

QUALITY OF CARE

Contracted Providers are required to cooperate with CenCal Health's quality improvement activities. Such activities include but are not limited to those set forth in CenCal Health's Quality Assessment and Improvement Program, through utilization management programs, or through other quality improvement measures, policies, or processes.

Quality Assessment and Improvement Program and Utilization Management

The purpose of CenCal Health's Quality Assessment and Improvement Program (QAIP) is to continuously improve the quality of care and services provided by CenCal Health and its contracted provider network. Providers who contract with CenCal Health agree to participate in the QAIP, and to cooperate with CenCal Health to objectively and systematically monitor and evaluate the quality and appropriateness of patient care and patient care services provided by contracted providers. Providers and CenCal Health ("the parties") will each provide the other with access to all patient care protocols, policies, procedures, and critical pathways for care related to services provided to Members hereunder. Contracted Providers further agree to participate in all quality assessment and improvement and utilization review activities required by CenCal Health and regulatory agencies. Providers will provide reasonably available and appropriate information relating to services provided to Members for use in utilization management and quality assessment and improvement activities conducted by CenCal Health, provided that CenCal Health protects the confidentiality of such information to the extent required under State and federal law. Providers do not waive their right to confidentiality protections provided under State or federal law.

Resolution of Quality Issues

The parties shall cooperatively pursue opportunities to continuously improve the care provided to Members, and to identify and resolve problems related to the provision of services to Members under signed Agreements. Providers shall investigate and respond promptly to all quality issues related to care provided to Members and will cooperate with CenCal Health to resolve such issues in the best interest of Members. If a disagreement arises between the parties on any matter whatsoever, the parties shall work towards a resolution and shall not involve Members in any matter concerning such disagreement.

CenCal Health Policies

The Provider Credentialing Policy, Member Grievance System, Provider Grievance System, Peer Review Process, Facility Site & Medical Record Quality Improvement Program, Access to Care, Coordination of Care, Continuity of Care, Clinical Utilization (UM) Criteria, and Infection

Control–Provider Requirements and Training, as adopted and as amended by CenCal Health, are applicable to most CenCal Health Agreements and to most Provider activities under it. These policies are set forth in full in the Policies and Procedures Section of this Provider Manual.

Utilization Review

Utilization Review shall mean the process by which CenCal Health, or duly appointed and authorized entity (including Provider) to which such responsibility has been delegated, determines on a prospective, concurrent, or retrospective basis the medical appropriateness of Covered Services furnished to Members. Utilization Review may also be referred to as "Utilization Management" (UM).

Contracted Providers must participate in and cooperate and comply with the provisions of CenCal Health's UM programs and its policies and procedures, including staff and UM Committee review, and on-site visits if requested with reasonable notice. Additional information about CenCal Health's Utilization Management Program is available in the Case Management Protocols in this Provider Manual, and through CenCal Health's website at www.cencalhealth.org/Health Services.

CenCal Health encourages appropriate utilization and discourages underutilization by its contracted Providers, and does not offer incentives that would encourage underutilization of services. Rather, it encourages PCPs and health professionals to work together to provide appropriate and medically necessary treatment for all CenCal Health Members.

Additionally, CenCal Health affirms that:

- UM decision making is based only on appropriateness of care and service and existence of coverage;
- CenCal Health does not specifically reward Providers or other individuals for issuing denials of coverage or service care; and
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization.

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