



Policy: GG.1628
Title: **Confidentiality of Quality Improvement Activities**
Department: Medical Management
Section: Quality Improvement

CEO Approval: /s/ Michael Hunn 12/20/2024

Effective Date: 10/01/1995

Revised Date: 12/01/2024

Applicable to: ☒ Medi-Cal
☒ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy describes the process by which CalOptima Health ensures that all information regarding Members, Practitioners, Providers, and Health Networks, as well as information obtained in the course of Quality Improvement (QI) activities is maintained according to applicable laws, statutes, and standards.

II. POLICY

- A. CalOptima Health shall consider and maintain all information associated with the CalOptima Health Quality Improvement Health Equity Committee (QIHEC) and QIHEC subcommittees as confidential and privileged in accordance with applicable statutes and regulations.
- B. Nothing in this Policy shall limit or affect CalOptima Health's obligations and responsibilities related to the Health Insurance Portability and Accountability Act (HIPAA) in accordance with CalOptima Health policies.

III. PROCEDURE

- A. CalOptima Health shall ensure that all participants of the QIHEC and QIHEC subcommittees and persons attending committee meetings sign a confidentiality statement.
 - 1. All QIHEC and subcommittee members and participants shall sign a Committee Confidentiality Attestation at initial attendance and at least annually.
 - 2. Each QIHEC or subcommittee meeting shall include a confidentiality statement to ensure the highest level of confidentiality.
 - 3. The Quality Improvement (QI) Department shall maintain all Committee Confidentiality Attestations.
- B. CalOptima Health shall ensure that all QIHEC, subcommittee, and related committee documents are deemed confidential.

1. All records and proceedings of committees and subcommittees related to Member, Practitioner, or Provider-specific information are confidential and are subject to applicable law regarding confidentiality of medical and peer review information, including California Welfare and Institutions Code, Section 14087.58.
 2. All participants, including support staff, who are involved in the evaluation of quality of care, must recognize that confidentiality is vital to the free and candid discussion necessary for effective review. Therefore, all Committee meeting participants must agree to respect and maintain the confidentiality of all review discussions, deliberations, records and other information generated in connection with these activities and to make no voluntary disclosure of such information except to persons authorized to receive it in the conduct of peer review or Quality Improvement activities.
 3. The QI and peer review activities of CalOptima Health are treated as confidential and privileged in accordance with the California Health and Safety Code, Section 1370, and Evidence Code, Section 1157.
- C. CalOptima Health shall remove or de-identify a Member's, Practitioner's, Provider's, or Health Network's identification information to protect confidentiality.
 - D. CalOptima Health shall store minutes, reports, and case files information on the CalOptima network group drive within an eBinder folder for each committee meeting.
 - E. CalOptima Health shall ensure that confidential electronic QI documents are secure and that electronic media, storage devices and hardware are monitored and recorded for movement in and out of the facility, in accordance with CalOptima Health Policy ITS.1102: Technical Safeguards - Electronic Media, Storage Devices and Hardware Controls.
 - F. CalOptima Health shall ensure that all printed copies of QI documents are shredded or disposed of in a manner that protects confidentiality.
 - G. If a situation arises in which provisions of this Policy are not followed, the QIHEC or its chairperson shall determine appropriate action and notify the individual(s) involved, in writing, to affect a remedy to the breach of confidentiality.

IV. ATTACHMENT(S)

- A. Committee / Subcommittee Confidentiality Agreement

V. REFERENCE(S)

- A. California Business and Professions Code, §805
- B. California Civil Code, §56.10(c)(4)
- C. California Evidence Code, §1157
- D. California Health and Safety Code, §1370
- E. California Welfare and Institutions Code, §14087.58(b)
- F. CalOptima Health Policy ITS.1102: Technical Safeguards - Electronic Media, Storage Devices and Hardware Controls

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
11/09/2022	Department of Health Care Services (DHCS)	File and Use

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	10/01/1995	GG.1628	Confidentiality	Medi-Cal
Revised	11/01/1999	GG.1628	Confidentiality	Medi-Cal
Revised	07/01/2004	GG.1628	Confidentiality	Medi-Cal
Revised	04/01/2007	GG.1628	Confidentiality of Quality Improvement Activities	Medi-Cal
Revised	08/01/2015	GG.1628	Confidentiality of Quality Improvement Activities	Medi-Cal OneCare OneCare Connect
Revised	12/01/2016	GG.1628	Confidentiality of Quality Improvement Activities	Medi-Cal OneCare OneCare Connect
Revised	11/01/2017	GG.1628	Confidentiality of Quality Improvement Activities	Medi-Cal OneCare OneCare Connect
Revised	01/01/2019	GG.1628	Confidentiality of Quality Improvement Activities	Medi-Cal OneCare OneCare Connect
Revised	03/01/2020	GG.1628	Confidentiality of Quality Improvement Activities	Medi-Cal OneCare OneCare Connect
Revised	12/31/2022	GG.1628	Confidentiality of Quality Improvement Activities	Medi-Cal OneCare
Revised	11/01/2023	GG.1628	Confidentiality of Quality Improvement Activities	Medi-Cal OneCare
Revised	12/01/2024	GG.1628	Confidentiality of Quality Improvement Activities	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
Health Network	A Physician Hospital Consortium (PHC), Physician Medical Group (PMG), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Member	A beneficiary enrolled in a CalOptima Health program.
Practitioner	A licensed independent practitioner including, but not limited to, a Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Podiatric Medicine (DPM), Doctor of Chiropractic Medicine (DC), Doctor of Dental Surgery (DDS), Doctor of Psychology (PhD or PsyD), Licensed Clinical Social Worker (LCSW), Licensed Midwife (LM), Marriage and Family Therapist (MFT or MFCC), Nurse Practitioner (NP), Nurse Midwife, Physician Assistant (PA), Optometrist (OD), Registered Physical Therapist (RPT), Occupational Therapist (OT), or Speech and Language Therapist, furnishing Covered Services.
Provider	<p><u>Medi-Cal</u>: Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so.</p> <p><u>OneCare</u>: Any Medicare provider (e.g., hospital, skilled nursing facility, home health agency, outpatient physical therapy, comprehensive outpatient rehabilitation facility, end-stage renal disease facility, hospice, physician, non-physician provider, laboratory, supplier, etc.) providing Covered Services under Medicare Part B. Any organization, institution, or individual that provides Covered Services to Medicare members. Physicians, ambulatory surgical centers, and outpatient clinics are some of the providers of Covered Services under Medicare Part B.</p>
Quality Improvement Health Equity Committee (QIHEC)	The CalOptima Health committee that is responsible for the Quality Improvement (QI) and Health Equity process.