



L.A. Care
HEALTH PLAN

REFERRAL FOR POTENTIAL QUALITY OF CARE ISSUE(S) (PQI)

PQI@lacare.org

NAME OF PQI REFERRAL:

DATE REFERRED TO QI:

CONTACT NUMBER/EMAIL:

DATE OF SERVICE/EVENT DATE:

REFERRAL SOURCE			
<input type="checkbox"/> Appeals – Case #	Date Received:	<input type="checkbox"/> CM	<input type="checkbox"/> MRU
<input type="checkbox"/> Grievance – Case #	Date Received:	<input type="checkbox"/> UM	<input type="checkbox"/> Legal
<input type="checkbox"/> Other –			<input type="checkbox"/> Behavioral Health

MEMBER INFORMATION			
Member Last Name:	Member First Name:	Member CIN #:	Member ID #:
Date of Birth:	<input type="checkbox"/> Medi-Cal AID CODE: <input type="checkbox"/> CMC (Cal MediConnect)	<input type="checkbox"/> SPD <input type="checkbox"/> PASC-SEIU	<input type="checkbox"/> LA Care Covered
IPA/PPG Name/Affiliate <i>(Based on date of service):</i>			

FOCUS OF PQI (WHO WAS INVOLVED? WHERE DID THE ISSUE/INCIDENT HAPPEN?)			
<input type="checkbox"/> Physician/Practitioner	<input type="checkbox"/> IPA/PPG	<input type="checkbox"/> Hospital*	<input type="checkbox"/> Facility*
<input type="checkbox"/> Others*	*Identify Name of Entity Involved:		

PHYSICIAN/PRACTITIONER INFORMATION (FOCUS OF PQI)		
Provider Last Name:	Provider First Name:	Provider License #:

ISSUE/INCIDENT INFORMATION (WHY IS THIS CONSIDERED A PQI?)
Reason this is to be considered a PQI: <i>(Please reference page 2)</i>
Brief Summary of Issue/Incident: What is the main issue/incident?
What is the impact to the member's clinical care?
What actions have been taken?
What is the current state of the member's condition?

Attach **ANY** pertinent information, i.e. Medical Records, UR Notes, CSIM Notes, Member Service call text, A&G resolution letter.

Criteria for Potential Quality of Care Issue (PQI) Referral

Grievance/Call Center

- Inappropriate or incomplete exam/diagnostic testing resulting in a quality of clinical care or service concern with a risk or evidence of adverse health outcome, i.e. Urgent Care/Emergency visits and/or Hospital admission
- Wrong diagnosis or treatment/medication recommended or provided resulting in a quality of clinical care or service concern with a risk or evidence of adverse health outcome, i.e. worsening of conditions, delay/misdiagnosed in cancer diagnosis with supportive information i.e. from provider notes and/or urgent care/Emergency/Hospital visits documentation
- Lack of access to care resulting in ER encounter or resulting in a quality of clinical care or service concerns with a risk or evidence of adverse health outcome, i.e. refusal of care/referrals/treatment, and/or prescription
- Report of office or facility with unsafe conditions or lack of disability access resulting in a quality of clinical care or service concern with a risk of or evidence of adverse health outcome i.e. Fall, in the facility with serious injuries that requires higher level of care at Urgent Care/Emergency
- Communication, coordination or transition of care issues that led to delay in care/referrals/treatment/service and led to Urgent Care/Emergency visits or Hospital admissions
- Delay in diagnosis or treatment/authorization for any cancer diagnosis
- Provider prescribed medication which was contraindicated (e.g. allergy, serious drug interaction) resulting in a quality of clinical care or service concern with a risk or evidence of adverse health outcome
- Member injury during care (e.g. fall in healthcare facility) with serious injury
- Provider role contributing to injury or failure to appropriately address injury)
- Outright refusal of care, treatment, or prescription resulting in a quality of clinical care or service concern with a risk or evidence of adverse health outcome
- Unexpected death or unexpected complication
- Sexual and/or physical harrassment concerns

Appeal

- Denied service (specialty consultation, medical/surgical procedure, DME supplies...etc.) which was a covered benefit where medical necessity criteria were met and the denial may have placed the member at risk of adverse health outcome if not resolved in appeal
- Denied request for out-of-network referral where services were not available in-network and the denial may have placed the member at risk of adverse health outcome if not resolved in appeal
- Denied request for out-of-network referral where member would benefit from continuity of care and the denial may have placed the member at risk of adverse health outcome if not resolved in appeal
- Denied of medications where medical necessity criteria were met and the denial may have placed the member at risk of adverse health outcome if not resolved in appeal
- Overturned appeals that met medical necessity criteria

UM/CM

- Access issues resulting in a quality of clinical care or service concern with a risk or evidence of adverse health outcome
- Delay in service or authorization leading to a quality of clinical care or service concern with a risk or evidence of adverse health outcome
- Inappropriate or incomplete exam/diagnostic testing resulting in a quality of clinical care or service concern with a risk or evidence of adverse health outcome
- Poor transition of care/continuity and coordination of care issue with adverse outcome or place member at risk of adverse health outcome
- Premature or unplanned delay in discharge from acute or ancillary services with high risk for adverse health outcome
- Unexpected increase in length of stay (LOS) due to complications
- Unexpected post-op complications
- Sentinel events:
 - Avoidable admission for chronic conditions (i.e. asthma, CHF, Hypertension) that had not been managed by primary care physicians
 - Delay diagnosis of cervical malignancy
 - Hospital acquired sepsis* - septicemia (respiratory, gangrene, etc.)
 - Increased in decubitus staging from 3 to 4 and above*
 - Prescription drug induced admission (Digoxin, Theophylline, allergic reaction, etc.) that could have been managed by primary care physicians
 - Unexpected member mortality
 - Unplanned readmission within 30days of discharge for same diagnosis
 - Incorrect surgical procedure
 - Surgical procedure on wrong operative site

Behavioral Health (including BHT)

- Access issues resulting in a quality of clinical care or service concern with a risk or evidence of adverse health outcome
- Delay in service or authorization leading to a quality of clinical care or service concern with a risk or evidence of adverse health outcome
- Inappropriate or incomplete exam/diagnostic testing resulting in a quality of clinical care or service concern with a risk or evidence of adverse health outcome
- Poor transition of care/continuity & coordination of care issue with adverse outcome or placing member at risk of adverse health outcome
- Premature or unplanned delay in discharge from acute or ancillary services with high risk for adverse health outcome
- Lack of access to care resulting in ER encounter or a quality of clinical care/service concern with a risk or evidence of adverse health outcome
- Provider office or facility with unsafe conditions or lack of disability access resulting a quality of clinical care or service concern with a risk or evidence of adverse health outcome
- Provider communication barrier, inappropriate behavior resulting a quality of clinical care or service concern with a risk or evidence of adverse health outcome
- Sentinel events:
 - Unexpected member mortality while inpatient
 - Elopement from a locked inpatient unit
 - Death or serious injury associated with a fall while in a healthcare setting
 - Death or serious injury associated with an assault while in a healthcare setting

Additional Examples for references:

PQI REFERRAL CRITERIA	EXAMPLES
<p>Inappropriate or incomplete exam/diagnostic testing resulting in a quality of clinical care or service concern with a risk or evidence of adverse health outcome.</p>	<p>Examples that meets referral criteria:</p> <ol style="list-style-type: none"> 1. Readmission within 72 hours for the same condition. 2. Misread x-ray by a practitioner resulting in missed diagnosis and delayed treatment. 2. Incomplete/Delay appropriate testing based on member presenting symptoms resulting in ER visit and/or hospital admission. 3. Abnormal laboratory/test results not acted upon resulting in ER visit and/or hospital admission. <p>Example that is not a PQI.</p> <ol style="list-style-type: none"> 1. Member was informed the doctor read the first mammogram report, and now he needs to order a 2nd mammogram to confirm the diagnosis.
<p>Wrong diagnosis or treatment/medication recommended or provided, resulting in a quality of clinical care or service concern with a risk or evidence of adverse health outcome.</p>	<p>Examples that meets referral criteria:</p> <ol style="list-style-type: none"> 1. With documentation of a known allergy in the chart, member was prescribed medication that she/he is allergic to. 2. Member received treatment/medication for another member with same name.
<p>Lack of access to care resulting in ER encounter or resulting in a quality of clinical care or service concerns with a risk or evidence of adverse health outcome.</p>	<p>Examples that meets referral criteria:</p> <ol style="list-style-type: none"> 1. Member discharged from hospital with home health follow up but HH nurse did not show up resulting in delay of care and worsening of member symptoms. 2. Member unable to get appointment with PCP and was admitted to the hospital or re-admitted to the hospital. 3. Delay treatment/schedule for any cancer diagnosis. <p>Example that is not a PQI.</p> <ol style="list-style-type: none"> 1. Member walked into his/her primary care physician office without an appointment, the clinic was very busy that day and therefore cannot accommodate the walk-in appointment. Member was re-directed to urgent care center.
<p>Provider office or facility with unsafe conditions or lack of disability access, that are high risk for serious injuries that requires higher level of care at Urgent Care/Emergency.</p>	<p>Examples that meets referral criteria:</p> <ol style="list-style-type: none"> 1. Member fall in the facility and requires emergency service. 2. Office has no sharp disposal protocol and practice resulting in member needle stick ER visit. <p>Example that is not a PQI.</p> <ol style="list-style-type: none"> 1. Member complaint of office not having enough bathroom to accommodate patients, and/or empty hand sanitizer.
<p>Communication barrier, inappropriate behavior or coordination of care, , which caused a delay in care/referrals/treatment/service AND lead to Urgent Care/Emergency visits or Hospital admissions.</p>	<p>Examples that meets referral criteria:</p> <ol style="list-style-type: none"> 1. Office has no interpreter or access to an interpreter services which caused a delay in care/referral/treatment service and lead to urgent care/emergency visit or hospital admission. 2. Member was not informed of treatment plan or discharge plan. 3. Lack of care coordination when transferred to skilled nursing facility.
<p>Provider prescribed medications or DME which was contraindicated (e.g. allergy, serious drug interaction) or caused injury resulting in a quality of clinical care or service concern with a risk/evidence of adverse health outcome.</p>	<p>Examples that meets referral criteria:</p> <ol style="list-style-type: none"> 1. Member was given an assistive device that did not fit well and lead to wound issues. 2. Member complained of eye infection, however, provider prescribed an eardrop medication that lead member go to ER. <p>Example that is not a PQI.</p> <ol style="list-style-type: none"> 1. Member stated he lost his eyeglasses during emergency transport. Member requesting replacement of his eyeglasses.
<p>Unexpected death or unexpected procedure complication.</p>	<p>Examples that meets referral criteria:</p> <ol style="list-style-type: none"> 1. Member passed away after the procedure. 2. Prolonged hospital stay or unplanned return to surgery due to unexpected complication.
<p>Sexual and/or physical harassment concerns resulting in CHANGING providers and/or provider groups.</p>	<p>Examples that meets referral criteria:</p> <ol style="list-style-type: none"> 1. Member accused practitioner of inappropriate physical contact and sexual innuendo during examination.

Note : * PQI recognized that majority of the hospital acquired conditions or incident/injury would have been reviewed by hospital safety program. Please specify the focus of PQI review that may be required by the Health Plan