

Quality Improvement Program

Additional information on the Quality Improvement Program (QIP) and activities is available on our website at www.molinahealthcare.com

Upon request in writing, Molina Healthcare of New Mexico, Inc. (Molina Healthcare) will provide information on these or other QIP activities in writing, including a description of the QIP and an update on Molina Healthcare's progress in meeting the QIP goals. Please contact the QI Department in Albuquerque at (505) 342-4660, extension 182618 or toll free at (800) 377-9594, extension 182618.

For additional Health Improvement or Disease Management Program information, contact the Health Improvement Hotline in Albuquerque at (505) 342-4660, extension 182618 or toll free at (800) 377-9594, extension 182618.

Quality Improvement (QI)

The Molina Healthcare QIP is a comprehensive framework for continuous assessment and focused improvement of all aspects of health care delivery and service.

Program Philosophy

Molina Healthcare maintains the following values, assumptions, and operating principles for the Quality Improvement Program:

- The QIP provides a structure for promoting and achieving excellence in all areas through Continuous Quality Improvement (CQI);
- Improvements are based on industry “best practice” or on standards set by regulators or accrediting organizations;
- The QIP is applicable to all disciplines comprising the health plan, at all levels of the organization;
- Teams and teamwork are essential to the improvement of care and services;
- Data collection and analysis is critical to problem-solving and process improvement;
- Each employee is highly valued as a contributor to quality processes and outcomes;
- Compliance with National Center for Quality Assurance (NCQA) Standards and achievement of accreditation demonstrates Molina Healthcare's commitment to continuous quality improvement (CQI); and
- Information about the QIP is available for Members and practitioners/providers upon request.

Quality Improvement Program Goals

Molina Healthcare has defined the following goals for the QIP:

- Design and maintain programs that improve the care and service outcomes and ensure patient safety 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, safety, appropriateness, availability, accessibility, coordination and continuity of the health care and service provided to Members;
- Promote Member safety through appropriate safety and error avoidance initiatives.

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Quality Improvement Program (*continued*)

- Through ongoing and systematic monitoring, interventions and evaluation improve Molina Healthcare structure, process and outcomes;
- Using feedback from stakeholders, improve reporting methods to enhance the availability of relevant and timely information;
- Use a multidisciplinary committee structure to facilitate the achievement of QI goals, improve organizational communication and ensure participation of contracted community practitioners in clinical aspects of programs and services;
- Apply sound approaches and methods in the development of indicators that are objective and clearly defined using a systematic collection of valid and reliable data reported at the contract and plan level;
- Facilitate organizational efforts to achieve, maintain, and enhance regulatory compliance, including NCQA accreditation and to continually review practices to ensure compliance with standards and contractual requirements;
- Provide data on quality and outcomes to enable Medicare beneficiaries to compare and select from among health coverage options;
- Facilitate organizational efforts to sustain Centers for Medicare and Medicaid Services (CMS), Federal and State regulatory compliance;
- Promote and collaborate with the strategic healthcare entities in the development and implementation of Patient Centered Medical Homes and Health Home initiatives;
- Ensure systems are in place to address the cultural and linguistic diversity found within Molina Healthcare's Membership; and
- Ensure systems are in place to address the complex health needs found within Molina Healthcare's Membership.

The Program operates using the CQI process by:

- Continuously monitoring performance according to, or in comparison with objective, measurable performance standards—National, Regional or Local/Plan;
- Analyzing information and data to identify trends;
- Prioritizing opportunities for improvement;
- Designing interventions for improvement;
- Implementing those interventions;
- Re-measuring the processes; and
- Evaluating the effectiveness of the interventions and identifying additional opportunities for improvement.

The purpose and scope of the QIP is to provide a formal process to monitor and evaluate the quality, utilization, appropriateness, safety, efficiency and effectiveness of care and service delivered to Medicaid Members and State Coverage Insurance (SCI) Members using a multidimensional approach. This approach enables the organization to focus on opportunities for improving operational processes as well as health outcomes and Member and practitioner/provider satisfaction. The QIP promotes and fosters accountability of employees and network affiliated health personnel for the quality and safety of care and services provided to Molina Healthcare Members.

The major areas of emphasis of the QIP are, in no specific order:

- Delegation;
- Patient Safety;

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Quality Improvement Program (*continued*)

- Collaborative Activities;
- Medical Record Review;
- Quality of Care Review;
- QIP Surveys;
- Member Satisfaction Assessment;
- Clinical and Preventive Data Assessment;
- Disease Management;
- Health Promotion and Education;
- Cultural Competency;
- Complex Health Needs;
- Credentialing and Recredentialing; and
- Regulatory Compliance.

We welcome and encourage practitioner/provider participation in the Molina Healthcare QIP. If you have any interest in doing so, have feedback, or questions in general, please contact us toll free at (800) 377-9594, extension 182618.

Patient Safety Program

Molina Healthcare is committed to promoting and fostering an environment that ensures quality and safety of care and services provided to our Members.

Molina Healthcare promotes safe health practices through education and dissemination of information for decision-making. Molina Healthcare does this in the following ways:

- Distributes information to Members for the purpose of helping him/her improve his/her knowledge of clinical safety in his/her own care;
- Collaborates with network practitioners/providers to support safe clinical practices;
- Monitors and reviews codes specific to safety issues in the complaint system to capture, track and trend Member safety concerns;
- Develops and maintains drug usage criteria, assesses the efficacy of new drugs or a new use for an existing drug;
- Collaborates with the Molina Healthcare Pharmacy Benefits Manager to ensure that polypharmacy of narcotic controlled substances and drug interaction information is incorporated into routine counseling information provided to Members and practitioners/providers;
- Monitors indicators relating to polypharmacy of narcotic controlled substances and misuse of medication;
- Monitors Member complaint, appeal and quality of care review and reporting processes for issues regarding poor care or potentially unsafe practices;
- Ensure review and action, through the expedited appeal process, on an appeal of a medical necessity denial based on the urgency of the request;
- Promotes continuity and coordination of care between behavioral health and primary care practitioners (PCPs);
- Monitors processes to ensure that care is continued if a practitioner/provider is terminated from or leaves the Molina Healthcare Network;

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Quality Improvement Program (*continued*)

- Verifies the credentials of practitioners/providers joining the Molina Healthcare Network to assure that they meet the requirements for providing quality care;
- Ensures that credentialing and recredentialing processes include practice site assessment data, medical record review data, utilization and complaint information;
- Evaluates practitioner offices during site visits for initial credentialing or follow-up visits for other indications; and
- Reviews Department of Health and Human Services Office of Inspector General sanctioning information.

Quality Improvement Program (*continued*)

HEDIS® & CAHPS®

Measurement of Clinical and Service Quality

- Health Employer Data Information Set (HEDIS®)
- Consumer Assessment of Health Plans Survey (CAHPS®)

HEDIS®

Molina Healthcare utilizes NCQA HEDIS® as a measurement tool to provide a fair and accurate assessment of specific aspects of managed care organization performance. HEDIS® is conducted annually in the spring. The data comes from on-site medical record review and available administrative data. All reported measures must follow rigorous specifications and are externally audited to assure continuity and comparability of results. The HEDIS® measurement set currently includes a variety of health care aspects including immunizations, women's health screening, diabetes care, appropriate use of asthma medications, and prenatal and postpartum care. HEDIS® results are used in a variety of ways. They are the measurement standard for many of Molina Healthcare's clinical quality improvement activities and health improvement programs. The standards are based on established clinical guidelines and protocols, providing a firm foundation to measure the success of these programs. These activities include Molina Healthcare's diabetic and asthma health management programs, childhood and adolescent well-child and immunization program, and prenatal and postpartum care programs.

Some of the key HEDIS® measures that Molina Healthcare collects data on includes but is not limited to:

- Childhood and Adolescent Immunizations;
- Breast and Cervical Cancer Screening;
- Use of appropriate Medications for People with Asthma;
- Appropriate Treatment for Children with Upper Respiratory Infection and Pharyngitis;
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis;
- Controlling High Blood Pressure;
- Cholesterol Management for Patients with Cardiovascular Conditions;
- Comprehensive Diabetes Screening (HbA1c testing, LDL-C screening, Nephropathy monitoring and Eye Exams);
- Medical Assistance with Smoking Cessation (Advising Smokers to Quit only);
- Use of Imaging Studies for Low Back Pain;
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD;
- Prenatal and Postpartum Care;
- Preventive Dental; and
- Blood Lead Screening.

Selected HEDIS® results are provided to HSD as part of our contract. Health plans also submit results directly to NCQA, consistent with the original intent of HEDIS® – to provide health care Members data with which to make informed decisions. The data is also used by NCQA to establish health plan performance benchmarks and is an integral part of the NCQA health plan accreditation process.

Your office may be requested to submit documentation from medical files as part of the HEDIS® data collection process.

The most recent HEDIS® results for Molina Healthcare can be found on our website.

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Quality Improvement Program (*continued*)

CAHPS®

CAHPS® is the tool used by NCQA to summarize Member satisfaction with health care, including Providers and health plans. The CAHPS® surveys are administered annually in the spring to randomly selected Salud adult Members, Salud child Members with chronic conditions, as well as SCI and UNM SCI Members.

CAHPS® survey results are used in much the same way as HEDIS® results, only the focus is on the service aspect of care rather than clinical activities. They form the basis for several of Molina Healthcare's quality improvement activities and are used by external agencies and health care Members to help ascertain the quality of services being delivered.

This survey provides consumers, Members and health plans with information about a broad range of key consumer issues such as:

- Rating of Health Plan;
- Rating of Health Care;
- Getting Needed Care;
- Getting Care quickly;
- How Well Doctors Communicate;
- Customer Service;
- Share Decision Making;
- Health Promotion and Education;
- Coordination of Care;
- Rating of Personal Doctor;
- Rating of Specialist; and
- Effectiveness of Care Measures (relating to smoking cessation).

Molina Healthcare's most recent CAHPS® results can be found on our website.

As part of our QIP, we look to our practitioners/providers to assist with Molina Healthcare's HEDIS® process by accurately coding and documenting care and services. The administrative data for HEDIS® comes from submitted claims information. Practitioners/providers also assist Molina Healthcare with the HEDIS® process by providing patient medical record information either by faxing or mailing information to Molina Healthcare, or by allowing our medical record reviewers to schedule a time to review records in the office. Medical record information is typically collected during February through May of each year. Molina Healthcare does cover some costs associated with copying and mailing medical records. The Molina Healthcare HEDIS® process is Health Insurance Portability and Accountability Act compliant where applicable.

HEDIS® Coding Guidance for Providers, Billers and Coders

Molina Healthcare understands that the annual HEDIS® audit process is burdensome to our healthcare partners. We want to aid our practitioners in the reduction of this burden. Provider sites are strongly encouraged to utilize the attached HEDIS® Coding Guidance for Providers, Billers and Coders. Use of this guide means more health data on our membership is captured electronically. Electronic submission with appropriate coding will reduce the need for hybrid chart abstraction. This in turn means less copying of records to send in or having Molina Healthcare personnel or our designees come on site to copy records for HEDIS®.