

## **Executive Summary - 2007 Quality Management Annual Evaluation**

Prism Health Networks annually summarizes the Quality Management and Improvement Committee's (QMIC) Annual Evaluation in the form of an Executive Summary. This is to make members, providers, and our client health plans aware of some of the different quality projects and initiatives that are underway to assure quality and safety of clinical care and quality of service to health plan members.

Prism Health Networks focuses on chiropractic, complimentary and alternative medicine, physical therapy, and behavioral healthcare. Prism Health Networks is contracted with health plans to service more than 2 million enrollees and approximately 1500 network providers for specific components of network administration (i.e. claims, credentialing, customer service, utilization management, etc.). In addition to network administrative services, Prism Health Networks is a direct provider of Corporate Services such as Employee Assistance Programs and Wellness Programs. The integration of health and wellness programming and specialty service lines helps us optimize both the physiological and the psychological well being of enrollees.

Prism Health Networks is committed to continuously and systematically monitoring, evaluating and improving clinical and administrative services for all clients and consumers, as well as health care services for members. Special emphasis is placed upon topics that monitor frequently performed or highly specialized activities.

Protecting member safety is a specific goal of Prism Health Networks. Close monitoring of all activities that relate to or impact on safe clinical practice is evaluated using information available through compliance with the NCQA credentialing process, identification, review and trending of possible contraindications for care and scope of care issues, medical record review, and on-site visits, as well as through review of medical necessity documentation provided for review in the Utilization Management process.

The following information highlights some of the different quality of care and quality of service projects throughout 2007.

### **HIPAA**

Prism Health Networks monitors compliance with HIPAA Privacy regulations.

### **CULTURAL ASSESSMENT**

Prism Health Networks is sensitive to the fact that members have a comfort level in maintaining cultural identity, whether that be through the use of a native language or the use of an alternative language by practitioner. Prism Health Networks also

recognizes that members have needs for handicap accessible practice sites. Prism Health Networks utilizes this activity to monitor internal capabilities to meet those member needs by monitoring and/or making available Language Line Services, offices with Handicap Access, and practitioners with specified language skills.

## **MEMBER ACCESSIBILITY TO PRACTITIONERS**

Prism Health Networks practitioner accessibility can generally be separated into geographic access and accessibility for members to receive care. Prism Health Networks maintain 90 – 93% compliance for the 53 counties in New York State; the variance is due to select rural counties which have a limited number of practitioners and low membership base.

## **SATISFACTION SURVEYS**

Prism Health Networks annually performs member and practitioner satisfaction surveys. Random samples of members and practitioners are surveyed from the Employee Assistance Programs, Wellness programs, and chiropractic services. Results of satisfaction surveys are available at [www.prismnetwork.com](http://www.prismnetwork.com)

## **COMPLAINT HANDLING**

Complaint management is a corporate-wide initiative that is intended to 1) identify, track and resolve member concerns in accordance with regulatory and/or client performance expectations and 2) analyze trends and determine opportunities for improvement.

## **PCP PROJECT**

This project promotes quality and safety of clinical care by enhancing the coordination of services and communication between the chiropractor and the PCP. Prism Health Networks encourages the ongoing communication between the PCP and chiropractor for maximum coordination of care.

## **MEDICAL RECORD DOCUMENTATION**

Prism Health Networks conducts medical record documentation audits to monitor practitioner compliance with standards as a corporate-wide initiative. This initiative is intended to improve the quality of the documentation of practitioners within the chiropractic network.

## **INTERNAL REFERRALS**

The quality indicator screening process is utilized to identify cases in which member safety and/or quality of care may be at risk. Clinical Peer Reviewers identify indicators including possible contraindication for care, care outside the scope of practice, documentation issues, and/or possible fraud and address as indicated by client health plans.

The Clinical Peer Reviewers consistently identified cases through the Utilization Review process. Full peer review occurred on cases identified as possible contraindications and scope of care issues. Documentation issues and administrative issues were trended, by practitioner, for future follow-up and intervention.

## **SENTINEL EVENTS**

Cases identified as 'quality indicators' such as scope of care issues and possible contraindications are assessed to determine whether the member sustained any harm or risk of harm associated with the services provided. All scope of care and possible contraindications for care that are confirmed during peer review are labeled as Sentinel Events, as the risk of member harm existed.

Prism Health Networks Clinical Peer Reviewers are uncompromising in the identification of and immediate intervention for identified absolute contraindications for care or sentinel events

## **PEDIATRIC CHIROPRACTIC CARE**

As an initiative from various pediatricians on various quality committees of client health plans, this project focuses on all children less than 15 years to ensure that chiropractic services are being effectively utilized for appropriate conditions within the pediatric population.

The number of children receiving chiropractic services increased during 2007 with an overall average of **2.76** visits per child in 2007 (up from **1.78** visits per child in 2006)

## **RADIOGRAPHY PROJECT**

Prism Health Networks trended overall x-ray utilization by network practitioners with in-office x-ray equipment in 2007. Goals for this project are to enhance member quality of care by ensuring that x-rays taken by network practitioners are medically necessary and meet evidence-based guidelines; ensure appropriate x-ray utilization and effectiveness; and improve member safety by reducing exposure to unnecessary X-rays.

Overall utilization of x-rays remained stable in 2007 at approximately 3% of the total membership. The number of children receiving x-rays was lower than during the same time period in 2006. Only thirteen (13) children received chiropractic x-rays in 2007 compared with nineteen (19) children in 2006 and no children under the age of eleven received chiropractic x-rays in 2007.

## **NEW TECHNOLOGY**

In accordance with accrediting standards, health plan performance standards, and regulatory requirements, the purpose of this activity is to produce evidence demonstrating that new technology related to chiropractic, physical therapy and behavioral health has been appropriately assessed. Pertinent evidence from governmental regulatory bodies, peer-reviewed literature, and other scientific studies are analyzed to evaluate the efficiency and effectiveness of the technologies identified for review.

The Technology Assessment Committee (TAC) reviewed two newer technologies, Cold Laser Therapy and Vertebral Axial Decompression (VAX-D). Analysis revealed that both technologies remain experimental and investigational in nature and have not been proven effective.

## **INTER-RATER RELIABILITY**

Prism Health Networks' Chief Clinical Officer routinely evaluates Clinical Peer Reviewer medical necessity decisions to ensure that individuals reviewing cases for medical necessity are making decisions that are appropriate and consistent with the UM clinical criteria. Inter-Rater Reliability assessments reveal consistent application of the evidence-based chiropractic algorithm.

## **CLAIMS RESOLUTION AND ACCOUNTABILITY**

In accordance with various accrediting standards, regulatory requirements, and client health plan contracts, the Claims Resolution and Accountability Activity measures the accuracy of claim processing within Prism Health Networks. During 2007, claim volume increased for the fourth year in a row, and Prism Health Networks continued to pay all claims within regulatory time frames as well as maintain 100% for financial accuracy, payment accuracy and non-payment accuracy.

## **RECREDENTIALING FILE AUDITS**

Prism Health Networks follows URAC's process recommendation to closely monitor the 36-month recredentialing cycle. Prism Health Networks assures that all practitioners are credentialed and meet all requirements to provide members with

needed services in a safe manner and have maintained 100% compliance with this standard.

### **UTILIZATION MANAGEMENT FILE AUDITS**

Prism Health Networks audits UM files (Initial Adverse Contractual Denials, Initial Adverse Clinical Determinations, and Appeals) to determine compliance to regulatory requirements, accuracy, and ensure confidentiality is practiced.

### **CLAIMS ADJUSTER / ANALYST AUDIT**

The Claims department monitors work for Financial Accuracy and for Technical Accuracy. If errors are identified, remediation is instituted before variation becomes widespread. These results exceed the performance standard established at 99% for Financial Accuracy and 97% for Technical Accuracy.

### **POLICY & PROCEDURE REVIEW**

Prism Health Networks annually reviews and updates 100% of the policies and procedures.

### **EMPLOYEE ASSISTANCE PROGRAM - TIMELINESS OF SERVICE PROVISION**

EAP appointments are made available within three business days for every routine request, or the same day for urgent or emergent requests. The EAP manager audits cases on a weekly basis for timeliness of appointment offerings.

### **EMPLOYEE ASSISTANCE PROGRAM INQUIRY HANDLING**

Prism Quality EAP responds to customer complaints in a thorough, appropriate, consistent and timely manner to ensure quality care and effective services to both providers and customers. Data is reviewed to identify opportunities for process improvement