

**Quality Improvement Program**

Harmony's Quality Improvement Program (QI Program) is designed to objectively and systematically monitor and evaluate the quality, appropriateness, accessibility, and availability of safe and equitable medical and behavioral health care and services. Strategies are identified and activities implemented in response to findings. The QI Program addresses the quality of clinical care and non-clinical aspects of service with a focus on key areas that include, but are not limited to:

- Quantitative and qualitative improvement in member outcomes
- Coordination and continuity of care with seamless transitions across health care settings/services
- Cultural competency
- Quality of care/service
- Preventative health
- Complaints/grievances
- Network adequacy
- Appropriate service utilization
- Disease and case management
- Member and provider satisfaction
- Regulatory/federal/state/accreditation requirements

The QI Program activities include monitoring clinical indicators or outcomes, appropriateness of care, quality studies, HEDIS<sup>®</sup> measures, and/or medical record audits.

**Medical Records**

Medical records should be comprehensive reflecting all aspects of care for each member. Records are to be maintained in a detailed and comprehensive manner which conforms to good professional medical practice, permits effective professional medical review and medical audit processes, and facilitates an adequate system for follow-up treatment. Medical records must be legible, signed and dated.

Confidentiality of member information must be maintained at all times. Records are to be stored securely with access granted to authorized personnel only. Records remaining under the care, custody, and control of the physician or health care provider shall be maintained for a minimum of ten (10) years from the date of when the last professional

service was provided. Providers should have procedures in place to permit the timely access and submission of medical records to Harmony upon request. Information from the medical records review may be used in the re-credentialing process as well as quality activities.

**Quality Improvement Participation****Provider Participation in the Quality Improvement Program**

Network providers are contractually required to cooperate with quality improvement activities. Providers are invited to volunteer for participation in the Quality Improvement Program (QI Program). Avenues for participation include committee representation, quality improvement projects, and feedback/input via satisfaction surveys, grievances, and calls to Customer Service. Provider participation in activities helps facilitate integration of service delivery and benefit management.

Information regarding the QI Program, available upon request, includes a description of the QI Program and a report on progress in meeting goals. Harmony evaluates the effectiveness of the QI Program on an annual basis. This report is summarized in a newsletter article and available as a written document.

On an annual basis, Harmony conducts a member satisfaction survey of a representative sample of members. Satisfaction with services, quality, and access from providers and the health plan is evaluated. The results are compared to performance goals, and improvement action plans are developed to address any areas not meeting the standard

**Patient Safety to include Quality of Care (QOC) and Quality of Service (QOS)**

Programs promoting patient safety are a public expectation, a legal and professional standard and an effective risk-management tool. As an integral component of health care delivery by all inpatient and outpatient providers, Harmony supports identification and implementation of a complete range of patient safety activities. These activities include medical record legibility and documentation standards, communication and coordination of care across the health care network, medication allergy awareness/documentation,

drug interactions, utilization of evidence-based clinical guidelines to reduce practice variations, tracking and trending adverse events/quality of care issues/quality of service issues and grievances related to safety.

Patient safety is also addressed through adherence to clinical guidelines that target preventable conditions. Preventive services include:

- Regular checkups for adults and children
- Prenatal care for pregnant women
- Well-baby care
- Immunizations for children, adolescents, and adults
- Tests for cholesterol, blood sugar, colon and rectal cancer, bone density, tests for sexually transmitted diseases, pap smears and mammograms.

Preventive guidelines address prevention and/or early detection interventions, and the recommended frequency and conditions under which interventions are required. Prevention activities are based on reasonable scientific evidence, best practices and the member's needs. Prevention activities are reviewed and approved by the Utilization Management Medical Advisory Committee with input from participating providers and the Quality Improvement Committee. Activities include distribution of information, encouragement to utilize screening tools and ongoing monitoring and measuring of outcomes. While Harmony can and does implement activities to identify interventions, the support and activities of families, friends, providers and the community have a significant impact on prevention.

### **Clinical Practice Guidelines**

Harmony adopts validated evidence-based Clinical Practice Guidelines and utilizes the guidelines as a clinical decision support tool. While clinical judgment by a treating physician or other provider may supersede Clinical Practice Guidelines, the guidelines provide clinical staff and providers with information about medical standards of care to assist in applying evidence from research in the care of both individual members and populations. The Clinical Practice Guidelines are based on peer-reviewed medical evidence and are relevant to the population served. Clinical

Practice Guidelines, to include Preventative Health guidelines which may be found on the Harmony's Web site at <http://www.wellcare.com/Provider/CPGs>.

**HEDIS<sup>®</sup>**

The Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) is a tool used by more than ninety percent (90%) of America's health plans to measure performance on important dimensions of care and service. The tool comprises seventy-one (71) measures across eight (8) domains of care:

- Effectiveness of care
- Access and availability of care
- Satisfaction with the care experience
- Use of services
- Cost of care
- Health plan descriptive information
- Health plan stability
- Informal health care choices

HEDIS<sup>®</sup> is a mandatory process that occurs annually. It is an opportunity for Harmony and providers to demonstrate the quality and consistency of care that is available to members. Medical records and claims data are reviewed for capture of required data. Compliance with HEDIS<sup>®</sup> standards is reported on an annual basis with results available to providers upon request.