



**IPA Medical Management Audit Tool 2010**  
**Quality Management**

IPA: \_\_\_\_\_ Review Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

**NCOA QI 1: Program Structure**

The IPA clearly defines its quality improvement structures and processes and assigns responsibility to appropriate individuals. The IPA has the quality improvement infrastructure needed to improve the quality and safety of clinical care and services to its members.

<b>Element A: Quality Improvement Program Structure</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>N/A</b>
<b>The IPA's QI Program structure includes the following factors:</b>				
<b>1. A written description of the QI Program</b> The QI Program description must be organized and written so that staff members and practitioners can understand the program's goals, objectives and structure. <b>IEHP Guideline:</b> IEHP does not delegate QI; however, IPAs are required to maintain QI programs and structures in compliance with IEHP requirements.				
<b>2. An annual work plan; must include:</b>				
<b>a. Objectives for the year, including the organization's approach to patient safety</b>				
<b>b. Program scope</b>				
<b>c. Activities planned for the year, including both the quality and safety of clinical care and quality of service</b>				
<b>d. The timeframe within which each activity is to be achieved</b>				
<b>e. The person(s) responsible for each activity</b>				
<b>f. Planned monitoring of previous identified issues such as</b> <ul style="list-style-type: none"> <li>• Complaints and appeals,</li> <li>• Quality of care and service issues,</li> <li>• Other internal key monitors</li> </ul>				
<b>g. Planned evaluation of the QI program</b>				
<b>COMMENTS:</b>				

<b>Element B: Annual Evaluation of Quality Improvement Program</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>N/A</b>
<b>There is an annual written evaluation of the QI program that includes:</b>				
The QI Program evaluation must address the work plan for the year and must describe the completed and ongoing QI activities for that year. The IPA must also evaluate activities to improve the safety of clinical care.				
<b>1. A description of completed and ongoing QI activities that address quality and safety of clinical care and quality of service</b>				
<b>2. Trending of measures to assess performance in the quality and safety of clinical care and quality of service</b>				

Element B: Annual Evaluation of Quality Improvement Program	0	1	2	N/A
<b>3. Analysis of the results of QI initiatives, including barrier analysis</b> The IPA must also include a critical assessment of barriers to achieving each program goal.				
<b>4. Evaluation of the overall effectiveness of the QI program, including progress toward influencing, network-wide safe clinical practices</b> The evaluation of the overall effectiveness of the QI program must give careful consideration to all aspects of the program.				
<b>COMMENTS:</b>				

**NCQA QI 2: Program Operations**

Element B: QI Committee Meeting Minutes	0	1	2	N/A
<b>QI Committee Meeting Minutes reflect all committee decisions and actions, and are signed and dated.</b> <ul style="list-style-type: none"> <li>• Minutes must reflect appropriate reporting of activities, as described in the QI program.</li> <li>• The minutes are consistent with the work plan.</li> <li>• Minutes must be produced by the date of the next meeting and must be dated and signed to ensure that they represent the official findings of the committee.</li> </ul>				
<b>COMMENTS:</b>				

**NCQA QI 5: Accessibility of Services**

The IPA establishes mechanisms to assure the accessibility of primary care services, behavioral health services and member/enrollee services, behavioral health services and member/enrollee services. The IPA provides and maintains appropriate access to primary care, behavioral health care and member services.

Standards of Medical Care Access (DHS Requirement Prov. Manual Policy 9A)	0	1	2	N/A
<b>The IPA has standards for access to:</b> IPA standards must meet or exceed the IEHP standards listed below.				
<b>1. Regular and routine care appointments</b>				
<b>a. Preventive care adults</b> One month or within 120 days of enrollment				
<b>b. Well child exams</b> 2 weeks				
<b>c. Routine primary care</b> 2 weeks				
<b>d. Non-urgent, acute illness</b> <b>3 days or as directed by the physician</b>				
<b>2. Urgent care appointments</b> Same day				
<b>3. Emergency care appointments</b> Immediate disposition of member to the appropriate care setting				
<b>COMMENTS:</b>				

**NCQA QI 7: Complex Case Management**

The IPA coordinates services for members with complex conditions and helps them access needed resources.

Element A: Identifying Members for complex case management	0	1	2	N/A
The Care Management program or policy and procedures must include a written description of the process to identify and refer complex cases to the health plan.				
<b>COMMENTS:</b>				