

QUALITY IMPROVEMENT

Improvements in both the delivery of clinical care to AlohaCare members and in the quality of service we provide to our members and providers are the cornerstone of AlohaCare's Quality Assurance and Performance Improvement (QAPI) programs. AlohaCare recognizes that quality of care is defined as care that is accessible, efficient and culturally sensitive, provided in the most appropriate setting and wherever possible, delivered within the member's community, furnished according to professionally accepted standards and in a coordinated and commodious rather than an episodic manner. To ensure continual improvements in these areas, AlohaCare developed parallel programs:

- The Clinical Quality Improvement/Utilization Management/Disease Management Program addresses continual improvements in clinical quality of care.
- The Service and Perception Improvement Program focuses on the quality of service our members receive from their providers and the quality of services both members and providers receive from AlohaCare staff.

Clinical Quality Improvement/Utilization Management/Disease Management Program

The purpose of AlohaCare's Clinical Quality and Improvement/Utilization Management/Disease Management (Clinical QI/UM/DM) Program is to ensure the best possible health outcomes and functional health status of members through delivery of timely and appropriate level of care and treatment. Clinical QI/UM/DM Program includes such important areas as clinical quality investigation, preventive health monitoring, utilization reviews and disease management protocols.

The goals and objectives of AlohaCare's Clinical QI/UM/DM Programs are to develop and maintain a system that:

- Is committed to provide AlohaCare members a health care delivery system which fulfills generally accepted definitions of quality.
- Involves providers in the improvement of the quality of patient care and measures provider and member satisfaction as a key element of continuous improvement.
- Provides a definition of performance standards and monitors continuous improvement of the quality of care delivered.
- Demonstrates that health care services are provided in a manner consistent with generally accepted principles of professional practice and that methods to improve the acceptability, accessibility and continuity of care are found in AlohaCare policies and procedures.
- Recognizes the importance of member education and satisfaction with the quality of care and incorporates this aspect of quality improvement into the overall Clinical QI/UM/DM Program.

The Clinical QI/UM/DM Program focuses on patient management issues which, if resolved or improved by available interventions, are expected to have a positive impact on patient quality of care, health outcomes and satisfaction. Multiple data sources, internal and external, are used to identify areas for improvement.

Service and Perception Improvement Program (SPIP)

The service component of AlohaCare's QAPI is the Service and Perception Improvement Program (SPIP). The purpose of the SPIP is to continually strive to offer a system of service which contributes to and enhances the achievement of quality health outcomes through planned, systematic improvement activities and, at the same time, develops, maintains and continually enhances external perceptions of AlohaCare.

AlohaCare believes that the care and service delivered to an underserved population requires special commitments and personalized approaches to achieve the best outcomes. It is our commitment to offer excellent service and community-based primary and preventive-centered care to our members. We believe that a full range of culturally sensitive care and service, delivered within the community, by community providers and resources and for the community, will ultimately result in the most positive health care outcomes.

The goals, objectives, and approaches of AlohaCare's Service and Perception Improvement Program aim to:

- Ensure excellence in services provided. The quality of services is measured against benchmarks or standards established by AlohaCare to facilitate the achievement of optimal health outcomes.
- Clearly present AlohaCare's health care philosophy and approach to care and service to develop collaborative relationships with members and providers to achieve improvements in health care outcomes.
- Commit to provide AlohaCare members with the most current, accurate and culturally sensitive information they need to make the best decisions for their health care.
- Provide access to information that allows network providers the ability to facilitate access to and provide timely appropriate care.
- Assure access and availability of medically necessary and appropriate health care through the maintenance of a strong, reliable and diverse provider network.
- Identify and actively address areas of dissatisfaction among AlohaCare members and providers to enhance satisfaction regarding quality of service.
- Use a multi-faceted communication information dissemination, and educational approach to create fair and accurate perceptions and understanding of AlohaCare and AlohaCare's philosophy within the larger community.
- Ensure compliance with State and federal regulations, Med-QUEST contractual obligations and any accreditation requirements.

Quality Improvement Oversight

The Board of Directors of AlohaCare approves both the annual Clinical QI/UM/DM Program and the SPIP and also monitors the programs' effectiveness. The Board of Directors delegates the authority for the operational implementation and accountability for these programs to the AlohaCare CEO, QI Medical Director and the Clinical and Service Quality Improvement Committee (CASQIC) which is comprised of AlohaCare network health care providers including PCPs, Specialists and Behavioral Health practitioners and AlohaCare senior staff.

The structure of both the Clinical QI/UM/DM Program and the SPIP is designed to promote organizational accountability, responsibility, and authority in the identification, evaluation and correction of quality of care problems and organizational areas needing improvement. This involves extensive participation of Advisory Committees, AlohaCare staff, and network providers.

The Committees that participate in implementing and conducting AlohaCare's QAPI Program are:

- Corporate Quality Improvement Committee (CQIC)
 - Comprised of AlohaCare's CEO and Senior Staff, this committee approves policy and procedures and process coordination of the QAPI Program.
- Clinical and Service Quality Improvement Committee (CASQIC)
 - Responsible for assessing the status and progress of all QAPI Program efforts. The CASQIC is responsible for recommending and/or monitoring of information and trends for conformances with standards and criteria for delivering of care and service. The CASQIC reviews outcome studies and recommends action based upon results.
- Pharmacy and Therapeutics Subcommittee (P&T)
 - Provides a forum for provider input on the cost effectiveness, medical efficacy and therapeutic benefit of drug therapies, diagnostic technologies and other treatment interventions. The committee makes recommendations regarding the AlohaCare Formulary and use of diagnostic and treatment technologies.
- Grievance Committee
 - AlohaCare staff-only committee, responsible for reviewing member and provider complaints and making reports and recommendations to the CASQIC.
- Credentials Committee
 - Responsible for the review and assessment of provider applications to join AlohaCare's network, and establishes that each network provider is qualified by training, experience, and performance consistent with the standards established by the AlohaCare Provider Credentials Policy.
- Consumer Advocacy Committee (to be activated upon QUEST II implementation)
 - Provides a forum for consumer and advocacy groups to serve in an advisory capacity to AlohaCare for the Aged, Blind and Disabled population, with particular emphasis on the special needs and concerns of this population.
- Community Care Committee
 - Ad hoc work group for input from care managers in the community regarding AlohaCare services.

The QAPI Program identifies activities and develops standards for monitoring performance based on best practices and/or nationally established criteria such as national Medicaid standards, HEDIS, URAC, and NCQA. Areas that are monitored include:

<ul style="list-style-type: none"> • Medical and Behavioral Health Utilization Management Services • Credentialing/Recredentialing and Delegated Activities • Case Management Services • External surveys, demographic studies and census data 	<ul style="list-style-type: none"> • Disease Management • Provider Relations Functions • Customer Service Activities • Quality Improvement Activities
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AlohaCare's QAPI Program is a thorough, ongoing process assessing both clinical and non-clinical services throughout the statewide network of care and among all demographic groups, care settings, and types of services. Both the Clinical QI/UM/DM Program and the SPIP assess services to facilitate and/or ensure they are:

<ul style="list-style-type: none"> • Accessible • Appropriate • Continuous • Coordinated • Culturally sensitive 	<ul style="list-style-type: none"> • Effective • Efficient • Timely • Clinically sound • Member-involved
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The staff of the appropriate AlohaCare departments and/or the network providers, under the guidance and oversight of the CQIC, implement actions to improve or correct issues that impact timely delivery of care to facilitate excellence in services provided.

Delegated Activities/Services

AlohaCare may assign authority to another/other organization(s) to conduct functions and activities on AlohaCare's behalf as defined within a formal agreement. This arrangement is called "delegation". AlohaCare may elect to delegate operational functions such as, but not limited to, claims processing, practitioner credentialing, utilization management, quality improvement activities, and fraud and abuse monitoring to another entity. As described in AlohaCare's QAPI program documents, the delegated entity must undergo a pre-delegation review to demonstrate its ability to provide the operational function to be delegated. AlohaCare and the delegated entity shall execute a formal delegation agreement, and AlohaCare shall monitor delegated activities and functions regularly using a formal, systematic process to assess compliance to the terms of the delegation agreement.