

UnitedHealthcare Community Plan Quality Improvement (QI) Program

The purpose of the Quality Improvement Program is to achieve desired performance outcomes. UnitedHealthcare Community Plan's QI Program is guided by important objectives.

UnitedHealthcare Community Plan's QI Program is comprehensive in nature. Many of the health management, clinical performance management, benefit management programs and credentialing program activities fall under its framework.

QI Program components include, but are not limited to, the following:

- Access evaluation
- Availability evaluation
- Clinical practice guideline development, implementation and evaluation
- Continuity and coordination evaluation
- Delegation oversight
- Health Plan Employer Data and Information Set HEDIS®
- Member complaint and appeals evaluation
- Member safety
- Member satisfaction surveys (CAHPS®: Consumer Assessment of Health Plans)
- Practitioner satisfaction surveys
- Preventive health services guidelines
- Provider profiling
- Quality indicator evaluation
- Under/over utilization evaluation
- Utilization management
- Credentialing
- Case management

- Disease management

UnitedHealthcare Community Plan's QI Program operates on a yearly cycle, beginning January 1 and ending December 31.

The objectives of the program include:

Improve the health status of the plan's members.

- Implementation of programs that address the priority health care needs of UnitedHealthcare Community Plan's membership. These programs include preventive health, disease management and care management.
- Monitoring care outcomes against national practice guidelines and local and national outcomes measures.
- Use of a multi-disciplinary approach to include primary and specialty care providers as well as community resources to improve services and care delivery opportunities.
- Overseeing delegated health improvement programs.

Provide for an effective monitoring and evaluation process that ensures care and services provided to the plan's members meets acceptable medical practice standards and contractual performance expectations and is positively perceived by members, MDCH and health care professionals.

- Review and distribute nationally recognized guidelines of medical practice and preventive care.
- Develop medical care administrative services related to quality management activities, access/availability, credentialing/re-credentialing, peer review and confidentiality.
- Annually survey members and providers as to satisfaction with UnitedHealthcare Community Plan's service quality.
- Acquire and maintain data systems appropriate and adequate to support UnitedHealthcare Community Plan's QI activities.

Ensure prompt identification and analysis of barriers to desired performance, improvement opportunities, subsequent improvement interventions and follow-up.

- Identify and assess important issues and concerns of health care services provided to UnitedHealthcare Community Plan members ensuring coordination and continuity of care across and between general medical and behavioral care services, sites and providers.

- Continually improve UnitedHealthcare Community Plan QI Program and ensure responsiveness to revised minimum performance levels as established by accreditation and regulatory bodies.
- Provide periodic feedback and education to network providers, practitioners and members regarding status of quality management initiatives and applicable measurements.

Encourage patient safety.

- Distribute information to members, which improves their knowledge about medication safety.
- Facilitate informed decision-making.
- Collaborate with network practitioners/providers and the greater health care community to establish mechanisms to support and promote safe clinical practices.

UnitedHealthcare Community Plan’s Board of Directors has the ultimate responsibility for the quality of care and services provided to UnitedHealthcare Community Plan’s members. The board receives reports from the quality improvement committee (QIC) and is responsible for reviewing and approving the QI program, annual QI implementation plan, and annual QI program evaluation. The board has delegated certain responsibilities to the QIC, the Medical Director and the QI Department.

The Quality Improvement Committee is supported by the following sub-committees:

- Credentialing/Provider Affairs Committee
- Pharmacy and Therapeutics Committee
- New Medical Technology Assessment Committee
- Member Appeal Committee
- Healthcare Quality and Utilization Management Committee
- Service Improvement Committee

For additional information or to request a copy of the UnitedHealthcare Community Plan QI Program document, please contact Customer Service at 1-800-903-5253.

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