

# Quality Programs

The Quality Improvement Program (QIP) supports Asuris Northwest Health's commitment to ongoing improvement. This is accomplished by developing standards and performance goals that have a positive impact on our member's health status. These standards and goals are monitored to identify improvement opportunities.

## **Quality Improvement Goals**

The goal of the Quality Program (QP) is to improve the care and service provided to our members. This goal directs us in developing our objectives, which are chosen and designed to align with Asuris Core Strategies. Our objectives reflect the integration of multiple areas of the company, and our commitment to identifying opportunities to improve the experience of our members and providers. The objectives, and the activities that support them, help us develop and maintain the relationships with our members that are key to our success as a company.

## **Quality Program Scope**

The scope of the QP includes developing improvement opportunities and activities throughout Asuris. It touches divisions of Asuris that directly impact the experience of our members or provider and is outlined below:

1. Develop focused quality improvement activities (QIAs) including:
  - Clinical QIAs
  - Service QIAs
2. Monitor activities throughout Asuris to further the integration of our processes including:
  - Pharmacy education programs
  - Depression disease management program
  - Coaching and wellness programs
  - Access
  - Availability
  - Member satisfaction
  - Provider satisfaction
  - Staff qualifications
  - Under and over utilization
  - Medical record keeping
  - Advance directives
  - Quality survey
  - Quality of Care Concerns
3. Monitor patient safety activities to fulfill our commitment to the safe delivery of care to our members.
4. Support contractual and regulatory compliance
5. Develop and administer the QP to provide an organizational structure, resources and coordination of quality processes within Asuris.

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## Participation in the Quality Program

Participation in Asuris QP activities is required in our agreements with practitioners, other health care professionals and facilities. Participation may include providing data for various medical records audits such as the annual Healthcare Effectiveness Data and Information Set (HEDIS) audit, credentialing or recredentialing, site visits and record review, or quality of care concerns or complaints. Participation may also include providing evidence of preventive health promotion and adherence to standards. Providers may be asked to review and provide feedback on proposed or ongoing clinical activities, and development of clinical practice guidelines a Medical Advisory Committees.

## HEDIS<sup>®</sup> Reporting

One of the most important components of the QIP is the collection and reporting of HEDIS data. HEDIS<sup>®</sup> is the most widely used set of clinical measures in the managed care industry today. Originally developed by the National Committee on Quality Assurance (NCQA) for employers to compare the quality of health plans, HEDIS<sup>®</sup> now includes Medicaid, Medicare and PPO populations. Asuris is required to report annual HEDIS<sup>®</sup> values on the populations. This includes our Healthy Options population. We also utilize HEDIS measures to track the effectiveness of interventions for the PPO population.

HEDIS<sup>®</sup> measures general areas that:

- Affect health outcomes to the extent health plans can control or influence them.
- Have significant differences between average and ideal performance.
- Are useful to purchasers and consumers.

Data for HEDIS measures may be collected administratively by transaction data (claims) or other administrative database (like state immunization registries). Asuris must rely heavily on the accuracy and completeness of information submitted on claims. We may also require a review of a random sample of submitted claims. We may also require a review of random sample of medical records. We will work with you to complete these necessary reviews in the most effective way possible. Complete and specific information on claims and encounter data ca reduce the number of medical record reviews required and significantly reduce our time in your office.

For more information on HEDIS<sup>®</sup> reporting, contact Colette Arvidson, Project Administrator at 1 (360) 755-2735. We appreciate your continued support and welcome your feedback. We hope this information will minimize the amount of onsite review necessary. We look forward to working with providers, our partners for quality.

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### **Adequacy of medical record keeping**

Physicians, facilities and other health care professionals must maintain a medical record keeping system that conforms to professional medical standards, permits an internal and external medical audit, permits encounter claim review and facilitates an adequate system for follow-up treatment. All medical records must be maintained for at least ten years after the date of medical services.

Participating physicians, facilities and other health care professionals must include, at a minimum, the following in medical records:

- Identifying the information of the patient
- Identification of all providers participating in the patient's care
- A problem list, including significant illnesses and medical and psychological conditions
- Presenting complaints, diagnoses and treatment plans
- Prescribed medications, including dosages and dates of initial or refill prescriptions
- Information on allergies and adverse reactions-or a notation that the patients has no allergies or history of adverse reactions
- Information on Advance Directives
- Past medical history, physical examination, necessary treatments and possible risk factors the patient relevant to the particular treatment

The following policies and procedures are also established:

- The charts must be organized and contents secured
- Medical records must be kept from public access
- Medical records must be readily available
- Confidentiality policy
- Release of information policy
- Procedures for assessing and improving content, legibility, organization and completeness of medical records