

<b>HEALTH PLAN POLICY</b>	
<b>Policy Title:</b> Practitioner and Provider Education	<b>Policy Number:</b> OPND05 <b>Revision:</b> B
<b>Department:</b> Operations	<b>Sub-Department:</b> Network Development
<b>Applies to Product Lines:</b> <input type="checkbox"/> Medicaid <span style="float: right;"><input checked="" type="checkbox"/> USFHP</span> <input type="checkbox"/> Children’s Health Insurance Plan <span style="float: right;"><input checked="" type="checkbox"/> Commercial Insured</span> <input checked="" type="checkbox"/> Health Insurance Exchange <span style="float: right;"><input checked="" type="checkbox"/> Non Insured Business</span> <input checked="" type="checkbox"/> Medicare	
<b>Origination/Effective Date:</b> 09/28/2017	
<b>Reviewed Date(s):</b>	<b>Revision Date(s):</b> 05/22/2019, 06/01/2020

**SCOPE:**

The health plan uses practitioner/provider education materials and tools to improve the practitioner and provider’s knowledge and skills to manage member care and support them with meeting the plans contractual and quality requirements. By doing so, the education materials are provided as part of an overall effort to improve the quality, safety and cost-effectiveness of services and care provided for members.

**DEFINITIONS AND ACRONYMS:**

- **Consumer Assessment of Health Plans Survey (CAHPS)** - Consumer Assessment of Health Plans Survey is a public-private initiative to develop standardized surveys of patient’s experience with ambulatory and facility level care.
- **Healthcare Effectiveness Data and Information Set (HEDIS®)** - The Healthcare Effectiveness Data and Information Set established by the National Committee for Quality Assurance (NCQA).
- **Practitioner** - A practitioner is considered to be a professional appropriately qualified to provide medical or behavioral health care services.
- **Practitioner/provider education** - Practitioner/provider education consists of activities designed to improve practitioners’/providers’ performance by providing education, training, tools, and provision of data relevant to patient clinical care management and systems development to enhance their understanding and skills related to the health plan’s clinical requirements, expectations, and administrative policies and procedures.
- **Provider** - A provider is considered to be an institution or organization (such as a hospital or home health agency) that provides services for health plan members.

**POLICY:**

The objectives of this policy are to:

- Identify areas for improvement that can be addressed through educational activities or enhanced tools.
- Identify education strategies, materials and tools to support increased knowledge and performance in the areas selected for provider performance reporting.
- Plan, implement, or participate in educational or outreach activities that will lead to practitioner’s and provider’s better understanding of the health plan’s clinical expectations or administrative processes.
- Provide comprehensive education in quality and safety in healthcare and continuous quality improvement processes.

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- Provide timely and consistent educational updates to practitioners and providers.
- Assess the effectiveness of educational or outreach activities.
- Reinforce relevant provisions and requirements of the Provider Manual.

The health plan provides training to participating practitioners/providers and their staff regarding the health plan’s policies, procedures, requirements and expectations. These policies, procedures, requirements and expectations are described in the practitioner/provider’s contract, the health plan Provider Manual and notices/alerts/newsletters that are disseminated to practitioners/providers from time to time. One of the health plan’s practitioner/provider training priorities is to encourage and improve the practitioner/provider understanding of the special needs of our members.

Practitioner/provider educational activities and interventions may include any of the following:

- Distribution of materials (e.g., mass mailing and posting information regarding clinical practice guidelines or the Provider Manuals)
- Site visits
- Web site information
- Newsletter articles addressing or updating an identified topic
- Provider forums

**Responsibilities**

The health plan’s Provider Relations, Quality Management and Medical Management Department managers assist the chief medical officer in identifying and prioritizing practitioner/provider educational activities. The health plan’s quality improvement committee (QIC) also supports this activity through their analysis of data and reports and a part of the overall continuous quality improvement process. The health plan’s provider services, quality management and medical management departments are responsible for carrying out the practitioner/provider educational activities, such as defining, developing, and, if applicable, implementing strategies to address the issues identified.

The health plan analyzes CAHPS survey results, tracks grievances from members, complaints from practitioners/providers, and trend data (utilization, adherence to clinical practice guidelines, etc.) in the identification of educational opportunities. Areas to be addressed by education are additionally identified as a part of the health plan continuous quality improvement activities from a variety of sources. These sources may include but are not limited to, the system claims module, the pharmacy benefits manager’s database, state or federal regulatory standards or requirements, such as the Healthcare Effectiveness Data and Information Set (HEDIS®), Consumer Assessment of Health Plan Survey (CAHPS), National Committee for Quality Assurance (NCQA), the health plan policies, feedback from the health plan staff, practitioners/providers or state Medicaid regulators.

Summaries of educational activities are reported to the health plan quality improvement committee quarterly.

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**REFERENCES:**

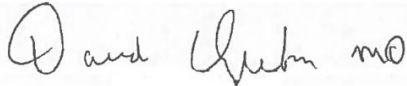
None

**RELATED DOCUMENTS:**

Previous policy number OPPR05



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**REVISION HISTORY:**

<b>Revision</b>	<b>Date</b>	<b>Description of Change</b>	<b>Committee</b>
New	09/28/2017	Initial Release.	Board of Directors
A	05/22/2019	Annual review. Updated lines of business. Corrected minor typos.	Executive Leadership
B	06/01/2020	Annual review. No change to policy content.	Executive Leadership