

XIV. MEDICAL QUALITY MANAGEMENT (MQM)

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XIV. MEDICAL QUALITY MANAGEMENT (MQM) PROGRAM

Medical Quality Management (MQM) Program operates under the leadership of the Chief Medical Officer (CMO). The purpose of the program is to assure a strong monitoring and evaluation process designed to focus on quality of care issues and serve as a part of an ongoing continuous quality improvement initiative.

Health care delivery methods are monitored and evaluated to continuously improve and resolve identified MQM and quality improvement (QI) issues, ensuring compliance with all quality assessment and improvement procedural requirements of the MC+ program.

Major components of the Program include:

- Adverse outcomes/quality issues
- Special medical practice studies
- Pharmacy/drug utilization
- Ancillary Provider review
- Review of Member/Provider internal Missouri Care and MC+ Program complaints related to delivery of care or service
- Physician office onsite medical record reviews and office evaluations
- Physician profiling
- Peer review
- Credentialing/Recredentialing Program
- Risk management
- EPSDT/maternal-child health
- MQM committee
- Women's health
- Member & Provider surveys

Medical Quality Management is a cooperative effort involving Missouri Care staff, Missouri Care health care professionals and Providers.

14.1 CREDENTIALING

All contracted health professionals are required to be credentialed by Missouri Care in accordance with NCQA guidelines. Health professionals are responsible for completion of the standardized State Credential Form and Missouri Care's

release of information form and for providing all supplemental documentation requested. Providers are recredentialed at least every three (3) years.

Completed initial Credential Forms are forwarded to Missouri Care's Medical Quality Management Department for internal processing. Completed, verified credentials are reviewed by the medical directors, the MQM Committee, and may be reviewed by the Quality Management Oversight Committee.

14.2 PROVIDER PROFILES

Missouri Care evaluates the practice patterns of contracted Providers through a review of claims and encounter data, pharmacy data, surveys, quality issues/adverse outcomes, medical record review, complaints and grievance activity. Data is used to create a profile of the Provider's practice patterns as compared to other Providers with the same specialty in similar geographic settings, with industry norms and plan experience. The Provider then receives feedback on a regular basis as to how he/she compares to other Providers within his/her specialty and geographic area, and how well they follow Missouri Care's managed care philosophy.

14.3 PEER REVIEW

The Missouri Care MQM Committee under the direction of the CMO conducts peer review activities. Health professionals who are reviewed and not satisfied with the results are provided an opportunity to appeal the MQM Committee's recommendation. If a decision is upheld following a peer-to-peer review, a formal appeal in writing may be submitted. Appeals may be submitted to the MQM Committee via a written request stating the reasons the Provider does not agree. The Provider may request to present his/her case in person at an MQM Committee meeting.

14.4 QUALITY MANAGEMENT COMMITTEES

Quality Management Oversight Committee

The Quality Management Oversight Committee (QMOC), which is chaired by the CEO or designee, is responsible for involving employees in company-wide quality improvement processes and projects. In this capacity, the committee will:

- Evaluate efforts to integrate quality management activities throughout the organization, including service and clinical issues;
- Review special cases (such as trends of complaints and specific grievance issues);
- Evaluate credentialing activities;
- Advise and submit to the CEO and the MQM Committee recommendations for needed follow-up actions when appropriate.

The committee reviews MQM Committee reports at each meeting, receives regular reports from all departments and committees, and monitors the status of special projects.

The QMOC includes the CEO, the CMO, the CFO/COO, the Director of Operations, the Manager of Medical Management, the Manager of Quality Management and the managers of Member Services and Provider Relations. The committee meets bi-monthly; minutes are recorded for all meetings and provided to the Missouri Care Operating Board for review.

Medical Quality Committee

The MQM Committee, chaired by the CMO or designee, assists the CMO in the oversight, maintenance, and support of Missouri Care's Medical/Quality Management (MQM) and Credentialing programs. The committee's responsibilities include:

- Reviewing and identifying opportunities to improve the care and services provided to Missouri Care members and recommending alternative solutions;
- Assisting in the development of performance improvement plans for Missouri Care, or reviewing and approving performance improvement plans submitted to the committee from other sources;
- Reviewing and approving studies, standards, practice parameters indicators, and outcomes;
- Performing peer review and investigating quality of care or service issues, making recommendations to the CMO, and requesting follow-up;
- Conducting credentialing/recredentialing review and recommending contract decisions;
- Evaluating utilization issues, data and infrastructures interacting with MQM.

Members of the committee include the CMO or designee, the Manager of Quality, the Manager of Medical Management and at least four (4) participating primary care Providers, and four (4) participating specialist providers from both rural and urban areas. The committee meets six (6) times per year; minutes are provided to the QMOC and the Operating Board for their review.

Service Improvement Committee

The Service Improvement Committee (SIC) is designated to review comments and complaints related to access of care and quality of care issues in order to facilitate referrals to appropriate Missouri Care departments and subcontractors for proper action and resolution. The committee will also review the required quarterly cumulative complaint and grievance reports submitted to the State to ensure that all complaints and grievances have been acted on and resolved. Reports will be provided to the SIC by the departments or subcontractors assigned by the committee to investigate and develop action plans. The SIC will meet at least monthly and consist of representatives from Member Services, Medical Quality Management, and Provider Relations. Minutes of the meetings will be reported to the QMOC and any other appropriate committee.