

## Clinical Quality Management Program (CQMP)

Revision:

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The Managed Care Support Contractors (MCSCs), Designated Providers (DPs), and the TRICARE Overseas Program (TOP) contractor (from this point forward to be referred to as the contractor) shall operate a CQMP which results in demonstrable quality improvement in the quality of health care provided beneficiaries, and in the process and services delivered by the contractor. The CQMP is defined as the integrated processes, both clinical and administrative, that provide the framework for the contractor to objectively define and measure the quality of care received by beneficiaries. This CQMP shall demonstrate how the contractor's goals and objectives, leadership, structure, and operational components are designed to achieve the efficient and effective provision of timely access to high quality health care. As part of the CQMP, the contractor shall develop a CQMP Plan with goals and objectives followed by a CQMP Annual Report (AR) describing the results of the quality activities performed during each program year.

### **1.0 CQMP PLAN**

The contractor shall develop a written CQMP Plan which is defined as a detailed description of the purpose, methods, proposed goals and objectives designed to meet the intent of the program. The contractor shall fully describe in a written CQMP Plan the structural and functional components of the program. Details for content and submission of this plan are contained in the contract, DD Form 1423, Contract Data Requirements List (CDRL).

### **2.0 CLINICAL QUALITY MANAGEMENT PROGRAM ANNUAL REPORT (CQMP AR)**

Details for content and submission of this report are contained in the contract, DD Form 1423, CDRL. The TRICARE Regional Offices (TROs), TRICARE Overseas Program Office (TOPO), and Clinical Support Division (CSD) will provide relevant comments to the contractors based on review of the annual CQMP report. The report will be reviewed in conjunction with the annual plan for the particular period of performance. Recommendations for revision or acceptance of the annual report shall be provided in a written format through the appropriate Contracting Officer (CO) to the contractor within 45 calendar days of receipt of the annual program report.

### **3.0 COMMON TERMS AND DEFINITIONS**

#### **3.1 Quality Improvement Initiative (QII)**

The purpose of a QII is to improve processes internal to the organization and may include improvements in clinical administrative processes, program related issues or new methods in accomplishing outcomes of the program such as cycle time, effectiveness, efficiency, reporting tools, related processes between departments affecting desired outcomes, etc. Common tools for

improvements in processes may include various methods that include core elements such as baseline data, interventions/actions, re-measurement, monitoring and follow-up. Process improvements shall be appropriately documented to demonstrate purpose of improvement, baseline measure(s), actions/interventions, re-measurement(s) and outcomes.

### **3.2 Quality Improvement Projects (QIP)**

A QIP is a set of related activities designed to achieve measurable improvement in processes and outcomes of care. Improvements are achieved through interventions that target health care providers, practitioners, plans, and/or beneficiaries. QIPs may address administrative processes, beneficiary health, error reduction or safety improvement, beneficiary functional status, beneficiary or provider satisfaction, program related issues or to serve as a valid proxy for high-volume or high-risk issues. They may result after being identified from a Clinical Quality Study (CQS) as an opportunity for improvement. QIPs should be structured with appropriate elements such as clearly defined sample sizes and inclusions/exclusion criteria. They shall be appropriately operationalized, meaning appropriate scientific methodology and rigor should be applied such as using written research questions and statistically significant analysis as applicable. Lastly, QIPs shall be appropriately documented by including the following common elements of a QIP:

- Description and purpose of topic.
- Description of the population.
- Rationale for selection of the QIP baseline data.
- Description of data collection.
- Goals and time frames.
- Action plan/interventions.
- Periodic re-measurements and outcomes.

### **3.3 CQS**

An assessment conducted of a patient care problem for the purpose of improving patient care through peer analysis, intervention, resolution of the problem, and follow-up. A CQS should be appropriately operationalized, meaning appropriate scientific methodology and rigor should be applied such as using written research questions and statistical significant analysis as applicable. Typically these do not require evidence-based interventions, multiple measurement cycles, or sophisticated statistical analysis. Common elements of CQS:

- Description of CQS and purpose of topic.
- Rationale for the selection of the CQS.
- Define the study question.
- Description of methodology used.
- Select the indicators/measures.
- Description of data collection.
- Description of the population and sampling techniques (if applicable).

- Report of findings to include a definition of the study, description of data collection, statement of hypothesis, analytic methods and population employed, data analysis and interpretation.
- Plan for follow-up of the CQS to include interventions and measurements as applicable.

### **3.4 Potential Quality Issue (PQI)**

A clinical or system variance warranting further review and investigation for determination of the presence of an actual Quality Issue (QI).

### **3.5 Quality Issue (QI)**

A verified deviation from acceptable standards of practice or standards of care as a result of some process, individual, or institutional component of the health care system.

## **4.0 CQMP STRUCTURAL AND FUNCTIONAL REQUIREMENTS**

**4.1** The contractor shall allow their respective TRO/TRICARE Area Office (TAO), TOPO, and CSD clinical staff active participation in their CQMP and non-voting membership in their region level Quality Management Committees, peer review committees both medical-surgical and behavioral health, and Credentialing Committees. The contractor shall develop and implement written policies and procedures to identify PQIs, steps to resolve identified problems, suggest interventions to resolve problems, and provide ongoing monitoring of all components of the contractor's operations and the care and treatment of TRICARE beneficiaries.

**4.2** Using the most current National Quality Forum (NQF) Serious Reportable Events (SREs), Centers for Medicare and Medicaid Services (CMS) Hospital Acquired Conditions (HACs), Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators (PSIs), and any other DHA required indicator/event (see DD Form 1423, CDRL), the contractor shall identify, track, trend, and report interventions to resolve the PQIs and QIs. Additionally, the contractor shall report potential SREs to the TRO/TAO or CSD within two business days from when the contractor becomes aware of the event. At a minimum, the report shall include the beneficiary's name, last four digits of sponsor's Social Security Number (SSN) or Department of Defense (DoD) identification number, beneficiary date of birth, enrollment status (Prime or Standard), beneficiary type (Active Duty (AD), AD dependent, retiree, retiree family member), Primary Care Manager (PCM) (name of civilian PCM or Military Treatment Facility (MTF)/Enhanced Multi-Service Market (eMSM)), a synopsis of the event, location of the event (to include provider name, address, city and state or country, if applicable), provider status, and any contractor actions taken to date. The contractor shall report, by a secure means, closure of the reported SRE within two business days to include closure date, outcome of review (to include the determination of whether a QI occurred, and if so, the severity level) and summary of actions taken. Details for content and submission of SREs are contained in the contract, DD Form 1423, CDRL.

## **5.0 PATIENT SAFETY OR QI IDENTIFICATION**

The contractor shall apply medical judgment, evidence based medicine, best medical practice and follow the TRICARE criteria as set forth in [paragraphs 4.1](#) and [4.2](#) for the identification, evaluation and reporting of all PQIs and confirmed QIs. The contractor shall assess every medical record reviewed for any purpose and any care managed/observed/monitored on an ongoing basis for PQIs. The

contractor shall process to completion 95% of all PQIs within 90 calendar days from date of identification and 100% within 180 calendar days of identification. For reporting of PQIs and QIs, see DD Form 1423, CDRL, CQM Monthly Quality Intervention Reporting.

## 5.1 Quality Intervention

The contractor shall implement appropriate quality interventions using evidence based medicine/guidelines and best medical practices to reduce the number of QIs and improve patient safety. When the contractor confirms a QI or determines there is deviation in the standard of practice or care, the determination shall include assignment of an appropriate severity level and/or sentinel event, and describe the actions taken to resolve the quality problem. Details for content and submission of a Clinical Quality Management Intervention Report are contained in the contract, DD Form 1423, CDRL.

## 5.2 Definitions

### 5.2.1 PQI

A PQI is a clinical or system variance, warranting further review and investigation for determination of the presence of an actual QI.

### 5.2.2 No QI

Following investigation there is NO QI finding.

### 5.2.3 QI

A QI is a verified deviation, as determined by a qualified reviewer, from acceptable standard of practice or standard of care as a result of some process, individual, or institutional component of the health care system.

- **Severity Level 1.** QI is present with minimal potential for significant adverse effects on the patient.
- **Severity Level 2.** QI is present with the potential for significant adverse effects on the patient.
- **Severity Level 3.** QI is present with significant adverse effects on the patient.
- **Severity Level 4.** QI is present with the most severe adverse effect and warrants exhaustive review.
- **Sentinel Event.** A sentinel event, is defined by the TRICARE program utilizing the most current definition as published by the Joint Commission.

## 5.3 PQI Jurisdiction

The contractor with geographic jurisdiction has the ability to have meaningful “quality interventions,” and has the best opportunity to demonstrate improved quality by providers within its jurisdiction. Thus, consistent with the TRICARE Operations Manual (TOM) requirements, cross-region

PQI issues are handled as follows: the contractor who receives and/or identifies PQI shall conduct an initial clinical assessment based upon the information on hand and if a PQI exists, forward the case and all supporting information to the contractor with the geographic jurisdiction for the case review, investigation, and intervention(s).

#### **5.4 Peer Review**

All claims submitted for health services are subject to review for quality of care and appropriate utilization. In all cases, peer review activities under the Quality and Utilization Review Peer Review Organization (PRO) program ([32 CFR 199.15](#)) are carried out by physicians and other qualified health care professionals. The PRO program is concerned primarily with medical judgments regarding the quality and appropriateness of health care services. Issues regarding such matters as benefit limitations are similar but, if not determined on the basis of medical judgments, are governed by Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) rules and procedures other than those provided in this section. (See, for example, [32 CFR 199.7](#) regarding claims submission, review and payment.) Based on this purpose, a major attribute of the PRO program is that medical judgments are made by (directly or pursuant to guidelines and subject to direct review) reviewers who are peers of the health care providers providing the services under review. Broadly, the program of quality and utilization review has as its objective to review the quality, completeness, and adequacy of care provided, as well as its necessity, appropriateness and reasonableness. (Refer to [Section 1, paragraph 3.0](#) for peer reviewer qualifications and participation.)

**5.4.1** All QIs, regardless of the source, shall be reviewed and confirmed by a peer review committee composed, at a minimum, of qualified peer reviewers to determine deviations from standards of care, severity levels, recommending interventions to include Corrective Action Plans (CAPs), reporting to licensure boards, and follow-up monitoring through resolution. All standard of care determinations shall be approved by the peer review committee(s).

**5.4.2** The CQMP shall describe the peer review committee(s) composition, quorum of voting members to conduct peer review and frequency of the meetings.

**5.4.3** The peer review committee shall assure all identified issues are tracked, trended, patterns identified, reported to committee and appropriately addressed until resolution is achieved.

**5.5** The Medical Directors of the TROs, TAOs, and TOPO are delegated by the Director, Defense Health Agency (DHA) to perform the following functions:

**5.5.1** When the Government identifies a patient safety issue where TRICARE beneficiaries are or could be at risk, the TRO/TAO/TOPO Medical Directors may direct the contractor to take the necessary steps to safeguard the safety of TRICARE beneficiaries.

**5.5.2** When the Government identifies clinical quality concerns regarding the care rendered to a TRICARE beneficiary or group beneficiaries, the TRO/TAO/TOPO Medical Directors may direct the contractor to conduct a clinical quality review and case investigation and report their findings to the Government.

#### **6.0 AHRQ PSIs**

The contractor shall utilize the current PSI software, provider level, available from the AHRQ, to

evaluate the safety of care delivered in the network. The software is designed for use with administrative data sets and will not require manual chart abstraction. The contractor shall run the appropriate data for all of the PSIs and use the analysis of the results to identify PQIs and patient safety issues for individual providers, groups or facilities. Analysis will also be used to provide focus for specific patient safety interventions and/or study activity that will be implemented at the direction of the contractor. The contractor shall report their findings, interventions and outcomes on 100% of the cases that meet the AHRQ PSI criteria on semi-annual and annual reports to the Government. The details for content and submission are contained in the contract, DD Form 1423, CDRL.

## **7.0 HOSPITAL COMPARE**

The contractor shall utilize the CMS Hospital Compare web site (measures, readmission, mortality and other reported data) to evaluate and analyze institutional performance for each network facility in the respective region and provide a report of the analysis. The results of the analysis are to be used for identification of facility or specific patient safety performance improvement, network credentialing activities and/or study activity that will be implemented at the direction of the contractor and included in the report. The details for content and submission are contained in the contract, DD Form 1423, CDRL.

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