



Ohio Revised Code

Section 1751.74 Quality assurance program requirements.

Effective: January 1, 2021

Legislation: House Bill 339 - 133rd General Assembly

(A) To implement a quality assurance program required by section 1751.73 of the Revised Code, a health insuring corporation shall do both of the following:

(1) Develop and maintain the appropriate infrastructure and disclosure systems necessary to measure and report, on a regular basis, the quality of health care services provided to enrollees, based on a systematic collection, analysis, and reporting of relevant data. The health insuring corporation shall assure that a committee that includes participating physicians have the opportunity to participate in developing, implementing, and evaluating the quality assurance program and all other programs implemented by the health insuring corporation that relate to the utilization of health care services. A committee that includes participating physicians shall also have the opportunity to participate in the derivation of data assessments, statistical analyses, and outcome interpretations from programs monitoring the utilization of health care services.

(2) Develop and maintain an organizational program for designing, measuring, assessing, and improving the processes and outcomes of health care.

(B) A quality assurance program shall:

(1) Establish an internal system capable of identifying opportunities to improve health care, which system is structured to identify practices that result in improved health care outcomes, to identify problematic utilization patterns, and to identify those providers that may be responsible for either exemplary or problematic patterns. The quality assurance program shall use the findings generated by the system to work on a continuing basis with participating providers and other staff to improve the quality of health care services provided to enrollees.

(2) Develop a written statement of its objectives, lines of authority and accountability, evaluation tools, and performance improvement activities;



- (3) Require an annual effectiveness review of the program;
- (4) Provide a description of how the health insuring corporation intends to do all of the following:
 - (a) Analyze both processes and outcomes of health care, including focused review of individual cases as appropriate, to discern the causes of variation;
 - (b) Identify the targeted diagnoses and treatments to be reviewed by the quality assurance program each year, based on consideration of practices and diagnoses that affect a substantial number of the health insuring corporation's enrollees or that could place enrollees at serious risk;
 - (c) Use a range of appropriate methods to analyze quality of health care, including collection and analysis of information on over-utilization and under-utilization of health care services; evaluation of courses of treatment and outcomes based on current medical research, knowledge, standards, and practice guidelines; and collection and analysis of information specific to enrollees or providers;
 - (d) Compare quality assurance program findings with past performance, internal goals, and external standards;
 - (e) Measure the performance of participating providers and conduct peer review activities;
 - (f) Utilize treatment protocols and practice parameters developed with appropriate clinical input;
 - (g) Implement improvement strategies related to quality assurance program findings;
 - (h) Evaluate periodically, but not less than annually, the effectiveness of the improvement strategies.