Section 8. Quality Improvement

Quality Improvement

Molina Healthcare of Utah maintains a Quality Improvement (QI) Department to work with members and practitioners/providers in administering the Molina Quality Improvement Program. You can contact the Molina QI Department toll free at (888) 483-0760 or fax (801) 858-0409.

The address for mail requests is:

Molina Healthcare of Utah, Inc.
Quality Improvement Department
7050 Union Park Center, Ste. 200
Midvale, UT 84047

This Provider Manual contains excerpts from the Molina Healthcare of Utah Quality Improvement Program (QIP). For a complete copy of Molina Healthcare of Utah’s QIP you can contact your Provider Services Representative or call the telephone number above to receive a written copy.

Molina has established a Quality Improvement (QI) Program that complies with regulatory and accreditation guidelines. The Quality Improvement Program provides structure and outlines specific activities designed to improve the care, service and health of our members.

Molina does not delegate Quality Improvement activities to Medical Groups/IPAs. However, Molina requires contracted Medical Groups/IPAs to comply with the following core elements and standards of care and to:

- Have a quality improvement program in place;
- Comply with and participate in Molina Quality Improvement Program including reporting of Access and Availability and provision of medical records as part of the HEDIS® review process; and
- Allow access to Molina QI personnel for site and medical record review processes.

Medical Records

Molina requires that medical records are maintained in a manner that is current, detailed and organized to ensure that care rendered to members is consistently documented and that necessary information is readily available in the medical record. All entries will be indelibly added to the member’s record. Molina conducts a medical record review of all Primary Care Practitioner (PCPs) that have a 50 or more member assignment that includes the following components:

- Medical record confidentiality and release of medical records including behavioral health care records;
- Medical record content and documentation standards, including preventive health care;
- Storage maintenance and disposal; and
- Process for archiving medical records and implementing improvement activities.
Practitioners/providers must demonstrate compliance with Molina Healthcare of Utah’s medical record documentation guidelines. Medical records are assessed based on the following standards:

**Content**

- Patient name or ID is on all pages;
- Current biographical data is maintained in the medical record or database;
- All entries contain author identification;
- All entries are dated and are indelibly documented;
- Medication allergies and adverse reactions are prominently displayed. Absence of allergies is noted in easily recognizable location;
- Chronic conditions are listed or noted in easily recognizable location;
- Past medical history;
- There is appropriate notation concerning use of substances, and for patients, there is evidence of substance abuse query;
- The history and physical examination identifies appropriate subjective and objective information pertinent to a patient’s presenting complaints and provides a risk assessment of the members health status;
- Consistent charting of treatment care plan;
- Working diagnoses are consistent with findings;
- Treatment plans are consistent with diagnoses;
- Encounter notation includes follow up care, call, or return instructions;
- Preventive health measures (i.e., immunizations, mammograms, etc.) are noted;
- A system is in place to document telephone contacts;
- Lab and other studies are ordered as appropriate;
- Lab and other studies are initialed by ordering practitioner/provider upon review with lab results and other studies are filed in chart;
- If patient was referred for consult, therapy, or ancillary service, a report or notation of result is noted at subsequent visit, or filed in medical record; and
- If the practitioner/provider admitted a patient to the hospital in the past twelve (12) months, the discharge summary must be filed in the medical record;
- Advanced Directives are documented for those 18 years and older.
- A release document for each member authorizing Molina Healthcare to release medical information for facilitation of medical care.
- Developmental screenings as conducted through a standardized screening tool.
- Documentation of the age-appropriate screening that was provided in accordance with the periodicity schedule and all EPSDT related services.
- Documentation of a pregnant member’s refusal to consent to testing for HIV infection and any recommended treatment.

**Organization**

- The medical record is legible to someone other than the writer;
- Each patient has an individual record;
- Chart pages are bound, clipped, or attached to the file; and
- Chart sections are easily recognized for retrieval of information.
Retrieval

- The medical record is available to practitioner/provider at each encounter;
- The medical record is available to Molina Healthcare for purposes of quality improvement;
- The medical record is available to the External Quality Review Organization upon request;
- The medical record is available to the member upon their request;
- Medical record retention process is consistent with state and federal requirements; and
- An established and functional data recovery procedure in the event of data loss.

Confidentiality

- Medical Records are protected from unauthorized access;
- Access to computerized confidential information is restricted; and
- Precautions are taken to prevent inadvertent or unnecessary disclosure of protected health information.

Additional information on medical records is available from your local Molina Quality Improvement Department toll free at (888) 483-0760. See also Section 16 (HIPAA/Security) for additional information regarding the Health Insurance Portability and Accountability Act (HIPAA).

Access to Care

Molina is committed to timely access to care for all members in a safe and healthy environment. Practitioners/providers are required to conform to the Access to Care appointment standards listed below to ensure that health care services are provided in a timely manner. The standards are based on 95% availability for emergency services and 80% or greater for all other services. The PCP or his/her designee must be available 24 hours a day, 7 days a week to members.

Appointment Access

All practitioners/providers who oversee the member’s health care are responsible for providing the following appointments to Molina members in the timeframes noted:

<table>
<thead>
<tr>
<th>Primary Care Practitioner (PCP)</th>
<th>Types of Care for Appointment</th>
<th>Appointment Wait Time (Appointment Standards)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Care</td>
<td>21 Calendar days</td>
<td></td>
</tr>
<tr>
<td>Pediatric Sick Visit</td>
<td>Within twenty-four (24) hours (Serious problem, not deemed Emergency Care)</td>
<td></td>
</tr>
<tr>
<td>Adult Sick Visit</td>
<td>Within (72) hours. (Serious problem, not deemed Emergency Care)</td>
<td></td>
</tr>
</tbody>
</table>
After Hours Care  After-Hours Instruction/Standards

After hours emergency instruction  “If this is an emergency, please hang up and dial 911”

After-Hours Care  Available by phone twenty-four (24) hours/seven (7) days

Behavioral Health

<table>
<thead>
<tr>
<th>Types of Care for Appointment</th>
<th>Appointment Wait Time (Appointment Standards)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-life Threatening Emergency Care</td>
<td>Within ≤ six (6) hours of request</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>Within ≤ twenty-four (24) hours</td>
</tr>
<tr>
<td>Routine Care</td>
<td>Within ≤ fourteen (14) calendar days</td>
</tr>
</tbody>
</table>

Other Providers

<table>
<thead>
<tr>
<th>Types of Care for Appointment</th>
<th>Appointment Wait Time (Appointment Standards)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist</td>
<td>30 calendar days</td>
</tr>
<tr>
<td>Dental Providers</td>
<td>30 calendar days</td>
</tr>
<tr>
<td>Non-emergency Hospital Stays</td>
<td>30 calendar days</td>
</tr>
<tr>
<td>Urgent Care Providers</td>
<td>Within 24 hours</td>
</tr>
<tr>
<td>Emergency Providers</td>
<td>Immediately (24 hours a day, 7 days a week) and without prior authorization</td>
</tr>
</tbody>
</table>

Additional information on appointment access standards is available from your local Molina QI Department toll free at (888) 483-0760.

Office Wait Time

For scheduled appointments, the wait time in offices should not exceed one (1) hour. All PCPs are required to monitor waiting times and to adhere to this standard.

After Hours

All practitioners must have back-up (on call) coverage after hours or during the practitioner’s absence or unavailability. Molina requires practitioners to maintain a twenty-four (24) hour phone service, seven (7) days a week. This access may be through an answering service or a recorded message after office hours. The service or recorded message should instruct members with an emergency to hang-up and call 911 or go immediately to the nearest emergency room.
**Appointment Scheduling**

Each practitioner must implement an appointment scheduling system. The following are the minimum standards:

a. The practitioner must have an adequate telephone system to handle patient volume. Appointment intervals between patients should be based on the type of service provided and a policy defining required intervals for services. Flexibility in scheduling is needed to allow for urgent walk-in appointments;

b. A process for documenting missed appointments must be established. When a member does not keep a scheduled appointment, it is to be noted in the Member's record and the practitioner is to assess if a visit is still medically indicated. All efforts to notify the Member must be documented in the medical record. If a second appointment is missed, the practitioner is to notify the Molina Member Services Department toll free at (888) 483-0760 or TTY/TDD (888) 275-8750;

c. When the practitioner must cancel a scheduled appointment, the Member is given the option of seeing an associate or having the next available appointment time;

d. Special needs of members must be accommodated when scheduling appointments. This includes, but is not limited to wheelchair-using members and members requiring language translation;

e. A process for member notification of preventive care appointments must be established. This includes, but is not limited to immunizations and mammograms; and

f. A process must be established for member recall in the case of missed appointments for a condition which requires treatment, abnormal diagnostic test results or the scheduling of procedures which must be performed prior to the next visit.

In applying the standards listed above, participating practitioners/providers have agreed that they will not discriminate against any member on the basis of age, race, creed, color, religion, sex, national origin, sexual orientation, marital status, physical, mental or sensory handicap, and place of residence, socioeconomic status, or status as a recipient of Medicaid benefits. Additionally, a participating practitioner/provider or contracted medical group/IPA may not limit his/her practice because of a member’s medical (physical or mental) condition or the expectation for the need of frequent or high cost care.

**Women’s Open Access**

Molina allows members the option to seek obstetrical and gynecological care from an obstetrician or gynecologist or directly from a participating PCP designated by Molina Healthcare of Utah as providing obstetrical and gynecological services. Member access to obstetrical and gynecological services is monitored to ensure members have direct access to participating providers for obstetrical and gynecological services.

Additional information on access to care is available under the Resources tab on the Molinahealthcare.com website or from your local Molina QI Department toll free at (888) 483-0760.
Monitoring Access Standards

Molina monitors compliance with the established access standards above. At least annually, Molina conducts an access audit of randomly selected contracted practitioner/provider offices to determine if appointment access standards are met. One or all of the following appointment scenarios may be addressed: routine care; acute care; preventive care; and after-hours information. Results of the audit are distributed to the practitioners after its completion. A corrective action plan may be required if standards are not met.

In addition, Molina’s Member Services Department reviews member inquiry logs and grievances related to delays in access to care. These are reported quarterly to committees. Delays in access that may create a potential quality issue are sent to the QI Department for review.

Additional information on access to care is available under the Resources tab at Molinahealthcare.com or is available from your local Molina QI Department toll free at (888) 483-0760.

Site and Medical Record Keeping Practice Reviews

Molina Healthcare has a process to ensure that the offices of all practitioners meet its office-site and medical record keeping practices standards. Molina assesses the quality, safety and accessibility of office sites where care is delivered. A standard survey form is completed at the time of each visit. This form includes the Office Site Review Guidelines and the Medical Record Keeping Practice Guidelines outlined below and the thresholds for acceptable performance against the criteria. This includes an assessment of:

- Physical accessibility
- Physical appearance
- Adequacy of waiting and examining room space
- Availability of appointments
- Adequacy of medical/treatment record keeping

Adequacy of medical record-keeping practices

During the site-visit, Molina discusses office documentation practices with the practitioner or practitioner’s staff. This discussion includes a review of the forms and methods used to keep the information in a consistent manner and includes how the practice ensures confidentiality of records. Molina assesses one medical/treatment record for orderliness of record and documentation practices. To ensure member confidentiality, Molina reviews a “blinded” medical/treatment record or a “model” record instead of an actual record.

OFFICE SITE REVIEW GUIDELINES AND COMPLIANCE STANDARDS
Practitioner office sites must demonstrate an overall 80% compliance with the Office Site Review Guidelines listed below. If a serious deficiency is noted during the review but the office demonstrates overall compliance, a follow-up review may be required at the discretion of the Site Reviewer to ensure correction of the deficiency.

**Facility**

- Office appearance demonstrates that housekeeping and maintenance are performed appropriately on a regular basis, the waiting room is well-lit, office hours are posted and parking area and walkways demonstrate appropriate maintenance.
- Handicapped parking is available, the building and exam rooms are accessible with an incline ramp or flat entryway, and the restroom is handicapped accessible with a bathroom grab bar.
- Adequate seating includes space for an average number of patients in an hour and there is a minimum of two office exam rooms per physician.

**Access**

Standards for appointment scheduling include:
- Next available date for routine care is $\leq 21$ calendar days
- Next available for adult sick visit (serious problem, not emergent) is within 72 hours
- Next available for pediatric sick visit (serious problem, not emergent) is within 24 hours
- Standard wait time to be seen for a scheduled appointment is less than 1 hour.

**Safety**

- Basic emergency equipment is located in an easily accessible area. This includes a pocket mask and Epinephrine, plus any other medications appropriate to the practice.
- At least one CPR certified employee is available
- Yearly OSHA training (Fire, Safety, Blood borne Pathogens, etc.) is documented for offices with 10 or more employees.
- A container for sharps is located in each room where injections are given.
- Labeled containers, policies, and contracts evidence hazardous waste management.

**Administration & Confidentiality**

- Patient check-in systems are confidential. Signatures on fee slips, separate forms, stickers or labels are possible alternative methods.
- Confidential information is discussed away from patients. When reception areas are unprotected by sound barriers, scheduling and triage phones are best placed at another location.
- Medical records are stored away from patient areas. Record rooms and/or file cabinets are preferably locked.
- A CLIA waiver is displayed when the appropriate lab work is run in the office.
- Prescription pads are not kept in exam rooms.
- Narcotics are locked, preferably double locked. Medication and sample access is restricted.
- System in place to ensure expired sample medications are not dispensed and injectibles and emergency medication are checked monthly for outdates.
• Drug refrigerator temperatures are documented daily.

MEDICAL RECORD KEEPING PRACTICE GUIDELINES AND COMPLIANCE STANDARDS

Practitioner medical record keeping practices must demonstrate an overall 80% compliance with the Medical Record Keeping Practice Guidelines listed below. If a serious deficiency is noted during the review but the office demonstrates overall compliance, a follow-up review may be required at the discretion of the Site Reviewer to ensure correction of the deficiency.

• Each patient has a separate medical record. File markers are legible. Records are stored away from patient areas and preferably locked. Record is available at each patient visit. Archived records are available within 24-hours.
• Pages are securely attached in the medical record. Computer users have individual passwords.
• Medical records are organized by dividers or color-coding when the thickness of the record dictates.
• A chronic problem list is included in the record for all adults and children.
• Allergies (and the lack of allergies) are prominently displayed at the front of the record.
• A complete health history questionnaire or H&P is part of the record.
• Health Maintenance forms include dates of preventive services.
• A medication sheet is included for chronic medications.
• Advance Directives discussions are documented for those 18 years and older.
• Record keeping is monitored for Quality Improvement and HIPAA compliance.

Within 30 calendar days of the review, a copy of the site review report, the medical record keeping practices report and a letter will be sent to the medical group notifying them of their results.

Improvement Plans/Corrective Action Plans

If the medical group does not achieve the required compliance with the site review standards and/or the medical record keeping practices review standards, the Site Reviewer will do all of the following:
• Send a letter to the Practitioner that identifies the compliance issues.
• Send sample forms and other information to assist the Practitioner to achieve a passing score on the next review.
• Request the Practitioner to submit a written corrective action plan to Molina within 30 calendar days.
• Send notification that another review will be conducted of the office in six months.

When compliance is not achieved, the Practitioner will be required to submit a written corrective action plan (CAP) to Molina within 30 calendar days of notification by Molina Healthcare. The request for a CAP will be sent certified mail, return receipt requested. This improvement plan should be submitted by the office manager or practitioner and must include the expected time frame for completion of activities.
Additional reviews are conducted at the office at six-month intervals until compliance is achieved. At each follow-up visit a full assessment is done to ensure the office meets performance standards. The information and any response made by the practitioner is included in the practitioners permanent credentials file and reported to the Credentialing Committee on the watch status report. If compliance is not attained at follow-up visits, an updated CAP will be required.

Practitioners who do not submit a CAP may be terminated from network participation. Any further action is conducted in accordance with the Molina Fair Hearing Plan policy.

**Advance Directives (Patient Self-Determination Act)**

**Advance Directives**

Practitioners/providers must inform adult Molina members (18 years old and up) of their right to make health care decisions and execute Advance Directives. It is important that members are informed about Advance Directives. During routine Medical Record review, Molina Healthcare auditors will look for documented evidence of discussion between the practitioner/provider and the member. Molina will notify the provider via fax of an individual member’s Advance Directives identified through care management, Care Coordination or Case Management. Providers are instructed to document the presence of an Advance Directive in a prominent location of the Medical Record. Auditors will also look for copies of the Advance Directive form. Advance Directives forms are state specific to meet state regulations.

Each Molina practitioner/provider must honor Advance Directives to the fullest extent permitted under law. Members may select a new PCP if the assigned provider has an objection to the beneficiary’s desired decision. Molina Healthcare will facilitate finding a new PCP or specialist as needed.

PCPs must discuss Advance Directives with a member and provide appropriate medical advice if the member desires guidance or assistance. Molina’s network practitioners and facilities are expected to communicate any objections they may have to a member directive prior to service whenever possible. In no event may any practitioner/provider refuse to treat a member or otherwise discriminate against a member because the member has completed an Advance Directive. CMS law gives members the right to file a complaint with Molina Healthcare or the state survey and certification agency if the member is dissatisfied with Molina Healthcare’s handling of Advance Directives and/or if a practitioner/provider fails to comply with Advance Directives instructions.

Advance Directives are a written choice for health care. There are three types of advance directives:

- **Durable Power of Attorney for Health Care**: allows an agent to be appointed to carry out health care decisions
- **Living Will**: allows choices about withholding or withdrawing life support and accepting or refusing nutrition and/or hydration
• Guardian Appointment: allows one to nominate someone to be appointed as Guardian if a court determines that a guardian is necessary

Advance Directives completed prior to the establishment of the current combined form are still valid. Advance Directives that were executed in another state, using another state’s form are also valid.

**When There Is No Advance Directive:** The member’s family and practitioner will work together to decide on the best care for the member based on information they may know about the member’s end-of-life plans.

**EPSDT Services to Enrollees Under Twenty-One (21) Years**

Molina Healthcare maintains systematic and robust monitoring mechanisms to ensure all required EPSDT Services to Enrollees Under Twenty-One (21) Years are timely according to required guidelines. All Enrollees under twenty-one (21) years of age should receive screening examinations including appropriate childhood immunizations at intervals as specified by the EPSDT Program as set forth in §§1902(a)(43) and 1905(a)(4)(B) of the Social Security Act and 89 Ill. Adm. Code 140.485. Children under three years of age who are screened at-risk for, or with developmental delay, must be referred to an Early Intervention Program for further assessment; Molina’s Quality Improvement Department is also available to perform provider training to ensure that best practice guidelines are followed in relation to well child services and care for acute and chronic health care needs.

**Well child / adolescent visits**

Visits consist of age appropriate components including but not limited to:

• comprehensive health history;
• nutritional assessment;
• height and weight and growth charting;
• comprehensive unclothed physical examination;
• immunizations;
• laboratory procedures, including lead toxicity testing;
• periodic objective developmental screening using a recognized, standardized developmental screening tool.
• objective vision and hearing screening;
• risk assessment;
• anticipatory guidance;
• periodic objective screening for social, emotional, development using a recognized, standardized tool; and
• perinatal depression for mothers of infants in the most appropriate clinical setting, e.g., at the pediatric, behavioral health or OB/GYN visit.

Any condition discovered during the screening examination or screening test requiring further diagnostic study or treatment must be provided if within the member’s Covered Benefit
Services. Members will be referred to an appropriate source of care for any required services that are not a Covered Service. If, as a result of EPSDT (Early Periodic Screening, Diagnosis, and Treatment) services, it is determined that the member is in need of services that are not Covered Services but are services otherwise provided for under this Program, Molina will ensure that the member is referred to an appropriate source of care. Molina shall have no obligation to pay for services that are not Covered Services.

Monitoring for Compliance with Standards

Molina monitors compliance with the established performance standards as outlined above at least annually. Within (30) calendar days of the review, a copy of the review report and a letter will be sent to the medical group notifying them of their results. Performance below Molina Healthcare’s standards may result in a corrective action plan (CAP) with a request the Provider submit a written corrective action plan to Molina Healthcare within (30) calendar days. Follow-up to ensure resolution is conducted at regular intervals until compliance is achieved. The information and any response made by the Provider are included in the Providers permanent credentials file. If compliance is not attained at follow-up, an updated CAP will be required. Providers who do not submit a CAP may be terminated from network participation or closed to new members.

Access to Performance Data

Contracted Providers and Facilities must allow Molina Healthcare to use its performance data collected in accordance with the provider’s or facility’s contract. The use of performance data may include, but is not limited to, the following: (1) development of quality improvement activities; (2) public reporting to consumers; (3) preferred status designation in the network; (4) and/or reduced member cost sharing.

Quality Improvement Activities and Programs

Molina maintains an active Quality Improvement Program (QIP). The QIP provides structure and key processes to carry out our ongoing commitment to improvement of care and service. The goals identified are based on an evaluation of programs and services; regulatory, contractual and accreditation requirements; and strategic planning initiatives.

Clinical Practice Guidelines

Molina Healthcare adopts and disseminates Clinical Practice Guidelines (CPGs) to reduce inter-practitioner/provider variation in diagnosis and treatment. CPG adherence is measured at least annually. All guidelines are based on scientific evidence, review of medical literature and/or appropriately established Authority. Clinical Practice Guidelines are reviewed annually and are updated as new recommendations are published.

Molina Clinical Practice Guidelines include the following:

| Asthma | Cholesterol |
The adopted Clinical Practice Guidelines are distributed to the appropriate practitioners, providers, provider groups, staff model facilities, delegates and members by the Quality Improvement, Provider Services, Health Education and Member Services Departments. The guidelines are disseminated through provider newsletters, Just the Fax electronic bulletins and other media and are available on the Molina Healthcare Website. Individual practitioners or members may request copies from your local Molina Healthcare QI Department toll free at (888) 483-0760.

Preventive Health Guidelines

Molina Healthcare provides coverage of diagnostic preventive procedures based on recommendations published by the U.S. Preventive Services Task Force (USPSTF) and in accordance with Centers for Medicare & Medicaid Services (CMS) guidelines. Diagnostic preventive procedures include but are not limited to:

- Mammography screening;
- Prostate cancer screening;
- Cholesterol screening;
- Influenza, pneumococcal and hepatitis vaccines.
- Childhood and adolescent immunizations;
- Cervical cancer screening;
- Chlamydia screening;
- Prenatal visits.

All guidelines are updated with each release by USPSTF and are approved by the Quality Improvement Committee. On annual basis, Preventive Health Guidelines are distributed to practitioners/providers via www.molinahealthcare.com and the Provider Manual. Notification of the availability of the Preventive Health Guidelines is published in the Molina Provider Newsletter.

Cultural and Linguistic Services

Molina serves a diverse population of members with specific cultural needs and preferences. Practitioners/providers are responsible to ensure that interpreter services are made available at no cost for members with sensory impairment and/or who are
Limited English Proficient (LEP). The following cultural and linguistic services are offered by Molina Healthcare to assist both members and practitioners/providers.

a. 24 Hour Access to Interpreter

Practitioners/providers may request interpreters for members whose primary language is other than English by calling **Molina’s Member Services Department toll free at (888) 483-0760**. If Member Services Representatives are unable to provide the interpretation services internally, the member and practitioner/provider are immediately connected to Language Line telephonic interpreter service.

If a patient insists on using a family member as an interpreter after being notified of his or her right to have a qualified interpreter at no cost, document this in the member’s medical record. Molina is available to assist you in notifying members of their right to an interpreter. All counseling and treatment done via an interpreter should be noted in the medical record by stating that such counseling and treatment was done via interpreter services. Practitioners/providers should document who provided the interpretation service. That information could be the name of their internal staff or someone from a commercial vendor such as Language Line. Information should include the interpreter’s name, operator code number and vendor.

b. Face-to-Face Interpretation

Practitioners/providers may request face-to-face interpretation for scheduled medical visits, if required, due to the complexity of information exchange or when requested by the member. To request face-to-face interpretation services, please contact the Quality Improvement Department. Additional information on cultural and linguistic services is available at www.molinahealthcare.com and from your local Provider Services Representatives and from the Molina Member Services Department.

**Measurement of Clinical and Service Quality**

Molina Healthcare monitors and evaluates the quality of care and services provided to members through the following mechanisms:

- Healthcare Effectiveness Data and Information Set (HEDIS®);
- Consumer Assessment of Healthcare Providers and Systems (CAHPS®);
- Provider Satisfaction Survey; and
- Effectiveness of Quality Improvement Initiatives.

Molina Healthcare’s most recent results can be obtained from your local Molina Healthcare QI Department **toll free at (888) 483-0760 or fax (801) 858-0409**.

**HEDIS®**
Molina utilizes the NCQA© HEDIS® as a measurement tool to provide a fair and accurate assessment of specific aspects of managed care organization performance. HEDIS® is an annual activity conducted 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, pre-natal visits, diabetes care, and cardiovascular disease.

HEDIS® results are used in a variety of ways. They are the measurement standard for many of Molina’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.

Selected HEDIS® results are provided to regulatory and accreditation agencies as part of our contracts with these agencies. The data are also used to compare to established health plan performance benchmarks.

**CAHPS®**

CAHPS® is the tool used by Molina to summarize member satisfaction with the health care and service they receive. CAHPS® examines specific measures, including Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Health Promotion and Education, Coordination of Care and Customer Service. The CAHPS® survey is administered annually in the spring to randomly selected members by a NCQA certified vendor.

CAHPS® 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’s quality improvement activities and are used by external agencies to help ascertain the quality of services being delivered.

**Provider Satisfaction Survey**

Recognizing that HEDIS® and CAHPS® both focus on member experience with health care practitioners/providers and health plans, Molina Healthcare conducts a Provider Satisfaction Survey annually. The results from this survey are very important to Molina, as this is one of the primary methods we use to identify improvement areas pertaining to the Molina Healthcare Provider Network. The survey results have helped establish improvement activities relating to Molina’s specialty network, inter-provider communications, and pharmacy authorizations. This survey is fielded to a random sample of practitioners/providers each year. If your office is selected to participate, please take a few minutes to complete and return the survey.

**Effectiveness of Quality Improvement Initiatives**

Molina Healthcare monitors the effectiveness of clinical and service activities through metrics selected to demonstrate clinical outcomes and service levels. The plan’s performance is compared to that of available national benchmarks indicating “best practices”. The evaluation includes an assessment of clinical and service improvements on an ongoing basis. Results of these measurements guide activities for the successive periods.