Quality of Care

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Related Policies

Utilization Management Overview

Policy Number	**320**
Original Effective Date:	1/1999
Current Approval Date:	4/23/20
Next Review:	4/2021
Category:	Administrative

Policy Statement

A potential for quality of care issue arises when a patient or patient representative expresses written or verbal concern in any of the following areas:

- Potential Adverse Outcome of Care – dissatisfaction with any aspect of delivery or non-delivery of health care
- Competence of provider – incorrect diagnosis, failure to diagnose, inappropriate treatment
- Facility / Office environment – cleanliness, safety, equipment
- Access or Availability – waiting time, scheduling, provider location
- Communication – uncooperative, incomplete, inaccurate

A quality of care issue may also be identified by a Support Clinician, Member/Provider Services, Quality Management, or any other Optum* by OptumHealth Care Solutions, LLC staff.

Purpose

This policy defines Quality of Care issues and the process for handling of complaints.

Scope

All in and out of network programs, involving all provider types

Definition

A quality of care issue is any issue that could adversely affect the health and well being of the patient or any issue related to the quality of service.

Description

Optum will review and investigate all questions or complaints regarding service or clinical quality of care. All quality of care issues will be treated as confidential.

Optum will notify the Health Plan and the Provider of the results of a quality of care review no later than 30 days of the date of receipt or as otherwise required by the Health Plan. Optum will not communicate with the member unless directed to do so by the Health Plan.

For Aetna Providers, Optum will notify the Health Plan prior to investigation of quality of care issues.

References

1. Envisioning the National Health Care Quality Report. 2003 National Academy of Sciences; http://www.nap.edu
2. Crossing the Quality Chasm: The IOM Health Care Quality Initiative. Institute of Medicine; www.iom.edu/
3. Klint RB, Long HW. Toward a definition of quality - health care. Physician Executive; Sept-October 1989
4. URAC. http://www.urac.org/
5. National Committee for Quality Assurance (NCQA). http://www.ncqa.org/

Policy History/Revision Information

Date	Action/Description
1/28/1999	Original effective date
2/23/2000	Annual review and approval completed
3/07/2001	Annual review and approval completed
9/20/2002	Annual review and approval completed
1/31/2003	Update and approval
11/11/2003	Annual review and approval completed
10/18/2004	Annual review and approval completed
2/14/2006	Annual review and approval completed
12/04/2006	Update and approval
4/10/2008	Annual review and approval completed
1/15/2009	Policy reformatted
4/30/2009	Annual review and approval completed
4/08/2010	Annual review and approval completed
10/26/2010	Policy rebranded to "OptumHealth Care Solutions, Inc. (OptumHealth)"
4/07/2011	Annual review and approval completed
4/19/2012	Annual review completed
4/18/2013	Annual review completed
4/17/2014	Annual review completed; Policy rebranded "Optum* by OptumHealth Care Solutions, Inc."
4/16/2015	Annual review completed
4/21/2016	Annual review completed
4/20/2017	Annual review completed; Legal entity name changed from "OptumHealth Care Solutions, Inc." to "OptumHealth Care Solutions, LLC."
4/26/2018	Annual review completed; no significant changes made to the document
4/25/2019	Annual review completed; no significant changes made to the document
4/23/2020	Annual review completed; no significant changes made to the document

Contact Information

Please forward any commentary or feedback on Optum utilization management policies to: policy.inquiry@optumhealth.com with the word "Policy" in the subject line.

The services described in Optum* by OptumHealth Care Solutions, LLC policies are subject to the terms, conditions and limitations of the Member's contract or certificate. Optum reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Optum's administrative procedures.

Certain internal policies may not be applicable to self-funded members and certain insured products. Refer to the member's Summary Plan Description (SPD) or Certificate of Coverage (COC) to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member's SPD or COC, the member's SPD or COC will govern.