



magnolia health[™]
Mississippi Children's Health Insurance Program

Magnolia
Health

Quality Assessment and
Performance Improvement
Program Description
2013

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PURPOSE

Magnolia Health Plan (Magnolia) is committed to the provision of a well-designed and well-implemented Quality Assessment and Performance Improvement (QAPI) Program. Magnolia's culture, systems and processes are structured around its mission to improve the health of all enrolled members. The QAPI Program utilizes a systematic approach to quality using reliable and valid methods of monitoring, analysis, evaluation, and improvement in the delivery of health care provided to all members, including those with special needs. This systematic approach to quality improvement provides a continuous cycle for assessing the quality of care and services through in such areas as preventive health, acute and chronic care, behavioral health, over- and under-utilization, continuity and coordination of care, patient safety, and administrative and network services.

Magnolia recognizes its legal and ethical obligation to provide members with a level of care that meets recognized professional standards and is delivered in the safest, most appropriate settings. To that end, Magnolia will provide for the delivery of quality care with the primary goal of improving the health status of Magnolia members. Where the member's condition is not amenable to improvement, Magnolia will implement measures to prevent any further decline in condition or deterioration of health status or provide for comfort measures as appropriate and requested by the member. This will include the identification of members at risk of developing conditions, the implementation of appropriate interventions and designation of adequate resources to support the interventions. Whenever possible, Magnolia's QAPI supports these processes and activities that are designed to achieve demonstrable and sustainable improvement in the health status of its members.

In order to fulfill its responsibility to members, the community and other key stakeholders and regulatory/accreditation agencies, Magnolia's Board of Directors (BOD) has adopted the following QAPI Program Description. The program description is reviewed and approved at least annually by the Quality Improvement Committee (QIC) and the BOD.

SCOPE

The scope of the QAPI Program is comprehensive and addresses both the quality and safety of clinical care and quality of services provided to Magnolia's members including medical, behavioral health, dental, and vision care. Magnolia incorporates all demographic groups, lines of business, benefit packages, care settings, and services in its quality improvement (QI) activities, including preventive care, emergency care, primary care, specialty care, acute care, short-term care, and ancillary services. Magnolia's QAPI Program monitors the following:

- Acute and chronic care management
- Behavioral health care
- Compliance with member confidentiality laws and regulation
- Compliance with preventive health guidelines and practice guidelines
- Continuity and coordination of care
- Delegated entity oversight
- Department performance and service
- Employee and provider cultural competency
- Marketing practices
- Member enrollment and disenrollment

- Member Grievance Process
- Member Satisfaction
- Patient Safety
- Primary Care Physician (PCP) changes
- Pharmacy
- Provider and Magnolia after-hours telephone accessibility
- Provider appointment availability
- Provider Complaint Process
- Provider network adequacy and capacity
- Provider Satisfaction
- Selection and retention of providers (credentialing and recredentialing)
- Utilization Management, including under and over utilization

CONFIDENTIALITY

Confidential information is defined as any data that can directly or indirectly identify a patient or physician. The Quality Improvement Committee (QIC) and its subcommittees have the responsibility to review quality of care, resource utilization and conduct peer review activities as appropriate. The QIC and related Peer Review Committee (PRC) conduct such proceedings in accordance with Magnolia's bylaws and applicable federal and state statutes and regulations.

As such, the proceedings of the QIC, its subcommittees and/or any ad hoc peer review committees are considered "Privileged and Confidential" and are treated as such. In this regard, all correspondence, worksheets, QI documents, minutes of meetings, findings and recommendations for the programs are considered strictly confidential and therefore not legally discoverable.

Confidential Quality Improvement findings are accessible only to the following individuals/groups:

The Board of Directors

The President and the Chief Executive Officer (CEO)

The Senior Executive for Quality Improvement (SEI), the Chief Medical Director (CMD) and the QI Designee

Peer Review Committee

External regulatory agencies, as mandated by applicable state/federal laws

Magnolia legal executives

QIC correspondence and documents may be made available to another health care entity's peer review committee, and/or any regulatory body as governed by law, for the purpose of carrying out or coordinating quality improvement/peer review activities. This may include a QI/Credentialing Committee of a Magnolia affiliated entity or that of a contracted medical group/Independent Practice Associations (IPA).

Magnolia has adopted the following confidentiality standards to ensure that QI proceedings remain privileged. These are described as follows:

- All peer review and QI related correspondence documents are appropriately labeled "Confidential and Privileged, Peer Review " and maintained in locked files

Additional information and/or a full copy of Magnolia Health Plan's 2013 Quality Improvement Program Description is available upon request.