

Quality Improvement Program

TexanPlus® HMO, TexanPlus® HMO-POS, TexanPlus® HMO-SNP, Today's Options® PFFS, Today's Options® PPO, and Today's Options® HMO (hereinafter, the Plan) are committed to using a comprehensive approach to monitor, evaluate, improve and manage the quality of care and services that you receive from our providers.

We strive to deliver the best health outcomes by working with your doctors, pharmacists and other healthcare providers to find opportunities for improvement.

The Plan designed its Medicare Advantage Quality Improvement Program to meet the quality performance and improvement goals established by our Board of Directors as well as the requirements of licensing or regulatory agencies, including the Centers for Medicare & Medicaid Services (CMS) and state agencies. The Quality Improvement Program employs the **Plan, Do, Study, Act (PDSA)** method to proactively ensure continuous control and improvement of all areas and dimensions of clinical and non-clinical member care and service.

The scope of the Quality Improvement Program encompasses the member populations of the Plan and all other Universal American Medicare Advantage plans. It provides for continuous monitoring and evaluation of care and services including:

- The quality of clinical care and the quality of services delivered
- Member and provider satisfaction
- Special Focus Area Initiatives
- Member and provider education
- Implementation of CMS Process Improvement Programs

In addition, the plan participates in an annual Healthcare Effectiveness Data Information Set (HEDIS) audit to measure our performance against nationally recognized measurements of care and to ensure the highest standards of care and service are met. When any issues are identified, such as quality of care, quality of service, or low satisfaction of our members, we work hard to fix them through our quality improvement process. The results of these ongoing activities are improved quality, appropriateness, efficiency, safety and effectiveness of care and services, leading to better health outcomes for members and greater levels of member satisfaction. If you have questions about the Quality Improvement Program, please call Member Services at the number on the back of your Member ID card.

TexanPlus® HMO, TexanPlus® HMO-POS, Today's Options® PPO, Today's Options® PFFS, and Today's Options® HMO are Medicare Advantage plans with a Medicare contract. Enrollment in these plans depends on contract renewal. A Private Fee-for-Service plan is not Medicare supplement insurance. Providers who do not contract with our plan are not required to see you except in an emergency. TexanPlus® HMO-SNP is a Medicare Advantage plan with a Medicare contract and a contract with the State Medicaid Program. Enrollment in TexanPlus® HMO-SNP depends on contract renewal. This plan is available to anyone who has both Medical Assistance from the State and Medicare.