in the QAPI Program is reflected in planning, designing, implementation and/or review activities.
9. **QAPI Program Work Plan**	☐ The HP ensures that a QAPI Program Work Plan is developed on an annual basis and is updated as needed.

STANDARD I. QAPI PROGRAM STRUCTURE AND OPERATIONS[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
10. QAPI Program Annual Assessment and Written Evaluation	☐ The written QAPI Program provides for an annual written Program evaluation.
11. Coordination of QI Activities with Other Management Activities	☐ The HP ensures that QI activities, linked with other HP management functions, are clearly identified, described and operationalized.
12. QAPI Program Information for Providers and Members	☐ The HP ensures that QAPI Program information, made available to its practitioners and members, includes a description of the QAPI Program and a report on the HP's progress in meeting its goals.

STANDARD II RESOURCES AND STAFFING[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
1. Adequate Resources *RFP §50.520*	☐ The HP ensures that adequate resources are devoted to the QAPI Program in order to:
	• Complete all QI/UM activities in a competent and timely manner.
RFP §51.200	• Fulfill all contractual requirements.
HP Medical Director	☐ The HP shall have on staff a locally based Medical Director licensed to practice medicine in the State of Hawaii to oversee the quality of care furnished by the plan and to ensure care is provided by qualified medical personnel.
HP Staff Resources and Systems	☐ The HP shall have in place adequate material resources, including staff as well as organizational, administrative and information systems to ensure that it can meet all contractual obligations.
Staff Qualifications	☐ The HP shall insure that all staff have the necessary qualifications (i.e. education, skills, knowledge and experience) to fulfill the requirements of their respective positions.
Staff Training	☐ The HP shall conduct initial and ongoing training of all staff to ensure they have the information and knowledge to perform the specific functions required in the QUEST Program contract.

[1] Standard is subject to change.
6/11/06

STANDARD III. SYSTEMATIC PROCESS FOR MONITORING QUALITY[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
	☐ The HP has policies, procedures, and mechanisms to objectively and systematically monitor and evaluate the entire range of care and all types of services in all care settings provided to all HP demographic groups. The HP activities are aimed at monitoring quality, member safety, and appropriateness of care and services, and pursuing opportunities for improvement on an ongoing basis. At a minimum, the HP conducts the following activities:
I. Performance Improvement Projects (PIPs)	
1. Performance Improvement Projects (PIPs) *42 CFR 438.240(b)(1)* *42 CFR 438.240(d)(1)* *42 CFR 438.240(d)(2)* *RFP 50.540* *MQD 2005 – 2006 Performance Improvement Projects (PIPs) – Policy and Timeline, September 2005*	☐ The HP conducts performance improvement projects (PIPs) that comply with *42 CFR 423.240*, CMS' final protocol, Version 1.0 dated May 1, 2002, *Conducting Performance Improvement Projects,* and DHS' current *PIP Policy and Timeline*.
	☐ Each PIP shall be completed in a time period determined by DHS (Fiscal Year: July 1 to June 30) to allow aggregate information on the success of PIPs to produce new information on the quality of care every year.
2. PIP Components *Validation of PIPs. 2005 – 2006 PIP Tool Completion Instructions (DHS/HSAG)*	☐ The HP's PIPs focus on clinical and non-clinical areas and include the following components:
Activity I *42 CFR 438.240(a)(2)*	☐ Selection of a study topic (by the HP or by CMS and/or by DHS).
Activity II	☐ A clearly defined answerable study question.

[1] Standard is subject to change.

STANDARD III. SYSTEMATIC PROCESS FOR MONITORING QUALITY[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
Activity III	❑ Clearly defined study indicator(s) to be monitored and evaluated that may be specified by the DHS and/or CMS.
Activity IV	❑ A correctly identified study population.
Activity V	❑ Valid sampling techniques.
Activity VI	☐ Accurate/complete data collection.
Activity VII	☐ Appropriate planned/implemented improvement strategies.
Activity VIII	☐ Sufficient data and barrier analysis and interpretation to determine if there have been any meaningful changes in performance/member health outcomes and/or member satisfaction, or to determine if additional changes need to be effected to improve the care the HP delivers to its members.
Activity IX	☐ Real improvement is achieved.
Activity X	☐ Sustained improvement over time is reflected.
3. **PIP Reporting Requirements** *42 CFR 438.240(d)(2)* *RFP 50.540 and 51.630*	☐ The HP's policies and procedures stipulate that on an annual basis:
	• The HP submits to the DHS and the EQRO, PIP reports on the designated PIP documentation tool for validation by the State's EQRO.
	• The HP includes the PIPs in the HP's annual QAPI Program evaluation.

STANDARD III. SYSTEMATIC PROCESS FOR MONITORING QUALITY[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
II. Other Quality and Utilization of Care Studies to Monitor Clinical and Service Delivery Areas	
5. **Additional Quality of Care Studies**	☐ In addition to conducting required PIPs, the HP also conducts other quality/utilization of care/services studies.
	• Based on quality and utilization data, the HP selects clinical and service delivery areas for on-going monitoring.
	• The HP conducts at least one study/activity relating to Program Integrity issues (Refer to Standard XIII. Program Integrity, I. Program Integrity Written Description, 4. Studies/Activities).
III. Disease Management (DM) Programs	
6. **Disease Management Programs** *RFP §40.330*	☐ The HP has policies/procedures and mechanisms relating to Disease Management Programs reflecting the HP's active intervention to assist members and practitioners in managing chronic conditions. The HP shall insure that the DM Programs:
	• Are based on an integrated, comprehensive approach to members' care that extends beyond a focus on the drug line item.
	• Address psychological aspects, caregiver issues, and treatment of multiple diseases using nationally recognized standards of care.
	• Include culturally appropriate interventions.
	• Demonstrate improved health outcomes and better measures the value of provided services.
	• Demonstrate lowered costs by reducing the use of unnecessary or redundant services or avoiding costs associated with poor outcomes.

STANDARD III. SYSTEMATIC PROCESS FOR MONITORING QUALITY[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
Direct Service	☐ Disease Management Programs focus interventions on members, and include direct services, which require the use of licensed practitioners such as nurses, pharmacists, or physicians providing services directly to individuals in order to improve or maintain their health.
	• Direct service includes medical assessments, disease and dietary education, instruction in health self-management, and medical monitoring. Medical services may be provided using the following disease management models:
DM Models	○ Contracting with a Disease Management Organization.
	○ Through an enhanced Primary Care Case Management (PCCM) Program.
	○ Through individual providers.
Required DM Programs	☐ The HP shall develop and implement:
RFP §40.330	• Two (2) Disease Management Programs selected by the State, and
	• At least two (2) additional programs selected from the following options using the required design components of a DMP to select the programs:
	○ Congestive Heart Failure
	○ HIV/AIDS
	○ High-Risk Pregnancy
	○ Obesity Management
Design Components	☐ The required design components of a Disease Management Program include:
	• Claims data analysis.

STANDARD III. SYSTEMATIC PROCESS FOR MONITORING QUALITY[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
	• Population selection and targeting that is meaningful to the HP.
	• Interventions.
	• Quality management.
Information and Education to Members and Practitioners	☐ The HP shall also insure that there are policies, procedures and mechanisms to:
	• Provide members with information and education regarding DM Programs.
	• Inform and educate practitioners about the DM Programs.
Annual Review	☐ The HP shall insure that DM Programs are reviewed annually and, based upon new treatments and innovations in the standard of care, revised as necessary.
IV. Practice Guidelines	
7. **Practice Guidelines** *42CFR 438.236* *RFP 50.550*	☐ The HP adopts clinical practice guidelines to help practitioners and members make decisions about appropriate health care for specific clinical conditions. Practice guidelines and clinical indicators:
42CFR 438.236(b)(1)	• Are based on valid and reliable clinical/scientific evidence from recognized sources or a consensus of health care professionals in a relevant field.
42CFR 438.236(b)(2)	• Address the needs of HP's members.
42CFR 438.236(b)(3)	• Are adopted in consultation with contracting health care professionals.
42CFR 438.236(b)(4)	• Are reviewed at least annually, and are updated periodically as appropriate.

STANDARD III. SYSTEMATIC PROCESS FOR MONITORING QUALITY[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
42CFR 438.236(c)	• Are disseminated to all providers and, upon request, to members and potential members.
42CFR 438.236(d)	• Are applied to and are consistent with, decisions for utilization management, member education, coverage of services, and other areas, including the process and outcomes of healthcare delivery and access to care.
Required Practice Guidelines	☐ At a minimum, the HP shall develop and implement practice guidelines for asthma, diabetes, pregnancy/high risk pregnancy, as well as one practice guidelines relating to a behavioral health condition.
8. Physician Incentive Programs *42 CFR Section 438.6(h)* *42 CFR 422.208* *42 CFR 422.210* *RFP §50.550*	☐ Practice guidelines shall be consistent with 42 CFR Section 438.6(h) regarding Physician Incentive Programs.
V. Performance Measurement	
9. Performance Measurement *42 CFR 438.240(b)(2)* *42 CFR 438.240(c)* *RFP §50.520 and §51.620*	☐ The HP has policies and procedures and mechanisms to meet Performance Measurement requirements stipulated in 42 CFR §438.240(a)(2),438.240(b)(2) and 438.240(c).
	☐ Annually, the HP shall measure and report its performance to the DHS using standard performance measures (HEDIS® measures) required by the DHS and/or by CMS, in accordance with requirements of 42 CFR 438.204(c).
	☐ Additionally, if required by the DHS, the HP shall submit additional data to enable the DHS to measure the HP's performance.

STANDARD III. SYSTEMATIC PROCESS FOR MONITORING QUALITY[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
VI. Safety and Quality Data Collection	
10. Safety and Quality Data Collection	☐ The HP has developed a plan for collecting and providing information regarding safety and quality, including:
	• The scope and time frame for implementation, and
	• Actions to be taken, such as:
	○ Activities to collect information on providers' actions to improve patient safety.
	○ Activities to make performance data publicly available for members and practitioners.
VII. Assessment of the Quality and Appropriateness of Care For Members with Special Health Care Needs	
11. Assessment of Care for Members with Special Health Care Needs *42 CFR 438.240(b)(4)* *42 CFR 438.208* *RFP §40.325*	☐ The HP must have in effect, policies and procedures and mechanisms to assess the quality and appropriateness of care furnished to members with special health care needs (Refer to *Standard VIII. Continuity of Care System, Including Issues/Standards Relating to Recipients with Special Health Care Needs)*

STANDARD III. SYSTEMATIC PROCESS FOR MONITORING QUALITY[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
VIII. Monitoring and Evaluation of Quality By Appropriate Clinicians	
12. Quality Review by Appropriate Clinicians	☐ Appropriate clinicians monitor and evaluate quality through the review of individual cases where there are questions about care, and through studies analyzing patterns of clinical care and related services.
13. Multi-disciplinary Teams	☐ Multi-disciplinary teams are used, when indicated, to analyze and address systems issues.
IX. Monitoring Providers	
14. Provider Monitoring	☐ The HP conducts medical audits at least every two (2) years to assess PCPs and high risk, high volume specialty physicians, and providers of ancillary services to assess:
	○ Compliance with practice guidelines and medical record keeping and confidentiality standards.
	○ Quality of care delivered.
	○ Potential for under and over-utilization.
	☐ The HP has policies, procedures and mechanisms for providing feedback from analysis of audit results to providers that evaluate individual performance and give feedback on the performance of other related provider types as a group. (Refer to Standard X UMP).
	☐ The HP has policies and procedures and mechanisms to implement and monitor provider-specific corrective action plans that include:
	• The specific types of problems that require remedial action.
	• Types of actions to be taken (i.e. education, follow-up monitoring/evaluation, counseling, etc.)

STANDARD III. SYSTEMATIC PROCESS FOR MONITORING QUALITY[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
	• Identification of the individual(s) or entity responsible for making final determinations regarding quality problems.
	• Use of progressive sanctions.
X. Satisfaction Surveys	
15. Member Satisfaction Survey	☐ The HP has policies and procedures relating to member satisfaction surveys on an annual basis. At a minimum, the HP ensures cooperation with the DHS in the annual member satisfaction survey conducted by the EQRO.
16. Provider Satisfaction Survey	☐ The HP has policies, procedures and mechanisms relating to conducting provider satisfaction surveys on an annual basis. At a minimum, surveys shall be distributed to PCPs and specialists.
XI. System-Oriented Corrective Actions	
17. Remedial Actions Applied to HP Performance	☐ The HP ensures that remedial action is initiated when opportunities for improvement are identified.
18. Assessment/Follow-Upof Effectiveness of Corrective Actions	☐ Remedial actions are monitored and evaluated to ensure appropriate changes and improvements are being made, and practice patterns are tracked.

STANDARD IV: MEMBER RIGHTS AND RESPONSIBILITIES[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
1. Written Policy on Member Rights and Responsibilities *42 CFR 438.100* *42 CFR 438.10* *RFP §50*	☐ The HP has written policies and procedures regarding members' rights and responsibilities and has mechanisms to ensure implementation and compliance with provisions specified in *42 CFR §438.10, 42 CFR §438.100,* and relevant provisions in *RFP §50,* including but not limited to:
2. Member Rights	• The rights guaranteed to each HP member stipulated in *RFP §50.340 and §50.100.*
3. Member Enrollment	• Requirements in *RFP §50.360* relating to the Member Identification Card.
	• Provision of an enrollment packet to all new enrollees in compliance with *RFP §50.100.*
	○ An explanation of members' rights, including those related to the grievance system and members' disenrollment rights.
4. Member Handbook *RFP §50.330*	○ A member handbook.
5. Information Regarding Member Status Changes *RFP §50.130*	○ Information about members' responsibilities relating to reporting member status changes.
6. Member Services	• Provision of member services detailed in *RFP §50.300,* including:

[1] Standard is subject to change.

STANDARD IV: MEMBER RIGHTS AND RESPONSIBILITIES[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
7. **Member Education** *42CFR 438.10*	○ Educating members in compliance with requirements in *RFP §50.310.*
8. **Requirements for Written Materials** *42 CFR 438.10(d)(1)(i)*	○ Meeting the requirements for written materials for members stipulated in *RFP §50.320* and §50.380 (Internet Presence/Web Site)
9. **Toll-Free Telephone Hotline** *RFP §50.370*	○ Compliance with requirements to ensure that toll-free hotline services are available and accessible to members throughout the HP's service areas.
10. **Translation Services** *42 CFR 438.10©(4)* *RFP §50.390*	○ Provision of translation services to any member who speaks any non-English language regardless of whether a member speaks a language that meets the threshold of a prevalent non-English language.
11. **Provider Directory & PCP Selection** *RFP §50.350 & §50.120*	☐ The HP shall insure compliance with its responsibilties relating to the Provider Directory as well as relating to PCP selection.

STANDARD V. MEMBER GRIEVANCE SYSTEM[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
1. Member Grievance System *Attachment A-2 State Quality Strategy* *42 CFR 438.400* *42 CFR 438.228* *42 CFR 438.402* *42 CFR 438.404* *42 CFR 438.406* *42 CFR 438.408* *42 CFR 438.410* *42 CFR 438.416* *42 CFR 438.420* *42 CFR 438.424* *RFP §50.800*	☐ The HP has policies, procedures and mechanisms in compliance with all applicable CFR provisions and *RFP §50.800.*
2. Documentation, Tracking and Trending	☐ The HP has mechanisms to insure that, at a minimum, it is capable of:
	• Initiating and maintaining all documentation relevant to each grievance and appeal.
	• Generating the quarterly grievances and appeals reports in the format required by the DHS and submitting these reports to the DHS in a timely manner.
	• Providing grievance-specific and/or appeal-specific documentation requested by the DHS and/or its designee.
	• Generating required letters to members (i.e. acknowledgment letters, notification letters, etc.) in a timely manner.

[1] Standard is subject to change.

STANDARD V. MEMBER GRIEVANCE SYSTEM[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
	• Tracking each grievance and appeal from the initial expression of dissatisfaction through resolution, and generating reports reflecting the HP's tracking activities.
	• Trending all grievances and appeals and generating reports reflecting the HP's trending activities.
3. **Staff Training**	☐ The HP shall insure that training is conducted for all staff performing any aspect of these processes.
4. **Compliance Monitoring**	☐ The HP has mechanisms to monitor compliance with all grievance and appeal-related requirements and to take corrective action if necessary.

STANDARD VI. NETWORK MANAGEMENT[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
1. **Provider Contracts and Provider Services**	☐ The HP shall have policies, procedures and mechanisms to insure compliance with all provider contract-related and provider service-related provisions in the RFP.
2. **Provider Grievance System** *RFP §40.290, State of Hawaii Quality Strategy, Attachment A-6*	☐ The HP shall have policies, procedures and mechanisms to implement the requirements stipulated in the State's BBA Language Update, *QUEST MEMO, ADM 0311, Attachment A-6 Grievance System Reporting Instructions For Providers, and RFP §40.290.*
3. **Documentation, Tracking and Trending Provider Complaints, Grievances and Appeals**	☐ The HP has mechanisms to insure that it is capable of:
	• Initiating and maintaining documentation relevant to each complaint, grievance and appeal, including provider notification of the disposition of a provider's grievance or appeal.
	• Generating the quarterly complaints, grievances and appeals reports in the format required by the DHS and submitting these reports to the DHS in a timely manner.
	• Providing grievance-specific and/or appeal-specific documentation requested by the DHS and/or its designee.
	• Tracking each grievance and appeal from the initial expression of dissatisfaction through resolution, and generating reports reflecting the HP's tracking activities.

[1] Standard is subject to change.

STANDARD VI. NETWORK MANAGEMENT[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
	• Trending all grievances and appeals and generating reports reflecting the HP's trending activities.
4. **Staff Training**	☐ The HP shall insure that training is conducted for all staff performing any aspect of these processes.
5. **Compliance Monitoring**	☐ The HP has mechanisms to monitor compliance with all provider complaints, grievances and appeals-related requirements as well as to take corrective action if necessary.

STANDARD VII. AVAILABILITY AND ACCESSIBILITY OF PRACTITIONERS AND SERVICES[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
1. Policies, Procedures and Implementation Mechanisms for Availability and Access to Care/Services	☐ The HP has written policies, procedures, and mechanisms to ensure compliance with provisions in *42 CFR 438.206, 42 CFR 438.207, 42 CFR 438.208, 42 CFR 438.210,* and all relevant sections of the *RFP* relating to access and availability of services.
2. Adequate Capacity and Services	☐ The HP shall develop, maintain and monitor a network of providers in compliance with provisions in *RFP §40.200.* The HP shall:
RFP §40.220.	• Ensure that it has the network capacity to serve the expected enrollment in respective service areas to ensure members can obtain needed health services in accordance with the DHS standards for access to care stipulated in the RFP.
RFP §40.300	• Cover and provide all benefits and services under contract.
	• Offer an appropriate range of services and access to preventive, primary care, specialty, services that is adequate for the anticipated number of members for respective service areas.
	• Maintain a sufficient number, mix, and geographic distribution of providers of services that is adequate for the anticipated number of members for respective service areas.
3. Monitoring	☐ The HP has mechanisms to monitor its compliance with all provisions relating to availability and access, and ensures that corrective actions are effected, if necessary.
	☐ The HP has mechanisms to monitor provider compliance with access standards as well as to take corrective action if necessary.

[1] Standard is subject to change.

STANDARD VIII. CONTINUITY OF CARE[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
1. Policies, Procedures and Implementation Mechanisms	❑ The HP has policies and procedures, and mechanisms to ensure compliance with 42 CFR §438.208, *RFP* §40.400 (Care Coordination/Case Management System), *RFP §40.325* Services for Members with Special Health Care Needs (SHCNs), and the requirements below.
2. CC/CM Services – Organizational Structure & Staffing	❑ The CC/CM system/services are organized, structured and caseloads are assigned to ensure that, at a minimum, there is:
	• Timely referral/access to CC/CM services.
	• Timely access and delivery of the right/medically necessary care/service required by members, at the right time, and in the appropriate amount.
	• Continuity, coordination and integration of members' care.
3. CC/CM Staff	❑ CC/CM staff are qualified and possess the training, skills, and knowledge to effectively perform their role and responsibilities.
4. Levels of CC/CM Services	❑ If the HP develops differing levels of CC/CM Services, criteria for determination of of levels are clearly defined.
5. Identification/Role of Designated Primary Care Provider	❑ The HP ensures that each member has an ongoing source of primary care appropriate to his or her needs. The member's PCP is designated with primary responsibility for development of the member's individualized care/treatment plan and coordination of the health care services furnished to the member.
6. Needs Assessment	☐ The CC/CM system includes a needs assessment process with criteria used to screen/identify members in need of CC/CM services.
7. Initiating Contact	☐ There is a process with specific timeframes for initiating contact with the member/designated representative.

[1] Standard is subject to change.

STANDARD VIII. CONTINUITY OF CARE[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
8. CC/CM Coordinator Assignment	☐ The HP assigns a CC/CM staff to each member's case, and provides the staff person's name and contact information to the member and their PCP.
9. Care Planning Process	☐ The care planning process includes: • Development of a member-centered individualized care plan (ICP), and • Appropriate time frames for ICP development and implementation.
10. ICP Components	☐ Individualized Care/Treatment Plans shall include: • Identified problems/areas requiring attention, • Designated Goal(s), • Specific and measurable objectives with assigned timeframes, • Specific interventions/actions/services to address each problem, • Frequency/Amount/Duration of services/interventions, • Assignment of responsibility, • Timeframes for follow-up, reassessment of the member's needs, and review and revision of the ICP.
11. Involvement in ICP Development *42 CFR 438.208* *42 CFR 438.100* *42 CFR 438.102*	☐ A process is in place to ensure that the member and if appropriate, the member's family participate in the development of the ICP, and other relevant providers, particularly specialists, are consulted.
12. Evaluation of ICP Effectiveness	☐ The HP ensures that the implementation of the member's ICP is monitored/evaluated for effectiveness, and is revised as frequently as the member's condition warrants.

STANDARD VIII. CONTINUITY OF CARE[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
13. Documentation	☐ The documentation of all CC/CM activities includes, at a minimum: • The assessment of the member's needs, • The ICP, • The member's response to the ICP, • Any revisions made to the ICP as well as all consultations, referrals, interactions, case conferences, correspondence, and • Other activities related to CC/CM services.
14. Confidentiality *42 CFR 438.224* *42 CFR 438.208*	☐ The HP ensures confidentiality of member information in accordance with professional ethics, HIPAA compliance provisions, other relevant federal and state laws, as well as, relevant provisions in the RFP.
15. Informing PCP	☐ There are mechanisms to ensure that, at a minimum, the member's PCP receives information about: • All out-of-home placements, • Hospitalizations and emergency room visits, • Reports of consultations, and referrals, • Medications/treatments prescribed by specialists, • Outcome of referrals (i.e. to medical and/or behavioral health specialists, substance abuse programs, CPS, community-based services/resources, etc.).
16. Behavioral Health Information Sharing	☐ There are mechanisms to provide for the timely sharing of appropriate information between a member's behavioral health care provider and their PCP, in a confidential manner. These processes are aimed at: 1) ensuring that members with coexisting medical and behavioral health conditions receive seamless, continuous coordination and appropriate care, and 2) addressing the potential quality problems arising from fragmentation of medical and behavioral health care. At a minimum, the HP shall address: • The member's behavioral health treatment plan, and • Prescribed treatments and psychopharmaceutical medications.

STANDARD VIII. CONTINUITY OF CARE[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
17. Coordination and Continuity *42 CFR 438.208*	☐ The HP's CC/CM system provides for:
	• Coordination and follow up of inpatient care/services and discharge plans (i.e. ensuring continuity of care when members are discharged with medications which are normally prior authorized or not on the HP's formulary and/or if members are discharged with medical supplies and/or durable medical equipment).
	• Coordination and continuity of outpatient care/service needs.
	• Referrals to and coordination with community-based resources/services providing services that are not covered by QUEST.
	○ For example, the HP coordinates care with other Medicaid agencies and community organizations in order to prevent duplication of services (e.g. Early Intervention Program (0-to-3 Program), DHS' Community Care Services, the WIC Program, HIV/AIDS Foundations/Organizations, etc.).
	• Coordination and continuity of services the HP furnishes to members with the services members receive from the behavioral health managed care plan or the DOH Child and Adolescent Mental Health Division (CAMHD).
	• Coordination and continuity of care when members transition to other programs (e.g. behavioral health managed care plan, Medicaid fee-for-service program, Medicare).
18. Sharing Pertinent Information *42 CFR 438.208*	☐ The HP's CC/CM system has processes for receiving and sharing pertinent information, as well as, interfacing with the member, the member's PCP, and as needed and appropriate, the member's family, other providers involved in member's care, other HP departments.
19. Discontinuation of Services	☐ The HP has criteria for discontinuing CC/CM services and mechanisms to inform relevant individuals.

STANDARD VIII. CONTINUITY OF CARE[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
20. Interfacing and Integrating *42 CFR 438.208*	☐ The CC/CM system provides for interfacing with, and integrating CC/CM services provided by provider agencies.
21. Coordination of Care *42 CFR 438.208*	☐ If multiple internal sections of the HP provide CC/CM services, there are mechanisms to ensure internal integration and coordination to prevent fragmentation of care and duplication of effort.
22. Information System *42 CFR 438.242*	☐ The CC/CM system is linked to the HP's information system and has the capability to enhance the provision of CC/CM services as well as support the monitoring and evaluation of the CC/CM system and services. At a minimum, the information system shall: • Track and trend CC/CM activities • Generate reports
Individuals with Special Health Care Needs – Requirements	
23. Compliance With All CC/CM Requirements	☐ All CC/CM requirements addressed above shall be applied to CC/CM services for individuals with Special Health Care Needs (SHCNs). Additionally:
24. Identification of Individuals with Special Health Care Needs (SHCNs) *42. CFR 438.208, Attachment A-5 of the State of Hawaii Quality Strategy*	☐ The HP has mechanisms to identify individuals with SHCNs in a timely manner:.
	• Upon enrollment into the HP.
	• Upon PCP referral and/or
	• Through the HP's quality improvement and utilization review/management processes.

STANDARD VIII. CONTINUITY OF CARE[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
25. Assessment & the ICP	☐ Assessments, performed by an appropriate health care professional within 30 days of member identification, serve as the basis for the ICP that shall be reviewed and approved by the HP in a timely manner.
26. Access Provisions Relating to Members with SHCNs	☐ The HP shall ensure that the following provisions apply to members meeting the SHCNs criteria:
	• Individuals with SHCNs shall have access to providers who are experienced in delivering the appropriate care and are available and physically accessible.
	• If an appropriate network provider is not available, the member with SHCNs shall have access to an out-of-network provider.
42 CFR §438.208(c)(4)	• Members with SHCNs shall have either a standing referral or an adequate number of direct access visits to specialists as determined by the individual's PCP.
	• In certain circumstances, the HP shall consider designation of a specialist as a member's primary care provider.
27. Providing Assessment Results to other HPs/PIHP *42 CFR §438.208(b)(3)*	☐ The HP makes provisions to share the results of its identification and assessment of members' needs with other QUEST HPs and/or CAMHD to prevent duplication of those activities.
Adults with Special Health Care Needs	
28. Adults with Special Health Care Needs	☐ The HP defines adults with special health care needs as those individuals 21 years of age and older who have chronic physical or behavioral conditions that require health related services of a type or amount beyond that generally required by adults.

STANDARD VIII. CONTINUITY OF CARE[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
	☐ The HP ensures that referrals for CC/CM services are made for:
29. Adult Medical Conditions	• Adults with conditions such as asthma, diabetes, hypertension, chronic obstructive lung disease, high risk pregnancy.
30. Identification of Additional Groups of Adults	• Adults whose use of prescription medications includes atypical antipsychotics and the chronic use of opioids, the chronic use of polypharmacy, and other chronic usage of specific drugs that exceed the use by other adults in the HP as identified by the HP.
	• Adults whose utilization of emergency room services is beyond that generally used by other adults in the HP for the treatment of chronic medical conditions such as asthma and diabetes.
	• Adults who use or need speech therapy, occupational therapy, and/or physical therapy for chronic medical conditions that exceed the utilization by other adults in the HP.
Children with Special Health Care Needs	
31. Children with Special Health Care Needs	☐ The HP defines children with special health care needs as individuals under 21 years of age who have a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that generally required by children.
	☐ The HP ensures that children with the following conditions are referred for CC/CM services:
32. Child Medical Conditions	• Conditions such as asthma, diabetes, hypertension, chronic obstructive lung disease, high risk pregnancy.

STANDARD VIII. CONTINUITY OF CARE[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
33. Identification of Additional Groups of Children	• Children who take medication for any behavioral health/medical condition that has lasted or is expected to last at least 12 months.
	• Children who are limited in their ability to perform activities that most children of the same age can due to a serious medical/behavioral health condition that has lasted or is expected to last at least 12 months.
	• Children who need or receive speech therapy, occupational therapy, and/or physical therapy for a medical condition that has lasted or is expected to last at least 12 months.
	• Children who need or receive treatment or counseling for an emotional, developmental, or behavioral health problem that has lasted or is expected to last at least 12 months.

STANDARD IX. MEDICAL RECORDS, RECORD RETENTION STANDARDS AND CONFIDENTIALITY STANDARDS[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
	I. Medical Record Standards
1. General Medical Record Requirements	❑ The HP shall establish policies, procedures, and mechanisms to insure compliance with the requirements in *RFP §50.530.* At a minimum, the HP shall establish standards consistent with the following provisions:
2. Medical Record Copy *42. CFR 438.100(b)(2)(vi)* *45 CFR 164*	• Each member shall be guaranteed the right to request and receive a copy of his or her medical records, and to request that they be amended, as specified in 45 CFR Part 164.
3. Record Availability	• Records shall be maintained and retained by PCPs and specialists in accordance with RFP provisions and Hawaii statutes, and shall be available at each encounter.
4. Access to Medical Records *42. CFR 431.3000 et. Seq.*	• The HP shall ensure that as long as access to the records, including behavioral health and substance abuse records, is needed to perform the duties of this contract and to administer the QUEST Program, member consent is not needed for access by authorized DHS personnel or personnel contracted by DHS.
	○ The HP shall have standards that provide the DHS or its designee(s) prompt access to members' medical records whether electronic or paper.
5. Medical Records – Content Standards	☐ Medical records may be paper or electronic. The MCO has written standards for the maintenance of medical records that accurately document required information and are legible, current, detailed, organized, and comprehensive to permit effective patient care and quality review. At a minimum, medical record standards include requirements for:
	• Patient Identification -- Each page of a paper or electronic record includes the patient's name or ID number.

[1] Standard is subject to change.

STANDARD IX. MEDICAL RECORDS, RECORD RETENTION STANDARDS AND CONFIDENTIALITY STANDARDS[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
	• Personal/biographical data -- Paper or electronic records contain patient demographic data which includes: age, sex, address, home and work telephone numbers, marital status; and employment, if applicable.
	• All entries are dated.
	• All entries are identified as to author.
	• Records must be legible to the reader. Any record determined by one physician reviewer to be illegible should be evaluated by a second reviewer. If it is still not legible, it will be considered deficient.
	• Allergies -- Any adverse drug reactions and/or food or other allergies or the absence of allergies (no known allergies) are posted in a prominent area on the medical record.
	• Encounter forms or notes have a notation regarding follow-up care, calls or visits, when indicated. The specific time of return is noted in weeks, months or as needed.
	• Past Medical History -- The medical record contains the patient's past medical history (for patients seen three or more times) that is easily identified and includes serious accidents, hospitalizations, operations, and illnesses. For children, past medical history relates to prenatal care and birth.
	• Immunizations -- Pediatric medical records include a completed immunization record or documentation that immunizations are up-to-date.
	• Diagnosis(es) -- Provisional or confirmed.
	• Medication information.
	• Identification of current problems -- significant illnesses, medical conditions, and health maintenance concerns.

STANDARD IX. MEDICAL RECORDS, RECORD RETENTION STANDARDS AND CONFIDENTIALITY STANDARDS[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
	• Smoking/ETOH/Substance Abuse for persons > 12 years old and seen three or more times.
	• Consultations, referrals and specialist reports.
	• Emergency Care -- Any emergency care rendered is noted in the medical record with physician follow-up noted;
	• Hospital Discharge Summaries -- The medical record contains discharge summaries for: 1) all hospital admissions that occur while the patient is enrolled with the HP, and 2) prior admissions, as appropriate.
	• Advanced Directives -- Medical records of all members 18 years of age or older shall include documentation as to whether or not the patient has executed an advanced directive, including mental health directives.
	• Written documentation of a rendered, ordered or prescribed service, including documentation of medical necessity.
6. Patient Visit Data: Required Documentation	❑ Documentation of patient visits must, at a minimum, provide adequate evidence of:
	• History and physical exam, including appropriate subjective and objective information for presenting complaints.
	• Treatment plan, progress and changes in treatment plan.
	• Laboratory and other studies ordered, as appropriate.
	• Working diagnosis(es) consistent with findings.
	• Treatments, therapies, and other prescribed regimens.

STANDARD IX. MEDICAL RECORDS, RECORD RETENTION STANDARDS AND CONFIDENTIALITY STANDARDS[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
	• Documentation concerning follow-up care, telephone calls, or visits, when indicated. Specific time to return is also noted as weeks, days, months, or PRN.
	• Documentation reflecting that unresolved concerns from previous visits are addressed in subsequent visits.
	• Documentation of any referrals and results thereof.
	○ Evidence that the ordering physician has reviewed consultation, lab, x-ray, and other diagnostic test results/ reports filed in the medical records.
	○ Evidence that consultations and significantly abnormal lab and imaging study results specifically note physician follow-up plans.
	• Hospitalizations and/or emergency room visits, if applicable.
	• All other aspects of patient care, including ancillary services.
7. Transfer of Medical Records	❑ When a member changes PCPs, the HP shall facilitate the transfer of the member's medical records (or copies) to the new PCP within seven (7) business days from receipt of the request.
II. Record Retention	
8. Retention of Medical Records *45 CFR 438.6* *SMM 2080.14* *RFP §71.100*	❑ Medical records must be retained at least 7 years after the last date of entry in the records. For minors, records must be preserved and maintained during the period of minority plus a minimum of 7 years after the age of majority.

STANDARD IX. MEDICAL RECORDS, RECORD RETENTION STANDARDS AND CONFIDENTIALITY STANDARDS[1]	
QAPI PROGRAM COMPONENT	**STANDARDS/GUIDELINES**
9. Records Review Process	❑ The HP has policies, procedures and mechanisms to assess/monitor medical records for legibility, organization, completeness, and conformance to RFP and HP standards.
10. Requirements Relating to Program Integrity	❑ The HP ensures compliance with provisions in *Standard XIII. Program Integrity, Section X. Record Retention.*
IV. Confidentiality Standards	
11. Confidentiality *RFP §71.200*	❑ The HP has policies, procedures and mechanisms to ensure compliance with provisions in the RFP §71.200.
	☐ Policies and procedures address confidentiality relating to:
	• Medical records.
	• Member information.
	• Provider information.
11. Preventing Breaches in Confidentiality	☐ The HP ensures that member-care and provider-related offices/sites implement mechanisms that guard against unauthorized or inadvertent disclosure of confidential information to persons other than those who need to know.