



Quality Improvement Program

The Molina Medicare Quality Improvement Program (QIP) provides the structure and key processes that enable the health plan to carry out its commitment to ongoing improvement of care and service, and improvement of members' health. The QIP assists the organization to achieve these goals. It is an evolving program that is responsive to the changing needs of the health plan's customers and the standards established by the medical community, regulatory and accrediting bodies.

The key quality processes include but are not limited to:

- Implementation of programs and processes to improve members' outcomes and health status.
- Collaboration with our contracted provider network to identify relevant care processes, develop tools and design meaningful measurement methodologies for the provided care and service.
- Evaluation of the effectiveness of programs, interventions and process improvements and determine further actions
- Designing effective and value-added interventions
- Continuously monitoring performance parameters and comparing to Molina Medicare standards, national and regional benchmarks, as well as regulatory requirements
- Analysis of information and data to identify trends and opportunities, and the appropriateness of care and services.
- Oversight and improvement of delegated functions; Claims, Utilization Management (UM) and Credentialing.
- Ensuring a quality and adequate provider and Health Delivery Organization network through appropriate contracting, studies and Credentialing processes.
- Evaluating member satisfaction with their experience of care through the CAHPS (Consumer Assessment of Healthcare Providers and Systems) survey.
- Conducting provider satisfaction surveys with specific questions about the UM process, such as determining the level of satisfaction with getting a service approved, obtaining a referral and case management.

The QIP promotes and fosters accountability of employees and network and affiliated health personnel for the quality and safety of care and services provided to Molina Medicare Members.

Improving Services to Molina Healthcare Members

Each year Molina Medicare sets goals to improve our services to the members. We participate in annual HEDIS[®] (Healthcare Effectiveness Data and Information Set) measures for quality reporting. Molina Medicare uses HEDIS[®] results to track quality performance from year to year and to identify opportunities for improvement. During the first two quarters of each year, provider offices may be contacted to submit specific medical records for review, an integral part of the HEDIS[®] data collection process. HEDIS[®] data collection is in compliance with the Health Insurance Portability and Accountability Act (HIPAA).



Additionally, we annually measure member satisfaction using the CAHPS[®] survey (Consumer Assessment of Healthcare Providers and Systems). The survey looks at key satisfaction drivers through the continuum of care, including health plan performance and the members' experiences in the physician office. Survey instruments are sent to adult members and parents of child members.

Results for HEDIS[®] and CAHPS[®] are collected and analyzed to track member satisfaction with health plan performance and to identify opportunities for improvement. Please see the HEDIS/CAHPS section to view available results.

Molina Medicare values the care and service, health education and advice you give to our members. Our quality improvement program and initiatives represent a collaborative effort between our providers and Molina to improve overall healthcare. Together, we can make a difference in our member's health outcomes.

If you would more information, please contact the Quality Improvement Department.

HEDIS[®] and CAHPS[®] are a Registered Trademarks of the National Committee for Quality Assurance.

*Printed copies of information posted on our website are available upon request.