

**DEPARTMENT OF MANAGED HEALTH CARE  
OFFICE OF PLAN MONITORING  
DIVISION OF PLAN SURVEYS**

**TECHNICAL ASSISTANCE GUIDE**

**QUALITY ASSURANCE  
ROUTINE VISION SURVEY  
OF  
PLAN NAME**

**DATE OF SURVEY:**

**PLAN COPY**

*Issuance of this April 30, 2013 Technical Assistance Guide renders all other versions obsolete.*

# VISION PLAN TAG

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This Technical Assistance Guide (TAG) serves as a guide for medical surveys which are conducted under the Health and Safety Code medical survey statutes and regulations. This TAG may be revised as appropriate, to incorporate new or updated relevant legal requirements as they impact the surveys, or for any other reason as determined by the Department. Health plans are responsible for complying with applicable statutes and regulations upon their effective dates and, therefore, are deemed to have prior notice of all statutes and regulations effective during the medical survey period. Health plans may be assessed for compliance with those requirements even when they have not yet been added to the TAG. The Department's medical survey authority is broad, and includes, but is not limited to, reviewing books and records, conducting interviews, making site visits, and making telephone calls to verify information as part of the survey assessment of any Key Element question in this TAG. The recipients of these telephone calls may include, but not be limited to, health plan and delegate physicians/medical directors, plan customer service representatives, triage nurses, and/or network/contracted providers.

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### Requirement QA-001: QA Program Intent and Regulatory Purpose, Structure and Requirements

#### INDIVIDUAL(S)/POSITION(S) TO BE INTERVIEWED

Staff responsible for the activities described above, for example:

- CEO
- Board Member (if feasible)
- QA Director
- QA Committee members
- Designated optometrist/clinician that provides oversight of QA Program
- Providers that participate in the QA Program

#### DOCUMENTS TO BE REVIEWED

- QA Program description and/or plan
- QA Work Plan or action plan
- Organizational charts showing the relationship of the QA Department and committees to the overall structure and the accountability of senior management for QA activities
- Annual QA plan evaluation for the last two years
- Minutes of the QA Committee or its equivalent and its subcommittee meetings for the last 18–24 months
- Meeting Minutes of Governing Body review of QA monitoring results
- Job description and resume of Physician or other clinician, as appropriate, who provides clinical direction to the QA Program
- Review licensing filing of the Plan's QA Program and confirm submission of appropriate policies and procedures.

#### **QA-001 - Key Element 1:**

1. The Plan has established and documented a QA Program consistent with regulatory purpose and intent.  
28 CCR 1300.70(a), (b)(1) and (2).

Assessment Questions	
1.1	Does the Plan have a written description of the QA Program?
1.2	Is an optometrist designated to provide clinical direction to the QA Program?
1.3	Does the designated optometrist hold a current unrestricted California license to practice medicine?
1.4	Is there evidence that the designated optometrist is substantially involved in QA Program operations evidenced by time commitment, clinical oversight, and guidance to QA staff?

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1.5	Does the QA plan confirm a quality of care monitoring cycle: 1) problems are identified; 2) effective action is taken to improve care when deficiencies are identified; and 3) follow-up is planned where indicated?
1.6	Does the scope of the QA Program address service elements, including accessibility, availability, and continuity of care?
1.7	Does the scope of the QA Program monitor whether the provision and utilization of services meets professionally recognized standards of practice?

### QA-001 - Key Element 2:

#### 2. The QA Program is designed/structured to ensure effective quality oversight. 28 CCR 1300.70(b)(1).

Assessment Questions	
2.1	Does the QA Program ensure that the level of care being delivered to all enrollees meets professionally recognized standards of practice?
2.2	Does the Plan have mechanisms to identify and correct quality of care problems for all provider entities?
2.3	Are optometrists who provide care to enrollees an integral part of the QA Program?
2.4	Does the Plan track and trend quality of care provided by <i>individual</i> providers/provider groups against professionally recognized standards of practice (e.g., provider-specific rates, investigation of complaints regarding specific cases, site visits)?

### QA-001 - Key Element 3:

#### 3. The written QA Program meets defined requirements. 28 CCR 1300.70(b)(2)(A), (B), and (F).

Assessment Questions	
3.1	Does the QA Program describe the goals and objectives of the program and organization arrangements?
3.2	Does the Plan include staffing, clinical, and administrative staff support with sufficient knowledge and experience to assist in carrying out their assigned QA activities for the Plan and delegated entities?
3.3	Does the QA Program include the methodology for ongoing monitoring and evaluation of health services?
3.4	Does the QA Program include the scope of the Program and required levels of activity?
3.5	Does the QA Program delineate the QA authority, function, and responsibility?
3.6	Did the Plan provide evidence that the QA Program has established quality assurance activities?
3.7	Was the QA Program approved by the governing body?

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### **QA-001 - Key Element 4:**

- 4. The Plan's Governing Body provides adequate oversight of the QA Program (e.g., reviews detailed reports of findings and actions of the QA Program at least quarterly, periodically reviews the QA Program description, reviews and approves goals and objectives).  
28 CCR 1300.70(a)(1) and (b)(2)(C).**

<b>Assessment Questions</b>	
4.1	Does the Plan's Governing Body review regular QA monitoring reports at least quarterly?
4.2	Are the reports to the Plan's Governing Body sufficiently detailed to include findings and actions taken as a result of the QA Program?
4.3	Are the reports to the Plan's Governing Body sufficiently detailed to identify any significant or chronic quality of care issues?
4.4	Does the Governing Body act upon the reports and information provided? (e.g., by providing feedback, instructions and recommendations to QA Program staff)

### **End of Requirement QA-001: QA Program Intent and Regulatory Purpose, Structure and Requirements**

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### **Requirement QA-002: QA Program Monitors the Full Scope of QA Activities**

#### **INDIVIDUAL(S)/POSITION(S) TO BE INTERVIEWED**

##### **Staff responsible for the activities described above, for example:**

- Optometric Director responsible to supervise the implementation of the QA program.
- QA Director or equivalent
- Member Services Director
- UM Director/ Medical Director involved in UM Review
- QA Committee members
- Participating providers
- Staff responsible for developing and analyzing reports
- Delegate Clinical Director, if Plan delegates QA
- Delegate Director of Quality Improvement, if Plan delegates QA

#### **DOCUMENTS TO BE REVIEWED**

- QA Reporting and Analysis Plan
  - Utilization reports
  - Reports/analysis of complaints and grievances
  - QA activity reports, documentation and studies
  - QA Committee or applicable subcommittee minutes
  - Enrollee/provider satisfaction surveys results
  - Access and availability studies including telephone access studies
  - Special ad hoc reports to the Board, if applicable
  - Files detailing the review access/ availability complaints, continuity of care, utilization of services
- List of established performance goals and associated tracking reports
- QA Committee and Subcommittee meeting minutes
- Related policies and procedures, including: the process for investigating quality of care, system issues, and/ or administrative problems, monitoring procedures including problem Identification, evaluation, corrective action, and follow-up monitoring.
- Policy and procedure for peer review
- Peer Review Committee Minutes
- PQI Log
- Sample of PQI Files to be reviewed onsite
- PQI track and trend reports by provider, by issue and by level of severity of confirmed problems

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### QA-002 - Key Element 1:

1. The Plan monitors required service elements and utilization of services and identifies and corrects quality of care problems for all provider entities.  
28 CCR 1300.70(a)(3).

Assessment Questions	
1.1	Does the Plan monitor accessibility, availability, and continuity of care?
1.2	Does the Plan monitor whether the provision and utilization of services meets professionally recognized standards of practice?
1.3	Are the Plan's data collection and reporting systems adequate to produce reliable and timely data and reports from various business units?
1.4	Does the Plan continuously monitor and document all service elements and utilization services?
1.5	Does the Plan use appropriate study designs and sound statistical techniques when monitoring, conducting studies and developing reports?

### QA-002 - Key Element 2:

2. The QA Program must document that problems are being identified.  
28 CCR 1300.70(b)(1)(B)-(C) and (b)(2)(C).

Assessment Questions	
2.1	Does the Plan utilize a variety of monitoring approaches (e.g., standardized performance measures; provider site visits; satisfaction surveys; investigating, tracking and trending enrollee complaints/grievances; investigating provider complaints) to identify problems in service and care?
2.2	Does the Plan refer identified issues, if any, to the QA Committee or other appropriate body for input when appropriate?
2.3	Does the Plan track issues referred for quality review (e.g., complaints referred from G&A Dept. to QA Dept.) to ensure that all issues are investigated and that investigations are timely?
2.4	Where the Plan has failed to meet performance goals or targets does the Plan conduct gap analysis and investigate barriers to better isolate the problems for both clinical and non-clinical aspects of its health service delivery?

### QA-002 - Key Element 3:

3. When problems are confirmed or performance goals are not met, the Plan formulates and implements effective corrective actions in a timely manner.  
28 CCR 1300.70(a)(1), (b)(1)(B) and (D) and (b)(2)(C).

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<b>Assessment Questions</b>	
3.1	Does the Plan implement corrective actions or QA Programs to address identified quality issues?
3.2	Does the Plan incorporate input from appropriate professionals into the design of its corrective action plans or QA Programs?
3.3	Does the Plan assess the effectiveness of its corrective actions or QA Programs?
3.4	Does the Plan critically evaluate the outcome of its corrective actions or QA Programs and take steps to rectify continued deficiencies?

### QA-002 - Key Element 4:

- 4. The QA Program must be directed by providers and must document that the quality of care provided is being reviewed.**  
**CA Health and Safety Code section 1370; 28 CCR 1300.70(a)(1) and (b)(2)(C) through (E).**

<b>Assessment Questions</b>	
4.1	For individual cases/providers (e.g., cases identified through complaints or sentinel events involving the quality of care provided by the provider) does the Plan have an <b>established process</b> for investigating quality of care cases?
4.2	For individual cases/providers (e.g., cases identified through complaints or sentinel events involving the quality of care provided by the provider) does the Plan <b>involve clinicians</b> with the appropriate knowledge or specialty in the review process?
4.3	For individual cases/providers (e.g., cases identified through complaints or sentinel events involving the quality of care provided by the provider) does the Plan <b>complete investigations</b> involving quality of care issues within the timeframes established by the Quality Management and Peer Review Programs?
4.4	For individual cases/providers (e.g., cases identified through complaints or sentinel events involving the quality of care provided by the provider) does the Plan have a <b>peer review mechanism</b> in place?
4.5	For individual cases/providers (e.g., cases identified through complaints or sentinel events involving the quality of care provided by the provider) does the Plan have a <b>system to judge the severity</b> of issues and the care involved that relies on professionally accepted standards of practice?
4.6	For individual cases/providers (e.g., cases identified through complaints or sentinel events involving the quality of care provided by the provider) is the peer review case scoring <b>system standardized, defined and communicated</b> to all Physicians involved in peer review?
4.7	For individual cases/providers (e.g., cases identified through complaints or sentinel events involving the quality of care provided by the provider) does the Plan <b>refer cases to a Peer Review Committee</b> or other appropriate body of clinicians when appropriate?

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4.8	For individual cases/providers (e.g., cases identified through complaints or sentinel events involving the quality of care provided by the provider) does the Plan either <b>prescribe a corrective action plan</b> or require that the offending provider submit a corrective action plan?
4.9	For individual cases/providers (e.g., cases identified through complaints or sentinel events involving the quality of care provided by the provider) does the Plan follow through and request evidence that <b>corrective actions</b> have been <b>implemented</b> by the offending providers?

### End of Requirement QA-002: QA Program Monitors the Full Scope of QA Activities

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### Requirement QA-003: Precautions to Ensure Appropriate Care is Not Withheld or Delayed for Any Reason

#### INDIVIDUAL(S)/POSITION(S) TO BE INTERVIEWED

- Optometric Director
- QA Director
- QA Coordinator

#### DOCUMENTS TO BE REVIEWED

- Organizational chart depicting reporting relationships between QA and other departments
- Optometrist Reviewer agreements with the Health Plan. Contract terms and conditions.
- List of QA Committee members and titles, role and responsibility within the Committee, if any

#### **QA-003 - Key Element 1:**

1. The QA Program is designed to ensure appropriate care is not delayed or withheld for any reason.  
28 CCR 1300.70(b)(1)(D) and (E).

<b>Assessment Questions</b>	
1.1	Can the Plan demonstrate there is no financial incentive or gain to the Plan providers and/or others to delay or withhold appropriate care?
1.2	Can the Plan demonstrate that it does not exert economic pressure on institutions to grant privileges to health care providers that would not otherwise be granted?
1.3	Can the Plan demonstrate that it does not pressure health care providers or institutions to render care beyond the scope of their training or experience?
1.4	Are all treatment decisions rendered by appropriate clinical staff, void of any influence or oversight by the Finance Department?
1.5	Does the Optometric Director's responsibility to supervise medical management of the Plan's benefits occur without financial influence by the Finance Department?

### End of Requirement QA-003: Precautions to Ensure Appropriate Care is Not Withheld or Delayed for Any Reason

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### Requirement QA-004: Credentialing

#### INDIVIDUAL(S)/POSITION(S) TO BE INTERVIEWED

Staff interviews are not required or recommended unless a specific concern is identified.

#### DOCUMENTS TO BE REVIEWED

- Related policies and procedures, including: credentialing and re-credentialing; ensuring all Plan providers and all participating providers, both individual and institutional, are licensed and/or Board certified identifying providers whose licenses have been suspended or revoked; etc.
- Contracts with individual providers
- Contracts with contracted entities, including provider groups
- Complaint and grievance reports
- Delegation contracts as applicable
- Monitoring and tracking reports of credentialing and re-credentialing

#### **QA-004 - Key Element 1:**

1. The Plan verifies that all Plan provider staff and all participating providers, both individual and institutional, are licensed and/or certified, as required by law.  
CA Health and Safety Code section 1367(b); 28 CCR 1300.67.2(e).

Assessment Questions	
1.1	Does the Plan have policies and procedures for verifying licensure/certification of its providers at the time of acceptance into the Plan network?
1.2	Does the Plan have a mechanism to identify on a periodic basis providers whose license has been suspended or revoked?

#### **QA-004 - Key Element 2**

2. The Plan verifies that all participating medical specialists are certified or eligible for certification by the appropriate specialty board.  
28 CCR 1300.67.2(e).

Assessment Question	
2.1	Does the Plan have established requirements regarding provider certification or board eligibility with the appropriate specialty board?

**End of Requirement QA-004: Credentialing**

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### Statutory/Regulatory Citations

#### CA Health and Safety Code section 1367(b)

...

(b) Personnel employed by or under contract to the plan shall be licensed or certified by their respective board or agency, where licensure or certification is required by law.

#### CA Health and Safety Code section 1370

Every plan shall establish procedures in accordance with department regulations for continuously reviewing the quality of care, performance of medical personnel, utilization of services and facilities, and costs. Notwithstanding any other provision of law, there shall be no monetary liability on the part of, and no cause of action for damages shall arise against, any person who participates in plan or provider quality of care or utilization reviews by peer review committees which are composed chiefly of physicians and surgeons or dentists, psychologists, or optometrists, or any of the above, for any act performed during the reviews if the person acts without malice, has made a reasonable effort to obtain the facts of the matter, and believes that the action taken is warranted by the facts, and neither the proceedings nor the records of the reviews shall be subject to discovery, nor shall any person in attendance at the reviews be required to testify as to what transpired thereat. Disclosure of the proceedings or records to the governing body of a plan or to any person or entity designated by the plan to review activities of the plan or provider committees shall not alter the status of the records or of the proceedings as privileged communications.

The above prohibition relating to discovery or testimony shall not apply to the statements made by any person in attendance at a review who is a party to an action or proceeding the subject matter of which was reviewed, or to any person requesting hospital staff privileges, or in any action against an insurance carrier alleging bad faith by the carrier in refusing to accept a settlement offer within the policy limits, or to the director in conducting surveys pursuant to Section 1380.

This section shall not be construed to confer immunity from liability on any health care service plan. In any case in which, but for the enactment of the preceding provisions of this section, a cause of action would arise against a health care service plan, the cause of action shall exist notwithstanding the provisions of this section.

#### 28 CCR 1300.67.2(e)

...

(e) A plan shall provide accessibility to medically required specialists who are certified or eligible for certification by the appropriate specialty board, through staffing, contracting, or referral.

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### 28 CCR 1300.70

(a) Intent and Regulatory Purpose.

(1) The QA program must be directed by providers and must document that the quality of care provided is being reviewed, that problems are being identified, that effective action is taken to improve care where deficiencies are identified, and that follow-up is planned where indicated.

(2) This section is not intended to set forth a prescriptive approach to QA methodology. This section is intended to afford each plan flexibility in meeting Act quality of care requirements.

(3) A plan's QA program must address service elements, including accessibility, availability, and continuity of care. A plan's QA program must also monitor whether the provision and utilization of services meets professionally recognized standards of practice.

(4) The Department's assessment of a plan's QA program will focus on:

(A) the scope of QA activities within the organization;

(B) the structure of the program itself and its relationship to the plan's administrative structure;

(C) the operation of the QA program; and

(D) the level of activity of the program and its effectiveness in identifying and correcting deficiencies in care.

(b) Quality Assurance Program Structure and Requirements.

(1) Program Structure.

To meet the requirements of the Act which require plans to continuously review the quality of care provided, each plan's quality assurance program shall be designed to ensure that:

(A) a level of care which meets professionally recognized standards of practice is being delivered to all enrollees;

(B) quality of care problems are identified and corrected for all provider entities;

(C) physicians (or in the case of specialized plans, dentists, optometrists, psychologists or other appropriate licensed professionals) who provide care to the plan's enrollees are an integral part of the QA program;

(D) appropriate care which is consistent with professionally recognized standards of practice is not withheld or delayed for any reason, including a potential financial gain and/or incentive to the plan providers, and/or others; and

(E) the plan does not exert economic pressure to cause institutions to grant privileges to health care providers that would not otherwise be granted, nor to pressure health care providers or institutions to render care beyond the scope of their training or experience.

(F) There must be administrative and clinical staff support with sufficient knowledge and experience to assist in carrying out their assigned QA activities for the plan and delegated entities.

(2) Program Requirements.

In order to meet these obligations each plan's QA program shall meet all of the following requirements:

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(A) There must be a written QA plan describing the goals and objectives of the program and organization arrangements, including staffing, the methodology for on-going monitoring and evaluation of health services, the scope of the program, and required levels of activity.

(B) Written documents shall delineate QA authority, function and responsibility, and provide evidence that the plan has established quality assurance activities and that the plan's governing body has approved the QA Program. To the extent that a plan's QA responsibilities are delegated within the plan or to a contracting provider, the plan documents shall provide evidence of an oversight mechanism for ensuring that delegated QA functions are adequately performed.

(C) The plan's governing body, its QA committee, if any, and any internal or contracting providers to whom QA responsibilities have been delegated, shall each meet on a quarterly basis, or more frequently if problems have been identified, to oversee their respective QA program responsibilities. Any delegated entity must maintain records of its QA activities and actions, and report to the plan on an appropriate basis and to the plan's governing body on a regularly scheduled basis, at least quarterly, which reports shall include findings and actions taken as a result of the QA program. The plan is responsible for establishing a program to monitor and evaluate the care provided by each contracting provider group to ensure that the care provided meets professionally recognized standards of practice. Reports to the plan's governing body shall be sufficiently detailed to include findings and actions taken as a result of the QA program and to identify those internal or contracting provider components which the QA program has identified as presenting significant or chronic quality of care issues.

(D) Implementation of the QA program shall be supervised by a designated physician(s), or in the case of specialized plans, a designated dentist(s), optometrist(s), psychologist(s) or other licensed professional provider, as appropriate.

(E) Physician, dentist, optometrist, psychologist or other appropriate licensed professional participation in QA activity must be adequate to monitor the full scope of clinical services rendered, resolve problems and ensure that corrective action is taken when indicated. An appropriate range of specialist providers shall also be involved.

(F) There must be administrative and clinical staff support with sufficient knowledge and experience to assist in carrying out their assigned QA activities for the plan and delegated entities.