

Quality Management (QM) Program Goals and Objectives

The goals and objectives of the QM program are:

- to improve the quality of medical and behavioral health care and service provided to members through administrative simplification and a comprehensive and ongoing system of monitoring measurable performance indicators (including indicators based on high-volume, high-risk, and problem-prone services, data from customer satisfaction surveys, complaints/occurrences and appeals, and other relevant sources), evaluating results relative to established goals and benchmarks, and acting to promote improvement
- to maintain a process for adopting and updating both preventive health guidelines and non-preventive (i.e. acute and chronic) clinical practice guidelines for both medical and behavioral health related conditions which are evidence-based, ensuring dissemination to plan practitioners and members to facilitate decision-making about appropriate health care for specific clinical circumstances
- to identify, develop, and/or enhance activities that promote member safety and encourage a reduction in medical errors. This includes medication errors through a program of member and practitioner/provider focused educational initiatives and profiling activities, that may include, but are not limited to, data from claims, medical record reviews, surveys, complaints/occurrences, and pharmacy claims
- to ensure a network of qualified practitioners and providers by:
 - demonstrating compliance with all applicable accrediting and regulatory credentialing/ recredentialing requirements.
 - including language in practitioner/provider contracts requiring participation in the QM program and access to medical records.
- to promote communication with practitioners/providers of care/service about quality activities, providing feedback on results of plan-wide and practice-specific performance assessments, and collaboratively developing improvement plans
- to disseminate information on practitioner/provider performance to promote member empowerment and informed decision making
- to ensure that the quality of care and service delivered by delegates meet standards established by us and relevant regulatory agencies, and that delegates maintain continuous, appropriate, and effective quality improvement programs through ongoing oversight activities and regular performance assessments
- to document and report the results of monitoring activities, barrier analyses, recommendations for improvement activities, and other program activities to the appropriate committees
- to comply with all regulatory requirements, to achieve and maintain accreditation, and necessary certification
- to ensure that the appropriate resources are available to support the QM program

QM program activities/initiatives

QM program activities – four broad categories:

1) QM program administration

Staff in the QM department support the QM program, through a number of activities including:

- monitoring compliance with standards established by regulatory and accrediting bodies such as National Committee for Quality Assurance (NCQA) and the Centers for Medicare & Medicaid Services (CMS)
- maintaining quality program policies and procedures, evaluating the programs effectiveness and supporting AmeriHealth's quality committees
- overseeing services provided by vendors to which we have delegated the provision of certain services, such as behavioral health care

2) Clinical quality activities

AmeriHealth has initiated a series of member- and physician-focused outreach activities designed to promote improvements in a number of areas including, but not limited to:

- **preventive care and wellness** – Promoting prevention and wellness activities based on the demographics of the members served (i.e., age, sex, and health status) including, but not limited to: immunizations for children, adolescents and adults; women's health reminders for breast cancer screening; cervical cancer and chlamydia screening; osteoporosis care; and colorectal screening as well as fitness, wellness, and safety programs
- **acute and chronic conditions** – Monitoring aspects of care for members with acute and chronic conditions including, but not limited to: members with asthma, coronary artery disease, chronic obstructive pulmonary disease, chronic heart failure, diabetes, end-stage renal disease, and other acute and chronic conditions; prenatal care for expectant mothers; and decision support services
- **clinical practice guidelines** – Maintaining a process for adopting and updating both preventive health guidelines and non-preventive (i.e., acute and chronic) clinical practice guidelines for both medical and behavioral health related conditions to help practitioners and members make decisions about appropriate health care for specific clinical circumstances. The plan adopts evidence-based guidelines from nationally recognized sources or involves board-certified practitioners from appropriate specialties in the development or adaptation of its evidence based clinical practice guidelines. Adapted clinical practice guidelines are reviewed and approved by the plan's quality committees.

3) Network quality activities

A number of activities are undertaken to foster improved communications between the plan and the network of participating practitioners and providers and to promote improvements in the quality of services delivered by the network. These activities include, but are not limited to:

- investigating and tracking potential quality of care concerns through complaint and occurrence reporting
- medical record standards

- monitoring access, availability, and cultural competence
- monitoring continuity and coordination of care
- monitoring appropriate utilization of services
- promoting member safety

4) Service quality activities

The plan has established performance indicators and goals to monitor member satisfaction and the services provided to the plan's members. When plan performance falls below goal, initiatives are implemented to improve member and provider satisfaction. A broad range of performance indicators have been established which pertain to a number of areas including, but not limited to:

- claims processing
- enrollment
- member services
- provider services
- care management and coordination (CMC)

Member safety activities

The QM department utilizes plan-wide activities that promote and support providers and members in implementing safe practices and reducing medical/medication errors. These activities include: communicating information about member safety and prevention of medical/medication errors through member and provider mailings and newsletters; communicating outcomes from quality monitoring activities; supporting regulatory standards; and implementing initiatives that promote member safety and the reduction of medical/medication errors.

Quality improvement

For more information about our QM program, including information about program goals and a report on our progress in meeting those goals, please visit our website at www.ameribealth.com. You may also contact Member Services at the telephone number on your ID card.

Outcome measurements

AmeriHealth HMO/POS HEDIS Effectiveness of Care Measures			
	2006 (reporting year 2005)	2007 (reporting year 2006)	2008 (reporting year 2007)
Annual monitoring for patients on persistent medications			
Combined	53.1%	43.8%	58.8%
Annual monitoring ACE and ARBS	50.1%	43.9%	59.9%
Annual monitoring digoxin	54.1%	54.2%	62.0%
Annual monitoring diuretics	48.4%	43.8%	57.3%
Annual monitoring anticonvulsants	45.9%	35.5%	51.9%
Antidepressant medication management			
Continuation phase treatment	43.7%	41.7%	28.0%
Effective acute phase treatment	62.2%	69.8%	51.6%
Optimal practitioner contacts	28.2%	11.5%	5.4%
Appropriate testing for children with pharyngitis			
	67.4%	73.7%	69.6%
Appropriate treatment for children with upper respiratory infection			
	98.0%	97.3%	97.7%
Breast cancer screening* (52-69 years of age)			
	68.0%	67.9%	67.4%
Cervical cancer screening			
	75.1%	76.6%	79.4%
Childhood immunization status			
Combo 2	78.5%	79.0%	79.1%
Combo 3	52.7%	72.4%	75.5%
Chlamydia screening in women			
16-20 years of age	36.9%	42.2%	38.5%
21-25 years of age	34.6%	44.8%	46.2%
Total	35.7%	43.6%	42.5%
Cholesterol management after acute cardiovascular events**			
Screening		87.2%	89.7%
Control <100		59.3%	66.7%
Colorectal cancer screening			
	48.1%	50.6%	56.6%
Comprehensive diabetes care			
Eye exam	55.6%	52.9%	50.8%
HbA1c (testing)	83.0%	86.5%	87.8%
HbA1c (poor control) (<i>lower is better</i>)	29.7%	29.9%	25.3%
Lipid profile screening	92.4%	83.6%	87.1%
Lipid profile (control <100)	49.3%	43.4%	49.2%
Monitoring for nephropathy	45.1%	79.4%	79.4%
Controlling high blood pressure*** (18-85 years of age)			
		61.7%	61.1%
Follow-up after hospitalization for mental illness			
7 days	58.3%	65.7%	59.4%
30 days	73.0%	78.8%	77.2%
Persistence of beta blocker treatment after a heart attack			
	43.2%	62.9%	84.4%
Prenatal and postpartum care			
Prenatal care in the 1st trimester	92.0%	91.8%	92.0%
Check ups after delivery	83.7%	82.0%	83.7%
Use of appropriate medications for people with asthma***			
Combined rate (5-56 years of age)	91.9%	92.8%	91.8%
5-9 years of age	96.1%	98.6%	96.7%
10-17 years of age	94.6%	92.1%	95.8%
18-56 years of age	90.5%	91.9%	89.8%
Use of imaging studies for low back pain			
	90.2%	90.1%	89.9%
Use of spirometry testing in the assessment and diagnosis of COPD			
	30.3%	38.4%	38.6%

*Effective HEDIS 2006 - mammography rates reported based on administrative data only

**HEDIS 2006 - cholesterol rates not reported in Quality Compass due to specification changes and related coding concerns

***2007 HEDIS - changes made to specifications for the measure, cannot be trended with 2006 data

AmeriHealth 65
HEDIS Effectiveness of Care Measures

	2006 (reporting year 2005)	2007 (reporting year 2006)	2008 (reporting year 2007)
Annual monitoring for patients on persistent medications			
Combined	55.0%	45.3%	73.3%
Annual monitoring ACE and ARBS	52.2%	43.7%	74.6%
Annual monitoring digoxin	56.4%	54.8%	73.5%
Annual monitoring diuretics	51.1%	46.5%	72.7%
Annual monitoring anticonvulsants	47.7%	NA	NA
Antidepressant medication management			
Continuation phase treatment	NA	NA	NA
Effective acute phase treatment	NA	NA	NA
Optimal practitioner contacts	NA	NA	NA
Breast cancer screening	76.0%	72.1%	72.2%
Cholesterol management after acute cardiovascular events*			
Screening		87.1%	93.9%
Control <100		71.0%	73.9%
Colorectal cancer screening	52.3%	59.2%	60.3%
Comprehensive diabetes care			
Eye exam	77.7%	73.0%	58.9%
HbA1c (testing)	88.0%	89.1%	90.0%
HbA1c (poor control) (<i>lower is better</i>)	18.4%	17.5%	21.6%
Lipid profile screening	96.4%	91.2%	90.0%
Lipid profile (control <100)	67.9%	64.2%	61.4%
Monitoring for nephropathy	48.0%	84.7%	84.7%
Controlling high blood pressure***	69.4%	68.8%	65.4%
Follow-up after hospitalization for mental illness			
7 days	NA	NA	NA
30 days	NA	NA	NA
Glaucoma screening in older adults	73.3%	70.4%	68.4%
Osteoporosis management in women who had a fracture	37.8%	48.4%	NA

*HEDIS 2006 - cholesterol rates not reported in Quality Compass due to specification changes and related coding concerns

**2007 HEDIS - changes made to specifications for the measure

NA - eligible population too small to report rates

AmeriHealth HMO/POS Member Satisfaction Survey Results

	<u>2007</u> <small>(reporting year 2006)</small>	<u>2008</u> <small>(reporting year 2007)</small>
Rating of health plan (rated 8, 9, or 10 on a 10 point scale)	60.2%	61.2%
Rating of all health care (rated 8, 9, or 10 on a 10 point scale)	72.0%	79.1%
Rating of personal doctor (rated 8, 9, or 10 on a 10 point scale)	81.0%	85.6%
Rating of specialist (rated specialist seen most often 8, 9, or 10 on a 10 point scale)	80.9%	85.7%
Claims processing The composite score is the overall percentage of members who responded "always" or "usually" to when asked, how often did their health plan handled their claims quickly and how often did their health plan handle their claims correctly.	76.5%	80.8%
Customer service The composite score is the percentage of members who responded "always" or "usually" when asked, how often their health plan's customer service give them the information or help they needed and how often their health plan's customer service treated them with courtesy and respect.	not reported by NCQA	83.8%
Getting needed care The composite score is the overall percentage of members who responded "always" or "usually" when asked how often it was easy to get appointments with specialists and how often it was easy to get the care, tests, or treatment they thought they needed through their health plan.	87.4%	86.6%
Getting care quickly The composite score is the overall percentage of members who responded "always" or "usually" when asked, how often they got care as soon as they thought they needed it when care was needed right away and how often they got an appointment for routine care at a doctor's office or clinic as soon as they thought they needed it.	88.1%	86.3%
How well doctors communicate The composite score is the overall percentage of members who responded "always" or "usually" when asked how often their personal doctor explained things in a way that was easy to understand, listened carefully to them, showed respect for what they had to say and spent enough time with them.	94.0%	94.1%

**AmeriHealth 65
2007 Member Satisfaction Survey Results**

	2007 (reporting year 2006)	2008 (reporting year 2007)
Rating of health plan (rated 8, 9, or 10 on a 10 point scale)	70%	74%
Rating of all health care (rated 8, 9, or 10 on a 10 point scale)	81%	85%
Rating of personal doctor (rated 8, 9, or 10 on a 10 point scale)	90%	91%
Rating of specialist (rated 8, 9, or 10 on a 10 point scale)	90%	89%
Getting needed care The composite score is the overall percentage of members who responded "always" or "usually" when asked how often it was easy to get appointments with specialists and often it was easy to get the care, tests, or treatment they thought they needed through their health plan.	93%	93%
Getting care quickly The composite score is the overall percentage of members who responded "always" or "usually" when asked, how often they got care as soon as they thought they needed it when care was needed right away and how often they got an appointment for routine care at a doctor's office or clinic as soon as they thought they needed it.	88%	80%
How well doctors communicate The composite score is the overall percentage of members who responded "always" or "usually" when asked how often their personal doctor explained things in a way that was easy to understand, listened carefully to them, showed respect for what they had to say and spent enough time with them.	95%	97%
Health plan customer service The composite score is the percentage of members who responded "always" or "usually" when asked, how often their health plan's customer service give them the information or help they needed and how often were the forms from their health plan easy to fill out.	not reported by NCQA	78%