



QUALITY IMPROVEMENT

The Quality Improvement (QI) Program is established to provide the structure and key processes that enable Molina Healthcare to carry out its commitment to ongoing improvement of care, service and health of its members. QI is an evolving program that is responsive to the changing needs of the health plan's customers and the standards established by the medical community, regulatory and accrediting bodies.

This section outlines the overall QI Program. A copy of the Molina Healthcare Quality Improvement Program is available to network providers upon request by calling the Molina Healthcare Medical Director or Quality Improvement Director at 1-800-642-4168.

THE QUALITY IMPROVEMENT PROGRAM STRUCTURE AND GOALS

Molina Healthcare has defined the following goals for the QI Program:

- Design and maintain programs that improve the care and service outcomes within identified member populations, ensuring the relevancy through understanding of the health plan's demographics and epidemiological data.
- Define, demonstrate, and communicate the organization-wide commitment to, and involvement in, achieving improvement in the quality of care, member safety and service.
- Improve the quality, appropriateness, availability, accessibility, coordination and continuity of the health care and service provided to members while fostering a supportive environment to help practitioners and providers improve the safety of their practices.
- Improve Molina Healthcare structure, processes and outcomes through ongoing and systematic monitoring, interventions and evaluation.
- Use a multi-disciplinary committee structure to facilitate the achievement of quality improvement goals.
- Facilitate organizational efforts to achieve CMS, federal and state regulatory compliance.
- Align activities to comply with NCQA Accreditation requirements.

QUALITY IMPROVEMENT ACTIVITIES

The Molina Healthcare QI Program encompasses the quality of acute, chronic and preventive health care and service provided in both the inpatient and outpatient setting to our members as determined by:

- age
- disease categories
- risk status
- products

The scope of service includes but is not limited to, those provided in institutional settings, ambulatory care, home care and behavioral health. Contracted provider groups, primary care and specialty practitioners and ancillary providers may render these services. Examples of the activities and programs include:

Health Management Programs

These population-based programs include the Asthma Program (breathe with ease™), Diabetes Program (Healthy Living with Diabetes™), and Maternity Program (motherhood matters™). For more details about these programs, please contact the Molina Healthcare Utilization Management Department at 1-800-642-4168.

Preventive Care and Clinical Practice Guidelines

Molina Healthcare has adopted clinical practice guidelines designed to support preventive care activities and health management programs. All guidelines are based on scientific evidence, review of medical literature or appropriate established authority and are reviewed and adopted by the Clinical Quality Improvement Committee (which includes practicing providers in the Molina Healthcare network). The guidelines are made available to providers through the Molina Healthcare website (www.MolinaHealthcare.com) as they are adopted and providers are notified of their availability through the provider newsletter. Additional hard copies are available upon request at 1-800-642-4168.

Measurement of Clinical Service and Quality

Molina Healthcare uses several tools to assess specific aspects of care and service provided to our members. These include:

<p>HEDIS®</p>	<ul style="list-style-type: none"> • Established by NCQA • Designed to provide a fair and accurate assessment of specific aspects of managed care organization performance • Collected annually in the spring • Collected through on-site medical record review and available administrative data • Reported measures must follow rigorous specifications and are externally audited to assure continuity and comparability of results • Measures include: <ul style="list-style-type: none"> § Child and adolescent immunizations § Women’s health screening § Diabetes care § Appropriate use of asthma medications § Prenatal and postpartum care
<p>CAHPS®</p>	<ul style="list-style-type: none"> • Established by NCQA • Administered annually in the spring to randomly selected adult members, and randomly selected parents of child members to summarize overall satisfaction with the health plan and satisfaction with specific components of care. • Includes specific measures including <ul style="list-style-type: none"> § Getting needed care § Getting care quickly § How well providers communicate § Courteous and helpful office staff § Customer service
<p>Provider Satisfaction Survey</p>	<ul style="list-style-type: none"> • Conducted by Molina Healthcare • Administered annually in the fall to randomly selected provider offices • Results used to identify opportunities for improvement pertaining to providers and the provider network • Measures provider satisfaction with: <ul style="list-style-type: none"> § Medical management processes § Coordination of care through other settings/specialty network
<p>Effectiveness of Quality Improvement Initiatives</p>	<ul style="list-style-type: none"> • Conducted by Molina Healthcare to monitor the effectiveness of the various clinical and service activities through metrics selected to demonstrate clinical outcomes and service levels • QI Initiatives are established by the EQIC and monitored on an ongoing basis by the Clinical Quality Improvement Committee, which includes practitioners from the provider network • Plan performance is measured against national “best practice” benchmarks • Service Initiative examples include: <ul style="list-style-type: none"> § Authorization turnaround times § Member Services staff response time § [REDACTED] § [REDACTED]