

Quality Management Summary

Introduction

The Quality Management Program of Aetna Health Inc. — Northeast Region maintains a comprehensive formal process for continuous monitoring, evaluation and improvement in the quality of clinical care and services provided to its members.

The Quality Management Program

- Provides a defined process and framework within which quality improvement activities can occur.
- Establishes programs that improve efficiency, effectiveness and satisfaction for members, practitioners and providers of care.
- Meets internal standards.
- Meets all standards of external accreditation.
- Measures program effectiveness.

Aetna Health Inc. has adopted a uniform and traditional approach to quality. The process steps used to address issues that surface in the Quality Management program are:

- Assess the demographic characteristics of the served population.
- Determine the current status of individual indicators with reference to selected benchmarks within the defined population.
- Establish goals and benchmarks of performance.
- Establish evaluation criteria following the general outlines of the **Plan — Do — Check — Act** methodology.

The process is to then:

- > Identify and assess problem areas.
- > Do a root cause analysis.

- > Design and implement interventions aimed at improving current performance.
- > Collect and analyze the data.
- > Identify significant areas of variance.
- > Provide feedback about current findings and progress made to date to appropriate individuals, groups or programs.
- > Reassess and remeasure.
- > Modify if necessary.
- > Add interventions as needed

Goals

The goals of the Aetna Health Inc. Quality Management Program are to:

- Promote the principles and spirit of continuous quality improvement throughout the organization.
- Educate key management and staff on Continuous Quality Improvement techniques to improve knowledge and skill.
- Implement a comprehensive quality management program that is responsive to the health and service needs of its membership.
- Integrate the key functional areas of the health plan into the Quality Management program.
- Improve the health care delivery system through coordination across key functional areas.
- Measure, monitor and improve performance in key aspects of clinical care and service quality for Aetna Health Inc. members, providers and customers.

- Ensure that the Quality Management Program is in compliance with and responsive to applicable requirements of federal and state regulators and appropriate accrediting bodies.

Objectives

The objectives of the Aetna Health Inc. Quality Management Program are to:

- Sustain senior management and the Board of Director's support and commitment to Quality Management Program components.
- Maintain adequate resources dedicated to Quality Management activities by providing professional development and educational opportunities.
- Establish performance standards and monitoring tools to:
 - > Improve the process and outcomes of care for members with acute and chronic disease.
 - > Improve the services provided to members and providers related to claims payment and benefit management.
 - > Improve the use of preventive services.
 - > Measure provider and member satisfaction.
 - > Evaluate provider network composition and adequacy.
 - > Monitor provider credentialing and recredentialing.
 - > Monitor quality of clinical care and service.
 - > Measure and improve medical record documentation through medical care evaluation chart audits.

- > Evaluate provider performance through medical record review, medical director interview and coordination with the Credentialing and Performance Committee.
 - > Monitor delegated entity performance.
 - > Monitor and improve HEDIS®* results.
 - > Monitor and respond to over- and under-utilization.
 - > Monitor and improve coordination and continuity of care in all settings.
 - Focus Quality Initiative programs where the most impact on membership as a whole can be made.
 - Monitor effectiveness of Disease Management programs such as Diabetes and Asthma.
 - Coordinate activities with Member Health Education to educate members regarding various programs.
 - Coordinate activities with Network Management to ensure network adequacy related to accessibility and availability.
 - Monitor delegated entities and ensure timely follow-up on corrective action plans.
 - Coordinate activities with the Credentialing Verification Unit to ensure a biennial process for credentialing and recredentialing.
 - Develop a plan-wide reporting and monitoring system for the identification and resolution of problems and potential problems through a multidisciplinary function.
 - Develop a documentation system for reporting and tracking Quality Management findings.
 - Establish with U.S. Quality Algorithms® (USQA®) an appropriate method for conducting and reporting study results and follow-up activities.
 - Establish health plan performance measures and monitor in conjunction with nationally accepted public health benchmarks such as but not limited to Healthy People 2010 and the CDC.
 - Analyze quality indicators for conformance with performance goals/benchmarks and review for trends and/or patterns.
 - Improve the communication and integration with key functional areas.
 - Demonstrate compliance with regulatory requirements.
 - Review and evaluate patient safety activities.
- Program Scope**
- The scope and content of the Aetna Health Inc. Quality Management Program are designed to continuously monitor, evaluate and improve the clinical care and service provided to enrolled members. Specifically the Quality Management Program includes, but is not limited to, the review and evaluation of:
- Patient safety activities.
 - Practitioner availability including cultural needs and preferences.
 - Accessibility of services, including medical care, telephone customer service and behavioral health care and phone access.
 - Member and practitioner satisfaction.
 - The needs of members with chronic conditions and health management programs designed to address those needs.
 - Clinical and preventive health guidelines, medical policy bulletins and technology assessments.
 - Over- and under-utilization.
 - Continuity and coordination of care in all settings.
 - Clinical and service measurement activities that include identification and prioritization of issues targeted for improvement, identification of opportunities and barriers, implementation of interventions, remeasurement and follow-up.
 - Credentialing and recredentialing activities, including performance monitoring for PCPs and high volume behavioral health practitioners.
 - Credentialing and recredentialing activities for organizational providers.
 - Delegation oversight of all delegated activities.
 - Members rights and responsibilities.
 - Complaints, grievances and appeals.
 - Member and prospective member comprehension of plan benefits and processes.
 - Confidentiality of member information.
 - Medical record documentation standards and monitoring of those standards.
 - Compliance with applicable state law, regulatory and accreditation requirements.

Conclusion

The ultimate goal of the Aetna Health Inc. Quality Management Program is to develop methods to continually improve the quality of the medical care and service provided to plan membership. Aetna's New York Health Plan has been awarded an "Excellent" accreditation rating for its commercial products by the National Committee for Quality Assurance (NCQA).

*HEDIS is a registered trademark of the National Committee for Quality Assurance.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies.

