Best Practice Quality of Care Review Tool

IEHP | Health Services Regulatory Oversight

Overall Score: No Applicable Cases Reviewed

IPA:	
Reviewer:	

Service Year:		Service Month:	
Review Year:		Review Month:	

	File Review: #1	Comments:	File Review: #2	Comments:	File Review: #3	Comments:	File Review: #4	Comments:	File Review: #5	Comments:	File Review: #6
Member Full Name											
Member ID#											
IEHP Initial Enrollment Date											
IPA Eligibility Date											
Date HRA was Posted on Provider Portal											
Date IPA Retrieved HRA on Provider Portal											
Date HRA was Reviewed by IPA											
Outreach Disposition											
Member Top Concern #1											
Member Top Concern #2											
Member Top Concern #3											
Care Gap alerts addressed											
Barriers to Member's top 3 concerns addressed											
Interventions in place to address Member's top 3 concerns											
Community resources provided to address Member's top 3 concerns											
Hospitalizations addressed											
Referrals to appropriate Specialist/appointment assistance to address Member's top 3 Concerns											
Medications prescribed to address Member's top 3 Concerns											
DME Coordination of Care related to Member's top 3 concerns reviewed											
Outreach made to Member timely to address concerns											
Member's Advanced Care Directives assessed											
Loopback on intervention effectiveness, resources utilized, and appointment assistance											
Best Practice Feedback Summary											

Comments:	File Review: #7	Comments:	File Review: #8	Comments:	File Review: #9	Comments:	File Review: #10	Comments:	File Review: #11	Comments:	File Review: #12	Comments:

File Review: #13	Comments:	File Review: #14	Comments:	File Review: #15	Comments:	File Review: #16	Comments:	File Review: #17	Comments:

Medi-Cal Quality of Care Review Data Dictionary

Element	Regulatory Criteria/Policy	Methodology	Scope	Benchmark	Look-back Period	Data Source	Sample Size
Care Gap alerts addressed		Review of clinical documentation that demonstrates IPA reviewed and discussed all open Care Gaps with Member.					
Barriers to Member's top 3 concerns addressed		Review of clinical documentation that demonstrates IPA identified Member's barriers to concerns. Documentation must state why Member has been unable to attain concerns, such as obstacles that are preventing Member from accessing or receiving care. If noted on HRA that Member has a preferred spoken language other than English, documentation must demonstrate that they were educated on interpreter services offered through Health Plan.					
Interventions in place to address Member's top 3 concerns		Review of clinical documentation that demonstrates the IPA has interventions in place for Member to attain three main concerns or any other identified triggers within HRA. Documentation must state IPA plans to address concerns. This may include actions or strategies that aim to improve, maintain or promote health.					
Community resources provided to address Member's top 3 concerns		Review of clinical documentation that demonstrates Member was offered/provided community resources when the need is identified including but not limited to referring to LTSS (IHSS, CBAS, MSSP, etc.) and Community Supports. Resources provided/mailed to Member should be offered in their preferred language. Documentation must demonstrate follow up/confirmation of resources provided in a timely manner.					
Hospitalizations addressed	*IEHP Provider Policy and Procedure Manual Medi-Cal and Medicare Section 12: Coordination of Care* *Department of Health Care Services (DHCS) CalAIM: Population Health Management (PHM) Policy Guide*	Review of clinical documentation that demonstrates IPAs review of recent inpatient admissions to ensure needs were addressed. Documentation must demonstrate discharge instructions were reviewed by IPA and there was effort to discuss discharge follow up which includes educating Member on prevention of inpatient re-admissions, such as symptom management, treatment, medications and any additional support needs etc.	Medi-Cal SPD Members with a completed HRA with identified coordination of care needs Medicare D-SNP Members with a completed HRA Re-Assessment with identified coordination of care needs	> 90%	13 Months	Care Management Documentation	Sample size is based on clinical judgement and may be 1-15 cases per review period.
Referrals to appropriate Specialist/appointment assistance to address Member's top 3 Concerns		Review of clinical documentation that demonstrates Member was assisted with referrals to specialist as needed/requested. Documentation must include result of referral/status of authorization and communication with Member regarding appointment scheduling.					
Medications prescribed to address Member's top 3 Concerns		Review of clinical documentation that demonstrates IPA reviewed medications prescribed to Member. Documentation must state current medications were compared with medication orders to identify and resolve any discrepancies. This includes review of prescribing MD and possible FWA triggers.					
DME Coordination of Care related to Member's top 3 concerns reviewed		Review of clinical documentation that demonstrates DME was coordinated as appropriate based on Members concerns and conditions. Documentation must include result of referral/status of authorization and communication with Member.					
Outreach made to Member timely to address concerns		Review of clinical documentation that outreach was made to Member in an appropriate timeframe to address concerns and any other identified needs. This is based on clinical judgement by determining if the time/outreach was suitable based on specific needs of the Member.					
Member's Advanced Care Directives addressed		Review of clinical documentation that demonstrates Members need for advanced care directives were assessed and addressed. Documentation must state if Member does not have an advanced directive, that they were provided information and follow up on how to complete. Result of follow up must be documented.					
Loopback on intervention effectiveness, resources utilized, and appointment assistance		Review of clinical documentation that demonstrates all discussion and closing of concerns which includes but is not limited to primary care, specialty care, DME, medications, children's services, preventative care, continuity of care referrals, and any other needs. Documentation must state result of referral/appt and that there was follow up communication with Member.					