QUALITY IMPROVEMENT

Molina Healthcare of Ohio, Inc. established a Quality Improvement Program (QIP) to provide the structure and key processes to enable the plan to carry out its commitment to ongoing improvement of care, service and the health of its membership. The QIP is an evolving program that is responsive to the changing needs of the health plan membership and the standards established by the medical community, regulators and accrediting bodies.

To meet the objectives of the QIP, activities are focused in the following areas:

**Improving the health status of health plan membership**
- Preventive health programs, including:
  - Member incentive program for seeking preventive health services
  - Postcard reminders regarding recommended preventive health services
  - Reminder calls to members regarding recommended preventive health services
  - Missed service alert system which reminds members of missed preventive services at contact points with members
  - Preventive health guidelines available to members and providers
  - Educational articles on preventive services in member and provider communications
- Participation in state-mandated Performance Improvement Projects (PIPs)
- Disease Management Programs for members with chronic conditions, including:
  - Asthma & COPD
  - Hypertension, Coronary Artery Disease and Congestive Heart Failure
  - Diabetes
- Medical Case Management for members with special and/or complex medical needs
- Clinical Practice Guidelines available to members and providers
- Internal comprehensive management of behavioral health care services

**Evaluating the utilization of health care services**
- Continuous monitoring of aggregate utilization statistics to identify potential issues in rates of utilization of services
- Monitoring of denial and appeal rates from the prior authorization process
- Quality of care issue review and resolution specific to inappropriate utilization of services
- Evaluation of HEDIS® rates* for preventive health services among Molina Healthcare members; provider-specific rates are available
- Communication of significant HEDIS measures to providers
- Missed preventive service reports by provider available

**Ensuring the quality of care and service provided to members**
- Review and resolution of potential quality of care issues in cooperation with involved providers
- Review and resolution of potential quality of service issues in cooperation with involved providers

**Identifying and implementing appropriate safety and error avoidance initiatives in collaboration with network providers**
Member and provider safety initiatives including:
- Publication of safety-related articles in member and provider communications
- Distribution of safe office practice standards to providers
  - Clinical office site assessments

**Improving the coordination and continuity of member health care**
- Quality of care issue review and resolution specific to coordination of care
- Medical record audit for evidence of coordination of care
- Provider Satisfaction Survey including assessment of providers’ satisfaction with coordination of care between settings

**Evaluating the access and availability of care and service**
- Comprehensive quarterly network analyses for access to primary, specialty and ancillary care
- Monthly review of member access grievances
- Annual provider appointment and after hours availability surveys
- Continuous monitoring of Member Services call statistics to ensure results are within standards

**Ensuring that medical records comply with standards of structural integrity and contain evidence of appropriate medical practices for quality care**
- Random audits of medical records are performed to ensure compliance with standards

**Overseeing member and provider satisfaction measurement and improvement activities**
- Annual CAHP member satisfaction survey results evaluated
- Annual Provider Satisfaction Survey conducted and results evaluated

**Developing and distributing guidelines relevant to the membership to support delivery of appropriate health care, including:**
- Preventive health guidelines
- Clinical practice guidelines

**Managing Molina Healthcare’s interface with:**
- Practitioners
- Providers
- Members

**Managing health care provider and practitioner processes, including:**
- Credentialing
- Recredentialing
- Ongoing monitoring

**Evaluation of the effectiveness of QI activities in producing measurable improvement in the care and service provided to our members**
- Interdisciplinary teams analyze all service and process improvement opportunities and programs and determine actions for improvement evaluating results

*HEDIS®* is the acronym for Healthcare Effectiveness Data and Information Set. It was developed and is maintained by the National Committee for Quality Assurance and Development (NCQA) in order to provide a uniform system to measure quality.
Molina Healthcare utilizes HEDIS® as a measurement tool to provide a fair and accurate assessment of specific aspects of our performance. Selected HEDIS® results are submitted directly to NCQA, consistent with the original intent of HEDIS – to provide health care purchasers 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. Depending on the specific HEDIS measure, the reported rate may be based entirely on claims (administrative rate), or on a combination of claims and information extracted from medical records (hybrid rate). Providers are contacted during the first quarter of the year and requested to provide specific information documented in the medical records for a small fraction of their patients in order to assist with HEDIS® data collection. 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 disease management programs, childhood and adolescent well child and immunization programs, and prenatal and postpartum care programs.

As part of the QI Program, providers agree to allow Molina to use practitioner performance data, including provider-specific HEDIS® rates for quality improvement activities, public reporting to members, and determining preferred network status.

_HEDIS® is a registered trademark of the National Committee for Quality Assurance._