

Passport Advantage
Provider Manual
Section 6.0
Quality Improvement

Table of Contents

- 6.1 **Quality Improvement Program**
- 6.2 **Quality Review of Key Clinical and Service Indicators**
- 6.3 **Provider Credentialing**
- 6.4 **Recredentialing Process**
- 6.5 **Provider Sanctioning Policy**



6.0 Quality Improvement

6.1 Quality Improvement Program

All providers' agreements require them to participate in the Passport Advantage Quality Improvement (QI) Program. The Passport Advantage Quality Improvement Program is central to achieving the Plan's mission of improving the health and quality of life of our members. The goal of the QI Program is to link together the knowledge, structure, and processes throughout the managed care organization as well as to assess and improve the quality of care and service for members. Passport Advantage utilizes quality improvement tools to assess and improve key processes and outcomes throughout the organization.

The objectives of the Passport Advantage QI Program are:

- To continually monitor key clinical and service indicators.
- To analyze aggregate data on specific occurrences.
- To manage disease and health programs.
- To conduct outreach and health education activities.
- To develop programs for populations with special needs.
- To conduct intervention studies in clinical and service areas that were selected based on review of data.
- To perform appropriate oversight of delegated activities.
- To conduct member and provider satisfaction surveys.
- To coordinate activities related to structure and process with cross-functional areas to improve care and service.
- To foster an environment that assists to help providers with improving the safety of their practices.
- To conduct oversight of risk management.
- To evaluate the effectiveness of the QI program.
- To establish a Model of Care that promotes care coordination of both physical and behavioral health.
- To evaluate the effectiveness of outreach to assess member's health status and establish an individualized plan of care.

Providers may request a copy of Passport Advantage's complete "Quality Improvement Program Description" or a copy of a summary of its annual evaluation by contacting their Provider Relations representative.

6.2 Quality Review of Key Clinical and Service Indicators

One of the Plan's QI Program objectives is to perform a quality review of key clinical and service

indicators to assess and improve member and provider satisfaction. These clinical and service indicators include reviews of:

- Hospital medical record reviews.
- Provider office medical record reviews.
- Inpatient utilization data.
- Ambulatory care utilization data.
- Diagnostic utilization data.
- Outcome studies analysis.
- HEDIS® data.
- Quality Indicator studies.
- Clinical guideline performance studies.
- Claims data.
- Member satisfaction surveys.
- Provider satisfaction surveys.
- Sentinel events analysis.
- Member complaints, grievances and appeals.
- Preventive medicine monitors.
- Health risk assessment and screening monitors.
- Member disenrollment data.
- Peer case reviews.
- Medicare studies.
- Focused reviews.
- Pharmacy utilization data.

Passport Advantage looks to its providers to participate in quality improvement committees, special ad hoc work groups, and its medical records review activities to improve the health and quality of life of our members.

The medical records of Passport Advantage members must be made available to the Plan for support of any of the above activities upon request from the Plan.

6.3 Provider Credentialing

6.3.1 Application Process

To begin the application process and join the Passport Advantage (PAD) provider network, first call our Provider Contracting department at (502) 585-8357. We will send you a provider application packet and work with you to become credentialed as a PAD network provider.

Providers who choose to opt out of the original Medicare program will not be allowed to participate with the Plan due to their opt out status with the original Medicare program.

New provider applicants are required to submit their completed applications with the following attachments:

- A copy of current Kentucky license.
- A copy of current Drug Enforcement Agency (DEA) Certificate (if applicable) (Radiologists, pathologists, nurse providers, optometrists, opticians, and chiropractors are not required to have DEA Certificates unless they prescribe narcotics).
- A current malpractice face sheet showing both initial and expiration dates and amounts of coverage.
- Explanation for any positive response on Practice History page.
- Claim history form for each malpractice activity.
- State MAP Form 811 (Physical therapist, physician assistants, and chiropractors must also include their “Proof of Medicare” certificate).
- A copy of W-9.

Practitioners may contact the Credentialing department at (502) 588-8578 to check the status of their applications.

6.3.2 Credentialing Process

Passport Advantage assesses practitioner applicants through the Plan’s credentialing process. Upon receipt of a completed application, providers will be notified and assigned a Plan Provider ID.

With the receipt of all application materials, primary source verification is conducted. Following the verification of credentials, the Plan’s Chief Medical Officer or Credentialing Committee reviews each application for participation.

Passport Advantage will not initiate the credentialing review until a completed and signed application with attachments has been received. The normal processing time is between 60 to 90 days from date of submission of a completed application.

All Passport Advantage existing and prospective providers have the right to review information obtained by the Plan during the credentialing process, excluding information that is peer-review protected. In addition, Passport Advantage will notify a provider in the event that the information obtained through the credentialing process differs from the information submitted from the provider. This notification will include the provider’s rights to review such information and correct erroneous information.

Passport Advantage’s credentialing standards for participation include:

- A current Kentucky license in good standing at the time of the credentialing decision.
- An active DEA or CDS certificate at the time of the credentialing decision. This applies to all providers who prescribe narcotics.
- Completion of the appropriate level of education in the specialty for which applying.
- No unexplainable breaks in work history during the past five years.

- A malpractice record that does not consist of trends or serious deviations in services rendered outside the recognized treatment patterns of the organized medical community.
- Active malpractice coverage up to the minimum amount in accordance with existing Kentucky laws at the time of the credentialing decision.
- A hospital affiliation with a participating hospital or agreement with another participating provider to admit and treat your Plan members (excludes providers who do not admit members).
- Being free of restrictions placed on the provider by a hospital, medical review board, licensing board, or other medical body or governing agency.
- Having no conviction of a criminal offense within the last five years (excluding traffic violations).
- For primary care practitioners and OB/GYNs, a score of at least 80 percent compliance on each individual area of the site-review assessment conducted prior to the Credentialing Committee's review.

6.3.3 Reimbursement and the Credentialing Process

Effective January 1, 2009, providers in the credentialing process will be reimbursed at the participating provider rate, starting from the date the Plan receives a completed and signed application packet.

Providers may begin submitting claims for services provided to Passport Advantage members once they have been notified of the receipt of their completed application and have been assigned a Provider ID number. Providers are required to submit all claims within one year. Please note, claims submitted without a Kentucky Medicaid Identification (MAID) number will initially deny for “No MAID” for cross-over claims.

Providers will be considered participating Plan providers once they have met the Plan's credentialing requirements. Providers will be notified by Passport Advantage when they have been credentialed by the Plan.

Although providers applying for participation may begin to submit claims once a Provider ID number has been assigned, these providers are excluded from the *Provider Directory* until the credentialing process has been completed in its entirety.

6.3.4 Providing Services Prior to Becoming a Credentialed Plan Provider

If a provider feels he/she must see a PAD member prior to the assignment of a Provider ID number and notification of the receipt of a completed and signed application by the Plan, the provider must obtain an authorization from the Plan's Medical Management department in order to receive payment for services.

6.4 Recredentialing Process

Passport Advantage re-credentials its providers, at a minimum, every three years. In addition, Passport Advantage conducts ongoing monitoring of Medicare and Medicaid sanctions, sanctions or limitations on licensure, member complaints, and adverse member outcomes. The Plan will implement actions as necessary to obtain improvements in trends or address individual incidents. If efforts to improve provider performance are not obtained, the provider may be referred to the Credentialing Committee for review prior to the normally scheduled review date.

Practitioners scheduled for recredentialing are required to submit their completed applications (KAPER 1 or CAQH) with the following list of attachments:

- Documentation of any malpractice suits or complaints.
- Active malpractice facesheet noting coverage up to the minimum amount in accordance with existing Kentucky laws at the time of the credentialing decision.
- Documentation of any restrictions placed on practitioner by hospital, medical review board, licensing board, or other medical body or governing agency.
- Documentation of any conviction of a criminal offense within the last five years (excluding traffic violations).
- Copy of your current State License Registration Certificate.
- Copy of your current Federal Drug Enforcement Agency Registration - if applicable.

Practitioners may contact the Credentialing department at (502) 588-8578 to check the status of their applications.

Should Passport Advantage decide to deny or terminate a provider from participation with the Plan, the provider will receive notification of the decision. The notification will include the reasons for the denial or termination, the provider's rights to appeal and to a hearing within 30 days of the date of the denial notice, and a summary of the provider's hearing rights.

6.5 Provider Sanctioning Policy

In the event Passport Advantage identifies health care services rendered to a Passport Advantage member by a participating provider that are outside the recognized treatment patterns of the organized medical community and quality management and/or credentialing standards, the provider may be subject to sanctions. The National Provider Data Bank (NPDB) may be notified of all negative outcomes if formal sanctioning proceedings are implemented and if the outcome is to last 30 days or more.

In addition to the above, Passport Advantage's Program Integrity Coordinator (PIC) will exclude and/or penalize a provider under any of the following conditions:

- PIC has received recommendations to take such actions as a result of an investigation conducted by the Office of the Inspector General or other appropriate state and/or federal agency.
- The provider fails to cooperate with an investigation of alleged fraud and abuse.

- The provider has been listed on the Medicare/Medicaid Sanctions Report.

Possible sanctions for deviation from accepted quality management and/or credentialing standards and program integrity violations include:

- Termination of participating provider status.
- Withholds from future claims payments of amounts that are improperly paid or reasonable estimates of such amounts.
- Suspension of claims activity.