Policy Title:	Quality of Care Monitoring: Avoidable Readmissions and Mortality Rates	
Department:	Clinical Quality Improvement	
Policy Number:	CQI-13	
Issue Day:	Effective Date: 6/01/20	
Next Review Date: 12/2/21	Revision Dates: 11/15/20	

Clover

Approved By:		
Julianne Eckert, RN BSN - Director of Clinical Quality Improvement		12/2/20
		Date

REFERENCE:	[Medicare Managed Care Manual Ch. 5, 20.1 Quality Improvement Program](#); [42 CFR §422.152(f)(3)](#)

Purpose: To have a process in place to help evaluate the quality of care of institutions where our members receive care.

Scope: Medicare Advantage

Policy:

Monitoring potential quality of care issues are key to keep members healthy, safe and satisfied. Tracking and trending will be carried out to identify patterns around a given facility. Comparison of readmission rates, potentially avoidable admissions and mortality rates to national benchmarks help identify outliers or areas of over-utilization. Further analysis will provide information on facilities/practitioner performance and the need to implement processes for improvement from an enhanced discharge planning to provision of adequate outpatient care.

Definitions:

- HEDIS – Healthcare Effectiveness Data and Information Set: is a widely used set of performance measures in the managed care industry, developed and maintained by the National Committee for Quality Assurance (NCQA).
- Quality of Care Grievance: A complaint or grievance related to whether the quality of services provided by a plan or provider meets professionally recognized standards of health care, including whether appropriate health care services have been provided or have been provided in appropriate settings.

Procedure:
1. The Quality Improvement Committee will determine the quality of care monitoring measures from Attachment A to monitor annually in accordance with organizational goals and CMS requirements and will be defined in the Quality Improvement work plan.
2. Potential Quality of Care grievances scored by the Grievance team of greater than a 2b will forwarded to the Medical Director and Credentialing for review as outlined in [CH-MCR-GA-01: Part C and D Grievances](). A summary of these cases will be submitted for review to the Quality Improvement Committee on an ongoing basis.
3. The Director, Clinical Quality Improvement works with the Chief Medical Officer, Medical Director and applicable stakeholders to identify data sources, indicators, and benchmarks for over and under-utilization.
4. The Clinical Quality Improvement team performs the analysis to determine the presence of over and/or under-utilization based on existing benchmarks (i.e. HEDIS® use of services, Milliman standards).
5. The Director, Clinical Quality Improvement or designee of the Clinical Quality Improvement team presents results at the Quality Improvement Committee at least quarterly for identification, prioritization and development of an action plan to address issues for any identified trends or areas of concern.
6. The Director, Clinical Quality Improvement with the support of the Clinical Quality Improvement team further monitors the process to assess the effectiveness of the Interventions.

Related Policies:
Clover Health Policy: [CH-MCR0GA-01: Part C and D Grievances]()
Clover Appeals and Grievances Policy: [CH-MCR-GA-01: Part C and D Grievances]()
Clover Health SOP: [QOC Investigation SOP]()

Attachments:

Attachment A

Quality of Care Monitoring Indicators

This list includes measures that may be considered for use to identify potential quality of care concerns and trends, additional measures may be considered by the committee, as applicable. Measures and goals will be determined annually by the Quality Improvement Committee. Additionally, goals will be set as comparison against national HEDIS, Stars benchmarks and/or performance against self.

1) **Hospitalization for Potentially Preventable Complications (HPC):** HEDIS Measure: For members 67 years of age and older, the rate of discharges for ambulatory care sensitive conditions (ACSC) per 1,000 members and the risk-adjusted ratio of observed to expected discharges for ACSC by chronic and acute conditions.
   - ACSC Ambulatory care sensitive condition: An acute or chronic health condition that can be managed or treated in an outpatient setting. The ambulatory care conditions included in this measure are:
     - Chronic ACSC
       - Diabetes short-term complications.
       - Diabetes long-term complications.
       - Uncontrolled diabetes.
       - Lower-extremity amputation among patients with diabetes.
       - COPD.
       - Asthma.
       - Hypertension.
       - Heart failure.
     - Acute ACSC
       - Bacterial pneumonia.
       - Urinary tract infection.
       - Cellulitis.
       - Pressure ulcer.

2) **Plan All Cause Readmissions (PCR):** HEDIS Measure: The number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

3) **Hospitalization Following Discharge from a Skilled Nursing Facility (HFS):** HEDIS Measure: For members 18 years of age and older, the percentage of skilled nursing facility discharges to the community that were followed by an unplanned acute hospitalization for any diagnosis within 30 and 60 days.

4) **Mortality rates:** The Clinical Quality Improvement Department with the support of the IT Department will obtain a yearly report on the following events for Clover Health members:
   1. 30- day mortality after a heart attack
   2. 30- day mortality for CHF
   3. 30- day mortality for Pneumonia

New, Revised or Reviewed/ No Changes	Previous Policy Name, If Applicable/Description of Changes	Department Lead Approval (Name)	Date Department Lead Approved	Date Policy Committee Approved
New	n/a	Julianne Eckert	06/01/2020	07/02/2020
Review	Annual Review	Julianne Eckert	11/15/20	12/2/20