

# Prism Health Networks Quality Management and Improvement Program

Prism Network LLC is committed to creating and maintaining healthy lives through the monitoring and improvement of all services provided. These include:

1. Quality and safety of clinical service to members;
2. Network Administrative services to members, practitioners and providers; and
3. Comprehensive services in the area of health and wellness.

Prism conducts ongoing monitoring of both clinical and service operations and outcomes with the intent of improving results as one route to meeting and exceeding performance standards.

The Quality Management and Improvement program is a “living” process that targets the needs of the membership covered by client health plans and the practitioners / providers served by the network. As we continue to explore network operations to enhance member and practitioner requirements and develop best practices organizationally, Prism Network LLC re-evaluates and modifies the scope of the Quality Management and Improvement program. Because many operations processes are repetitive Prism can continually measure results and analyze all dimensions of performance in order to improve services. This allows Prism the added feature of ongoing measurement and assessment to evaluate the needs of the population and practitioner/provider network that we serve.

Participating practitioners/providers are integral to the Quality Management and Improvement program through the involvement of practicing network providers within each corporate division. These practitioners are actively involved in the assessment of service and quality initiatives. Practitioner participation is accomplished through practitioner membership in corporate committees, including the Quality

Management and Improvement Committee, the Utilization Management Committee, the Credentialing Committee, and Discipline-Specific Subcommittees. In addition to attendance at committee meetings, practitioner committee members are also available to provide clinical expertise and comment on an *as needed* basis. Practitioners act as a voice for participating providers and contribute a perspective uniquely available to persons providing service to members in need of safe clinical care. Regional chiropractic representatives benefit Quality Management and Improvement Committee activities particularly through the sharing of viewpoints predominant in the practitioner's locality. This integrated Committee structure composed of Prism administrative staff along with chiropractors, physical therapists, and behavioral health practitioners delves into issues by looking at the big picture as well as honing in to examine details.

Practitioner members of the Quality Management and Improvement Committee, have as their primary responsibility, the 'peer review' activity associated with evaluating services that may be contraindicated, outside the scope of practice, or otherwise of interest. Practitioner committee members also recommend operational practices that benefit members and network practitioners. Network practitioners recommended for committee membership generally practice at a high level of expertise. As such, these practitioners are in a position to offer credible insight and recommendation relative to the quality, safety and scope of clinical services.

The Medical Director, a physician Board Certified in Internal Medicine and Pediatrics, is the sustaining support of the Quality Management and Improvement program, the Utilization Management program and the Credentialing and Recredentialing program. The Medical Director leads initiatives to improve the quality of care and services provided through network practitioners and by Prism Network, Inc. operational staff.

The Prism Network, Inc., Board of Directors has final authority for the Quality Management and Improvement function after recommendation by the Quality Management and Improvement Committee and the Executive Quality Management and Improvement Committee.

Prism Network LLC is the delegated entity for a number of Health Plans while also providing services for ERISA based plans and PPO plans. As an IPA model organization, Prism Network, Inc., is subject to annual evaluation by the contracting organizations. Client Health Plans conduct direct regulatory review of Prism operations. When client Health Plans

are audited by the New York State Department of Health, the Centers for Medicare and Medicaid Services (CMS) and/or national accrediting agencies such as NCOA or URAC, Prism is also audited indirectly. Prism Network, Inc., status as a New York State UR Agent is effective since 1998 and has been renewed every two years.

URAC accreditation:

Health Network accreditation and Health Utilization accreditation became effective November 1, 2003 with renewal accreditation approved through October 31, 2008.

Examples of current work plan activities include:

Accessibility – to ensure that members have convenient access to network practitioners; to make certain that members have convenient access to appointments along with quick turnaround for urgent appointments; to safeguard the member availability to the practitioner 24/7.

Complaint Management – to identify and implement improvements within Prism operations and to assist practitioners in better meeting the consumers needs. The current ratio of complaints to covered lives is less than one per 1000 covered lives.

Customer Service – to handle inquiries and educate consumers about their chiropractic benefits, medical necessity process; to facilitate and expedite services when applicable; to assist the consumer in solving problems or perceptions of problems. Metrics reported include Average speed of answer and lost call rate.

Claims – to ensure a smooth and accurate delivery of payment to practitioner and consumers, when applicable; to maintain compliance with regulation. The claims supervisor ensures that financial accuracy, non-financial accuracy, and payment accuracy exceed expectations. Other metrics pertain to timeliness of claims payment.

Satisfaction – Prism conducts both member and practitioner satisfaction surveys annually. The member survey assesses the covered person's perspective about services received from the health care practitioner, Prism's customer service staff, as well as their perception of the utilization management process. The practitioner survey queries the practitioner about their experience with each of Prism's service areas.