

Quality Management (QM) Program Goals and Objectives

The goals and objectives of the QM Program include the following:

- To improve the quality of medical and behavioral health care and service provided to members through:
 - simplified administration 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
 - 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, and ensure 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 communicate with practitioners/providers of care/service about quality activities, provide feedback on results of plan-wide and practice-specific performance assessments, and collaboratively develop 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 the plan 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, and 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

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 and the Centers for Medicare & Medicaid Services
- Maintaining QM policies and procedures, evaluating the program's effectiveness, and supporting the AmeriHealth 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 (e.g., age, sex, and health status) including, but not limited to: women's health reminders for breast cancer screening and cervical cancer screening; 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. Clinical practice and behavioral health guidelines are distributed to providers and members via the website.

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
- Maintaining 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



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

For more information

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.amerihhealth.com/providers. You may also contact Customer Service at the telephone number on your ID card.

