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Title 28@ Managed Health Care

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Division 1@ The Department of Managed Health Care

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Chapter 2@ Health Care Service Plans

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Article 10@ Medical Surveys

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Section 1300.80@ Medical Survey Procedure

1300.80 Medical Survey Procedure

(a)

Unless the Director in his discretion determines that advance notice will render the survey less useful, a plan will be notified approximately four weeks in advance of the date for commencement of an onsite medical survey. The Director may, without prior notice, conduct inspections of plan facilities or other elements of a medical survey, either in conjunction with the medical survey or as part of an unannounced inspection program.

(b)

The onsite medical survey of a plan shall include, but not be limited to, the following procedures to the extent considered necessary based upon prior experience with the plan and in accordance with the procedures and standards developed by the Department. (1) Review of the procedures for obtaining health services including, but not limited to, the scope of basic health care services.(A) The availability and adequacy of facilities for telephone communication with health personnel, emergency care facilities, out-of-the-area coverage, referral procedures, and medical encounters. (B) The means of advising enrollees of the procedures to obtain care, including the hours of operation, location and nature of facilities, types of care, telephone and other arrangements for appointment setting. (C) The availability of qualified personnel at each facility referred to in Section 1368(b) to receive and handle inquiries concerning care, plan contracts,

and grievances. (2) Review of the design and implementation of procedures for reviewing and regulating utilization of services and facilities. (3) Review of the design and implementation of procedures to review and control costs. (4) Review of the design, implementation and effectiveness of the internal quality of care review systems, including review of medical records and medical records systems. A review of medical records and medical records systems may include, but is not limited to, determining whether: (A) The entries establish the diagnosis stated, including an appropriate history and physical findings; (B) The therapies noted reflect an awareness of current therapies; (C) The important diagnoses are summarized or highlighted; (Important are those conditions that have a bearing on future clinical management.) (D) Drug allergies and idiosyncratic medical problems are conspicuously noted; (E) Pathology, laboratory and other reports are recorded; (F) The health professional responsible for each entry is identifiable; (G) Any necessary consultation and progress notes are evidenced as indicated; (H) The maintenance of an appropriate system for coordination and availability of the medical records of the enrollee, including out-patient, in-patient and referral services and significant telephone consultations. (5) Review of the overall performance of the plan in providing health care benefits, by consideration of the following: (A) The numbers and qualifications of health professional and other personnel; (B) The provision of, incentives for, and participation in, continuing education for health personnel and the provision for access to current medical literature; (C) The adequacy of all physical facilities, including lighting, cleanliness, maintenance, equipment, furnishings, and convenience to enrollees, plan personnel and visitors; (D) The practice of health professionals and allied personnel in a functionally integrated manner, including the extent of shared responsibility for patient care and coordinated use of equipment, medical records

and other facilities and services; (E) The appropriate functioning of health professionals and other health personnel, including specialists, consultants and referrals; (F) Nursing practices, including reasonable supervision; (G) Written nondiscriminatory personnel practices which attract and retain qualified health professionals and other personnel; (H) The adequacy and utilization of pathology and other laboratory facilities, including the quality, efficiency and appropriateness of laboratory procedures and records and quality control procedures; (I) X-ray and radiological services, including staffing, utilization, equipment, and the promptness of interpretation of X-ray films by a qualified physician; (J) The handling and adequacy of medical record systems, including filing procedures, provisions for maintenance of confidentiality, the efficiency of procedures for retrieval and transmittal, and the utilization of sampling techniques for medical records audits and quality of care review; (K) The adequacy, including convenience and readiness of availability to enrollees, of all provided services; (L) The organization of the plan and its mechanisms for furnishing health care services, including the supervision of health professionals and other personnel; (M) The extent to which individual medical decisions by qualified medical personnel are unduly constrained by fiscal or administrative personnel, policies or considerations; (N) The adequacy of staffing, including medical specialties. (6) Review of the overall performance of the plan in meeting the health needs of enrollees. (A) Accessibility of facilities and services, based upon location of facilities, hours of operation, waiting periods for services and appointments, including elective services, the availability of parking and transportation; (B) Continuity of care, including the ability of enrollees to select a primary care physician, staffing in medical specialties or arrangements therefor; the referral system (including instructions, monitoring and follow-up); the maintenance and

ready availability of medical records; and the availability of health education to enrollees; (C) The grievance procedure required by Section 1368 of the Act, including the availability to enrollees and subscribers of grievance procedure information, the time required for and the adequacy of the response to grievances and the utilization of grievance information by plan management. (7) In considering the above and in pursuit of the survey objectives, the survey team may perform any or all of the following procedures: (A) Private interviews and group conferences with enrollees, physicians and other health professionals, and members of its administrative staff including, but not limited to, its principal management persons. (B) Examination of any records, books, reports and papers of the plan and of any management company, provider or subcontractor providing health care or other services to the plan including, but not limited to, the minutes of medical staff meetings, peer review, and quality of care review records, duty rosters of medical personnel, surgical logs, appointment records, the written procedures for the internal operation of the plan, and contracts and correspondence with enrollees and with providers of health care services and of other services to the plan, and such additional documentation the Director may specifically direct the surveyors to examine. (C) Physical examination of facilities, including equipment. (D) Investigation of grievances or complaints from enrollees or from the general public.

(1)

Review of the procedures for obtaining health services including, but not limited to, the scope of basic health care services. (A) The availability and adequacy of facilities for telephone communication with health personnel, emergency care facilities, out-of-the-area coverage, referral procedures, and medical encounters. (B) The means of advising enrollees of the procedures to obtain care, including the hours of

operation, location and nature of facilities, types of care, telephone and other arrangements for appointment setting. (C) The availability of qualified personnel at each facility referred to in Section 1368(b) to receive and handle inquiries concerning care, plan contracts, and grievances.

(A)

The availability and adequacy of facilities for telephone communication with health personnel, emergency care facilities, out-of-the-area coverage, referral procedures, and medical encounters.

(B)

The means of advising enrollees of the procedures to obtain care, including the hours of operation, location and nature of facilities, types of care, telephone and other arrangements for appointment setting.

(C)

The availability of qualified personnel at each facility referred to in Section 1368(b) to receive and handle inquiries concerning care, plan contracts, and grievances.

(2)

Review of the design and implementation of procedures for reviewing and regulating utilization of services and facilities.

(3)

Review of the design and implementation of procedures to review and control costs.

(4)

Review of the design, implementation and effectiveness of the internal quality of care review systems, including review of medical records and medical records systems. A review of medical records and medical records systems may include, but is not limited to, determining whether: (A) The entries establish the diagnosis stated, including an appropriate history and physical findings; (B) The therapies noted reflect an

awareness of current therapies; (C) The important diagnoses are summarized or highlighted; (Important are those conditions that have a bearing on future clinical management.) (D) Drug allergies and idiosyncratic medical problems are conspicuously noted; (E) Pathology, laboratory and other reports are recorded; (F) The health professional responsible for each entry is identifiable; (G) Any necessary consultation and progress notes are evidenced as indicated; (H) The maintenance of an appropriate system for coordination and availability of the medical records of the enrollee, including out-patient, in-patient and referral services and significant telephone consultations.

(A)

The entries establish the diagnosis stated, including an appropriate history and physical findings;

(B)

The therapies noted reflect an awareness of current therapies;

(C)

The important diagnoses are summarized or highlighted; (Important are those conditions that have a bearing on future clinical management.)

(D)

Drug allergies and idiosyncratic medical problems are conspicuously noted;

(E)

Pathology, laboratory and other reports are recorded;

(F)

The health professional responsible for each entry is identifiable;

(G)

Any necessary consultation and progress notes are evidenced as indicated;

(H)

The maintenance of an appropriate system for coordination and availability of the medical records of the enrollee, including out-patient, in-patient and referral services and significant telephone consultations.

(5)

Review of the overall performance of the plan in providing health care benefits, by consideration of the following: (A) The numbers and qualifications of health professional and other personnel; (B) The provision of, incentives for, and participation in, continuing education for health personnel and the provision for access to current medical literature; (C) The adequacy of all physical facilities, including lighting, cleanliness, maintenance, equipment, furnishings, and convenience to enrollees, plan personnel and visitors; (D) The practice of health professionals and allied personnel in a functionally integrated manner, including the extent of shared responsibility for patient care and coordinated use of equipment, medical records and other facilities and services; (E) The appropriate functioning of health professionals and other health personnel, including specialists, consultants and referrals; (F) Nursing practices, including reasonable supervision; (G) Written nondiscriminatory personnel practices which attract and retain qualified health professionals and other personnel; (H) The adequacy and utilization of pathology and other laboratory facilities, including the quality, efficiency and appropriateness of laboratory procedures and records and quality control procedures; (I) X-ray and radiological services, including staffing, utilization, equipment, and the promptness of interpretation of X-ray films by a qualified physician; (J) The handling and adequacy of medical record systems, including filing procedures, provisions for maintenance of confidentiality, the efficiency of procedures for retrieval and transmittal, and the utilization of sampling techniques for medical records audits and quality of care review; (K) The adequacy, including convenience and readiness of availability to enrollees, of all provided services; (L) The

organization of the plan and its mechanisms for furnishing health care services, including the supervision of health professionals and other personnel; (M) The extent to which individual medical decisions by qualified medical personnel are unduly constrained by fiscal or administrative personnel, policies or considerations; (N) The adequacy of staffing, including medical specialties.

(A)

The numbers and qualifications of health professional and other personnel;

(B)

The provision of, incentives for, and participation in, continuing education for health personnel and the provision for access to current medical literature;

(C)

The adequacy of all physical facilities, including lighting, cleanliness, maintenance, equipment, furnishings, and convenience to enrollees, plan personnel and visitors;

(D)

The practice of health professionals and allied personnel in a functionally integrated manner, including the extent of shared responsibility for patient care and coordinated use of equipment, medical records and other facilities and services;

(E)

The appropriate functioning of health professionals and other health personnel, including specialists, consultants and referrals;

(F)

Nursing practices, including reasonable supervision;

(G)

Written nondiscriminatory personnel practices which attract and retain qualified health professionals and other personnel;

(H)

The adequacy and utilization of pathology and other laboratory facilities, including the quality, efficiency and appropriateness of laboratory procedures and records and quality control procedures;

(I)

X-ray and radiological services, including staffing, utilization, equipment, and the promptness of interpretation of X-ray films by a qualified physician;

(J)

The handling and adequacy of medical record systems, including filing procedures, provisions for maintenance of confidentiality, the efficiency of procedures for retrieval and transmittal, and the utilization of sampling techniques for medical records audits and quality of care review;

(K)

The adequacy, including convenience and readiness of availability to enrollees, of all provided services;

(L)

The organization of the plan and its mechanisms for furnishing health care services, including the supervision of health professionals and other personnel;

(M)

The extent to which individual medical decisions by qualified medical personnel are unduly constrained by fiscal or administrative personnel, policies or considerations;

(N)

The adequacy of staffing, including medical specialties.

(6)

Review of the overall performance of the plan in meeting the health needs of enrollees.(A) Accessibility of facilities and services, based upon location of facilities, hours of operation, waiting periods for services and appointments, including elective

services, the availability of parking and transportation; (B) Continuity of care, including the ability of enrollees to select a primary care physician, staffing in medical specialties or arrangements therefor; the referral system (including instructions, monitoring and follow-up); the maintenance and ready availability of medical records; and the availability of health education to enrollees; (C) The grievance procedure required by Section 1368 of the Act, including the availability to enrollees and subscribers of grievance procedure information, the time required for and the adequacy of the response to grievances and the utilization of grievance information by plan management.

(A)

Accessibility of facilities and services, based upon location of facilities, hours of operation, waiting periods for services and appointments, including elective services, the availability of parking and transportation;

(B)

Continuity of care, including the ability of enrollees to select a primary care physician, staffing in medical specialties or arrangements therefor; the referral system (including instructions, monitoring and follow-up); the maintenance and ready availability of medical records; and the availability of health education to enrollees;

(C)

The grievance procedure required by Section 1368 of the Act, including the availability to enrollees and subscribers of grievance procedure information, the time required for and the adequacy of the response to grievances and the utilization of grievance information by plan management.

(7)

In considering the above and in pursuit of the survey objectives, the survey team may perform any or all of the following procedures:(A) Private interviews and group

conferences with enrollees, physicians and other health professionals, and members of its administrative staff including, but not limited to, its principal management persons.

(B) Examination of any records, books, reports and papers of the plan and of any management company, provider or subcontractor providing health care or other services to the plan including, but not limited to, the minutes of medical staff meetings, peer review, and quality of care review records, duty rosters of medical personnel, surgical logs, appointment records, the written procedures for the internal operation of the plan, and contracts and correspondence with enrollees and with providers of health care services and of other services to the plan, and such additional documentation the Director may specifically direct the surveyors to examine. (C) Physical examination of facilities, including equipment. (D) Investigation of grievances or complaints from enrollees or from the general public.

(A)

Private interviews and group conferences with enrollees, physicians and other health professionals, and members of its administrative staff including, but not limited to, its principal management persons.

(B)

Examination of any records, books, reports and papers of the plan and of any management company, provider or subcontractor providing health care or other services to the plan including, but not limited to, the minutes of medical staff meetings, peer review, and quality of care review records, duty rosters of medical personnel, surgical logs, appointment records, the written procedures for the internal operation of the plan, and contracts and correspondence with enrollees and with providers of health care services and of other services to the plan, and such additional documentation the Director may specifically direct the surveyors to examine.

(C)

Physical examination of facilities, including equipment.

(D)

Investigation of grievances or complaints from enrollees or from the general public.