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# Frederick Health

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**Owner:** Christian Gomes:  
 Director FIHN Ops &  
 Phys  
**Area:** FIHN

**Standards & Regulations:**

**References:**

## Performance Improvement Policy, FIHN 106

This policy is intended as a guideline to assist in the delivery of Frederick Integrated Healthcare Network's (FIHN) clinically integrated provider network and its commitment to improving health and service for patients while reducing the rate of increase in the cost of care. It is not intended to replace professional judgment in patient care or administrative matters.

### PURPOSE:

The purpose of this policy is to ensure that all FIHN Patients receive high quality care and service from Providers by establishing a mechanism for professional review, quality improvement and support of Providers whose performance on defined clinical and service measures falls below performance expectations.

### POLICY:

FIHN is committed to driving continuous improvement by adhering to and achieving nationally recommended standards and by fostering an environment of trust, respect, excellence and integrity. FIHN provides accurate and timely information to conduct performance improvement review.

### PROCEDURE:

1. Establishment of benchmarks or performance expectations:
  1. The Committee has been established to perform various functions including acting in the capacity of a quality improvement and peer review committee. Periodically, the Committee will determine and implement quality metrics to evaluate the performance of FIHN overall as well as its Providers. Providers will receive FIHN performance data for these metrics on a not less than annual basis. A Provider's current performance in relation to each quality measure will be provided based on data reported from claims, medical record sources and/or patient or provider surveys. The performance data will contain the following:
  2. The individual Provider and/or their provider group score per applicable measurement.
  3. The Provider's comparative score (such as average score, percentile rank, etc.) per measurement.
  4. The measure's target and/or benchmark (as defined by the Committee in collaboration with the FIHN Medical Director). Various sources for benchmarks will be considered including, but not limited to, the Center for Medicare & Medicaid Services (CMS), the Healthcare Effectiveness Data Information System (HEDIS), the Agency for Healthcare Research and Quality (AHRQ), and the National

Committee on Quality Assurance (NCQA).

## 2. Performance Improvement

1. If the Committee finds that a Provider is performing at a level that is significantly below target or expectation for a measure(s), the following process will apply:
2. In conjunction with the Committee and Medical Director, a Corrective Action Plan specific to performance deficiencies will be developed, taking into account the Provider's practice characteristics and patient population. The Corrective Action Plan may include the assignment of a peer mentor, as an agent of the Committee, to provide assistance with Plan implementation. This Corrective Action Plan shall be designated as a protected peer review and/or quality improvement document.
3. Appropriate time frames for regular reports on progress back to the Committee as well as goals for the Provider's progress will be specified in the Corrective Action Plan. The Provider will have sixty (60) days to begin implementation of the Corrective Action Plan (or such shorter or longer period of time as is agreed to by the parties based upon the circumstances) and must record this implementation on documents approved by the Committee.
4. The Committee and the Medical Director will continue to work collaboratively with the Provider until the performance improvement opportunity has been addressed and corrected. Updates must be provided to the Committee at no less than one hundred eighty (180) day intervals (or such shorter time frame as established by the Corrective Action Plan) until the Committee determines that adequate progress has been made, and the Corrective Action Plan may be considered successfully completed.

## 3. Adverse Action

1. Participation in a Corrective Action Plan is mandatory. If a Provider chooses not to participate in the development and implementation of a Corrective Action Plan, the Committee may, in its sole discretion, recommend Adverse Action. In such case, the procedure set forth in the FIHN Termination of Participating Providers Policy (FIHN-07) then would take effect.
2. The Committee, following discussion with the Medical Director, has the authority to terminate a Corrective Action Plan and recommend Adverse Action whenever the Committee determines in its sole discretion that sufficient improvement is not being made by the Provider justifying the continuance of the Corrective Action Plan. In such event, the procedure set forth in FIHN's Termination of Participating Provider Policy (FIHN-07) would then take effect.
4. Information compiled, generated, and distributed pursuant to this Policy will be labeled as Confidential Quality Assurance / Peer Review materials and shall be protected from discovery to the extent permitted under applicable law.
5. Scope of Policy: This Policy is only intended to address situations that appear to be subject to remediation pursuant to a performance improvement process as determined by the Committee. All other situations will be addressed through the provisions of the Participation Agreement.

## DEFINITIONS:

**Adverse Action:** means any reduction, restriction, suspension, revocation, or denial of a Provider's status as a participating physician or practitioner with FIHN and corresponding termination of the Participation Agreement as it applies to Provider in accordance with the Termination of Participating Providers Policy (FIHN-07).

**Board:** means the FIHN Board of Managers.

**Committee:** means the FIHN Clinical Integration & Information Technology Committee.

**Corrective Action Plan:** means a corrective action plan with respect to a Provider developed in conjunction with the Committee and Medical Director specific to performance deficiencies and as further described below.

**Executive Director:** means the FIHN Executive Director as defined in the FIHN Executive Director Job Description.

**Medical Director:** means the FIHN Medical Director as defined in the FIHN Medical Director Job Description.

**Participation Agreement:** means a written agreement with FIHN to provide covered services to FIHN Patients.

**Chair:** means the Chairman of the Board.

**Provider:** means a physician, advanced practice registered nurse (APRN), or physician assistant (PA) who previously has been credentialed and approved by the Board as a participant with FIHN and has not had his or her Participation Agreement terminated.

**FIHN:** means Frederick Integrated Healthcare Network, LLC.

**FIHN Patients:** means an individual who is enrolled in a health plan or product sponsored or administered by a commercial or government health care insurer or any self-insured health plans that have contracted with FIHN to participate in quality and incentive programs related to the furnishing of medically necessary items and services to such individual.

## RELATED DOCUMENTS:

Termination of Participating Providers Policy (FIHN-07)

### Attachments

No Attachments

### Approval Signatures

Step Description	Approver	Date
Senior Leader Approval	Jennifer Teeter: VP Clin Integration & Con	03/2021
	Christian Gomes: Director FIHN Ops & Phys	03/2021
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