



**Health Net<sup>®</sup>**

**QUALITY IMPROVEMENT  
PROGRAM EVALUATION**

**2004**

# 2004 QUALITY IMPROVEMENT PROGRAM EVALUATION

## INTRODUCTION

Health Net's Quality Improvement Program is responsible for the development and reporting of quality initiatives for Health Net Health Plan of Oregon, Inc. and Health Net Life, Inc., (Health Net of Oregon) members who reside in Oregon and Washington. The Quality Improvement Program is integrated throughout Health Net Oregon with each department being accountable for meeting established performance indicators, reviewing processes and procedures to ensure they meet regulatory requirements, providing excellent service to members and providers, and determining innovative ways to add value to our products. Program activities are designed to accomplish the following established Quality Improvement Program goals:

1. Develop and maintain an integrated Quality Improvement Program that provides structure for promoting and achieving excellence in all areas through continuous quality improvement.
2. Monitor the quality of care and services provided by participating providers to members.
3. Use an ongoing, systematic approach to monitor, evaluate, and improve the quality, appropriateness, availability and accessibility of health care and services provided to members.
4. Identify opportunities for improvement in the health status of members through the development and implementation of health promotion, preventive education, and disease management programs.

The 2004 Quality Improvement Program Evaluation identifies and provides feedback on the activities included in the 2004 Quality Improvement Work Plan. The document concludes with recommendations resulting from an analysis of program strengths and challenges, and provides the basis for strategic planning and resource allocation for the 2005 Quality Improvement Program.

## SUMMARY AND CONCLUSION

The 2004 Quality Improvement Program continued to focused on monitoring the level of service provided to members by Health Net Oregon and its Delegates. Key Indicators, which monitor the quality of services provided to members, such as claims processing timeliness and accuracy, customer contact hold times and abandonment rates, appeals and grievances (A&G), and enrollment application processing turnaround times were compared against established standards. The Key Indicators Report was reviewed monthly to identify improvement opportunities, develop interventions, and measure outcomes in an effort to maintain established performance standards. At year-end, 10 out of 16 indicators were met. Member application processing and A&G continued to be challenges in 2004. Quality initiatives focusing on the group enrollment process and A&G will be conducted in 2005 to improve overall performance in these areas.

Health Net published a new and enhanced website in second quarter. Although additional improvements are needed to improve navigation and performance, once completed the site will allow for better communication and service to customers. Health Net Oregon also implemented a new Interactive Voice Response (IVR) system which provides members and providers with enhanced self-service features including access to information regarding claims and eligibility data. Utilization reviews of both the website and IVR will be conducted once reporting measurements have been established.

An analysis of formal complaints (A&G) and informal feedback revealed a large level of dissatisfaction with pharmacy benefits. Based on this review, a quality initiative focusing on revising prior authorization criteria and streamlining the process, particularly for new members on chronic medications, was implemented in 2004. The goal of the initiative was to reduce the total number of pharmacy-related A&G and to improve overall member satisfaction with the benefit. A review of A&G database demonstrated a reduction in pharmacy-related A&G by 7.4% in 2004. The most significant decrease occurred in the fourth quarter of 2004 with 13.7% of A&G being Rx-related versus 43.3% in the first quarter of 2004. Additional changes to the Pharmacy benefit were made in the fourth quarter of 2004 that should continue to reduce the total number of A&G in 2005.

Health Net Oregon offered contracted providers a number of educational opportunities by sponsoring Pri-Med conferences as well hosting a reception and dinner featuring a presentation by Dr. David Wennberg, co-author of the *Dartmouth Atlas of Health Care and the Foundation of Informed Decision Making*. Dr. Wennberg presented information on practice variation, or how medical care and procedures can vary between regions. Provider Relations also developed a formal training for contracted Provider Groups. The training includes information on Options Plus, clean claims submission, Prior Authorization guidelines, Decision Power, web access, IVR, and Provider disputes. Evaluation of the training will include formal and informal feedback/surveys. Provider appeals will also be tracked to measure the impact of trainings.

The quality/safety of care and services provided to members by participating providers was monitored. Quality issues were identified using established Quality Indicators and were reviewed by clinical staff including nurses, Health Net Oregon's Medical Director and Professional Review Committee (PRC), depending on the issue. Standard of care was not met in 3% of cases reviewed in 2004. The performance of these providers will be tracked and trended for future quality issues and reported to the Credentialing team for inclusion in the recredentialing review process. Physicians and facilities were credentialed and recredentialed according to regulatory requirements and within established timelines. Health Net Oregon's provider network was also monitored for adequacy and access to care based on industry standards. Access standards were met by 99.9% of contracted PCPs and OB-GYN as measured by the Ambulatory Records Certification (ARC). Health Net will focus more of its efforts on patient safety in 2005 with revisions scheduled to be made with ARC's review criteria.

Annual reviews were conducted on all Delegates in 2004, and a pre-assessment was conducted on one organization being considered for a delegated relationship. Corrective action plans were requested from the Delegates when processes did not meet regulatory or contractual requirements. A Delegate Report was presented quarterly to Health Net Oregon's Executive Management Team (EMT).

Health Net Oregon implemented Decision Power, a disease management/health coaching program in 2004. The focus of this program is to provide members with tools to enhance members' health care knowledge and decision making skills. Through this program, members are able to access Health Coaches who provide general health, prevention, and triage services, support for significant medical decisions such as back pain and breast/prostate cancer, and chronic disease management. Members identified with chronic diseases receive disease management materials and health screening reminders specific to their health condition. Members who meet specific criteria for particular diagnoses are also notified of preventive health screenings and support services available through Decision Power. Utilization of this program will continue to be monitored and promotional campaigns developed in 2005.

Interventions focused on Medicare Options Plus members were limited to flu and pneumonia shot reminders. Discussions were started with the National HEDIS team to collect the required HEDIS measures for PPO Demonstration Plans in the Spring of 2005. In addition, Health Net Oregon distributed promotional materials on the Decision Power program to Medicare members in the fourth quarter. Decision Power became available to Medicare members beginning in the first quarter of 2005. A Medicare Quality Improvement (QI) Committee focusing on developing and implementing clinical and non-clinical quality initiatives specific to Medicare members will commence in 2005. The Medicare QI Committee will report to the Health Net Oregon Quality Improvement Committee.

Health Net continued to offer a variety of health improvements programs to members including a new web-based program called "It's Your Life." "It's Your Life" includes prevention and wellness services, self-help programs, tools and articles to effect healthy lifestyle changes. The "It's Your Life" program is coordinated by Managed Health Networks (MHN) a Health Net, Inc. subsidiary. MHN also began to oversee Health Net's tobacco cessation program and initiated a review of the program in the fourth quarter. Results of the review are scheduled to be available early in 2005. Health Net continued to offer its education-based prenatal program to members. Utilization of the program matched that of 2004 with about 13% of expecting members participating in the program. The program continues to be attractive to members with 98% of survey respondents reporting the program as good to excellent. There was a substantial increase in the number of members participating in Health Net Oregon's Heads Up! Program - 104 helmets were distributed to members in 2004 compared to 53 in 2003. The program continues to be most attractive to Health Net members between the ages of 1 and 8 years old versus between 9 and 16, with an average of 66% of packets being returned compared to 45%, respectively. A review of Heads Up! materials will be conducted in 2005 with a focus on identifying more age-appropriate materials for members between the ages of 9 and 16 and the Medicare market.

Enhancing the customer experience will be the focus of Health Net Oregon's Quality Improvement Program in 2005, and will be reported in the Quality Improvement Work Plan. Initiatives will be put in place to address issues that may be identified from both formal and informal feedback, department and cross-departmental process analysis, and outcomes from Key Indicators. Health Net will also continue to provide members with health care decision-making tools. The concept was initially introduced in 2002 and included the Hospital Comparison Report, EMB Solutions and the Decision Power program in 2004. These services will be expanded in 2005 to include the distribution of Smart Registry reports for providers to assist in monitoring the care of their patients with chronic disease. Ongoing access to these tools provides members with the support they need to manage acute illnesses or chronic diseases, determine if a conservative or aggressive approach to treatment is right for them, select a medical facility which meets their health and financial requirements, and address lifestyle-related health issues.

## QUALITY IMPROVEMENT ACTIVITIES

### Goal #1 Develop and maintain an integrated Quality Improvement Program

2004 QI Activities	2004 Results/Evaluation	2005 Recommendations
Update and approve 2003 QI Program Evaluation	<ul style="list-style-type: none"> <li>• 2003 QI Program Evaluation was reviewed and approved at the 1<sup>st</sup> Qtr Quality Improvement Committee (QIC) meeting and Board of Director (BOD) Committee meeting.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue presenting annual QI Program Evaluations in the 1<sup>st</sup> Qtr QIC and BOD Committee meetings.</li> </ul>
Update and approve 2004 QI Program Descriptions and Work Plan*.  Update and approve 2005 QI Program Descriptions and Work Plan*.  *Includes annual Work Plan activities for Utilization Management.	<ul style="list-style-type: none"> <li>• 2004 QI Program Description and Work Plan was reviewed and approved at the 1<sup>st</sup> Qtr 2004 BOD Committee meetings.</li> <li>• 2005 QI Program Description and Work Plan was reviewed and approved at the 4<sup>th</sup> Qtr 2004 QIC meeting.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to present for approval the annual QI Program Description and Work Plan at the 1<sup>st</sup> Qtr BOD Committee meeting.</li> <li>• Present for approval the 2006 QI Program Description and Work Plan in the 4<sup>th</sup> Qtr 2005 QIC meeting.</li> </ul>
Update QI Work Plan quarterly	<ul style="list-style-type: none"> <li>• QI Work Plan was updated quarterly and reflected any status/changes to QI projects and interventions.</li> <li>• Quarterly QI reports were developed and reviewed/approved at quarterly BOD Committee meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Present QI Work Plan updates on a regular basis to the Executive Management Team</li> <li>• Continue quarterly QI Work Plan updates and BOD Reports.</li> </ul>
QI Policies and Procedures	Quality Improvement Program Policies and Procedures were reviewed/approved at 3 <sup>rd</sup> Qtr QIC meeting.	<ul style="list-style-type: none"> <li>• Continue annual review of Quality Improvement Program Policies and Procedures.</li> </ul>
Regulatory Compliance	2003 QI reports were submitted according to SB-21 requirements by due date.	<ul style="list-style-type: none"> <li>• Develop and submit state reports by due date.</li> </ul>

**Goal #2 Identify opportunities for improvement in quality of care and service through ongoing monitoring of performance standards, process improvements, studies, and member and provider satisfaction surveys.**

2004 QI Activities	2004 Results/Evaluation	2005 Recommendations
<p>Continuously monitor the quality of services provided to members and compare results with established Key Indicators based on industry standards and regulatory requirements.</p>	<p><b>Provider Relations:</b></p> <ul style="list-style-type: none"> <li>• EDI Submission Rate by Providers– Standard met</li> </ul> <p><b>Claims Processing:</b></p> <ul style="list-style-type: none"> <li>• Claims Turnaround Time (TAT) and Quality – Standards met</li> <li>• Claims Adjustments – Standard was not met in 3 out of 12 months primarily due to high claims volume. Standard was met when averaging monthly measurements for the year.</li> </ul> <p><b>Customer Service (Member &amp; Provider):</b></p> <ul style="list-style-type: none"> <li>• CS Abandonment Rate, Hold Time, and Quality – Standards Met</li> <li>• CS Service Levels – Standard was not met in 5 out of 12 months due to high call volume. Annual average of the measurement was 83.5% versus standard of 85%.</li> </ul> <p><b>Membership Accounting:</b></p> <ul style="list-style-type: none"> <li>• Reconciliation/Unapplied Cash and New/Renewing Group Processing – Standards met</li> <li>• TAT: Application Processing - Standard not met                             <ul style="list-style-type: none"> <li>• TAT standard was not met due to staffing turnover and during months with high enrollment volume.</li> </ul> </li> </ul> <p><b>Appeals and Grievance</b></p> <ul style="list-style-type: none"> <li>• Total A&amp;G process – Standard met</li> <li>• Initial and subsequent overturn rate, DOI complaints and mandated TAT standards were not met                             <ul style="list-style-type: none"> <li>• TAT standard were not met due to miss-routed grievances by HN staff or Delegates.</li> </ul> </li> <li>• An analysis of 2003 A&amp;G was conducted to identify trends and areas where quality initiatives, improved communication, or a review of benefit structure is needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Provider Relations to continue to promote EDI at Provider site visits.</li> <li>• Continue to monitor claims processing outcomes against established standards and address trends, as needed.</li> <li>• Monitor the impact of enhanced self-service functioning available through Web Site and IVR on call volume. Adjust staffing, resources as needed.</li> <li>• Conduct analysis of member and provider calls to identify opportunities to reduce call volume and improve customer service.</li> <li>• Conduct group installation quality initiative to analyze process/workflow and make improvements, as needed which may impact application processing TAT.</li> <li>• Implement automation processes to improve overall work processing efficiencies.</li> <li>• Conduct an analysis of 2004 A&amp;G trends for opportunities to improve overall quality of service and member satisfaction.</li> <li>• Continue to review development of a interim process or member liaison whose focus is on resolving more complex complaints/issues at first contact.</li> </ul>

2004 QI Activities	2004 Results/Evaluation	2005 Recommendations
<p><b>Member Satisfaction Analysis</b> Continuously monitor the feedback provided informally at employer/broker meetings, Health Net staff, and formally through member complaints, A&amp;G, and member satisfaction surveys, if applicable.</p>	<ul style="list-style-type: none"> <li>• <b>Rx Quality Initiative:</b> Through process and policy changes, pharmacy related A&amp;G were reduced significantly in the final quarter of 2004, (13.7% of A&amp;G were Rx-related in 4<sup>th</sup> quarter compared to 43.3% in 1<sup>st</sup> quarter).</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to review Complaints and A&amp;G trends and feedback received from clients for opportunities to improve overall quality of service and member satisfaction.</li> </ul>
<p>Continuously monitor the access to covered health services available by PCPs and to select Specialists to ensure that established standards are met.</p>	<ul style="list-style-type: none"> <li>• 198 out of 199, (99.9%) of contracted PCPs and OB-GYNs met all access standards for ARC reviews in 2004.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue monitoring access of select contracted physicians to covered health services in 2005.</li> </ul>
<p>Continuously monitor the network adequacy of covered health services available to members to ensure established state and federal standards are met.</p>	<ul style="list-style-type: none"> <li>• HNOR continues ongoing monitoring of network adequacy to ensure our members have appropriate access to primary and specialty care. HNOR submits network reports to both Oregon and Washington in accordance with state requirements.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to review network adequacy to ensure standards are met for medical services.</li> </ul>
<p>At a national Health Net level, continue to monitor service levels and identify initiatives/revise processes to improve the quality of service provided to members, groups, and brokers.</p>	<ul style="list-style-type: none"> <li>• <b>E-Services Program:</b> Online billing and eligibility was implemented in 2003 continued to be promoted in 2004, although established group enrollment goal of 20% was not met. Additional promotions of service are scheduled for 2005</li> <li>• <b>Interactive Voice Response (IVR):</b> Enhanced IVR was successfully implemented. Features include a speech-enabled system that responds to spoken requests and provides claims and eligibility status.</li> <li>• <b>Website:</b> Enhanced website published with interactive capabilities to complete self-service functions for Members, Employers, Providers, and Agents.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue marketing the E-Services Program to benefit administrators.</li> <li>• Establish utilization goals and monitor reports by caller type and topic through IVR.</li> <li>• Identify promotional opportunities to maximize usage of website and IVR.</li> </ul>
<p>Inter-Rater Reliability (IRR) audit process implemented in order to ensure consistency of application of medical necessity criteria among reviewers.</p>	<ul style="list-style-type: none"> <li>• An audit process and testing schedule were established and provided to staff.</li> <li>• Performance target of 90% established by Health Net, Inc.</li> <li>• Initial HNOR testing completed 5/5/2004. Average score = 71%.</li> <li>• Corrective action plans were put into place and testing was repeated December, 2004 with average test score of 94%.</li> </ul>	<ul style="list-style-type: none"> <li>• Complete annual Inter-Rate Reliability audit in 3<sup>rd</sup> Qtr. 2005.</li> <li>• Compare 2004 versus 2005 test results in 4<sup>th</sup> Qtr. 2005.</li> </ul>

2004 QI Activities	2004 Results/Evaluation	2005 Recommendations
Assure utilization management regulatory turnaround times are met.	<ul style="list-style-type: none"> <li>An audit of Inpatient Denials, including a review of timeliness was completed. No compliance issues were identified.</li> </ul>	<ul style="list-style-type: none"> <li>Identify changes in medical management processes as result of system changes.</li> <li>Establish training plan and tools.</li> <li>Identify trainer.</li> <li>Establish contingency plan.</li> <li>Train staff.</li> <li>Monitor, evaluate and report outcomes pre and post conversion.</li> </ul>

**Goal #3 Monitor the quality of care and services provided by participating providers and health delivery organizations.**

2004 QI Activities	2004 Results/Evaluation	2005 Recommendations
Continuously review opportunities to provide continuing education programs to participating physicians.	<ul style="list-style-type: none"> <li>Health Net hosted a reception and dinner including a presentation by Dr. David Wennberg, co-author of the Dartmouth Atlas of Health Care and the Foundation of Informed Decision Making on practice variation, or how medical care and procedures vary from region</li> <li>Health Net sponsored Pri-Med conference</li> <li>Formal training developed for contracted provider groups which includes information on a variety of topics. Bi-annual meetings will be scheduled with providers groups</li> </ul>	<ul style="list-style-type: none"> <li>Continue to identify opportunities to provide contracted providers with educational opportunities and resources to assist in providing quality care to members.</li> <li>Monitor impact of provider training through formal/informal feedback, provider appeals, and provider satisfaction surveys, if applicable.</li> </ul>
Continuously monitor the quality of care/safety and services provided to members by participating providers using established Quality Indicators.	<ul style="list-style-type: none"> <li>Total number of potential Quality of Care/Safety cases identified in 2004: <u>284</u> <ul style="list-style-type: none"> <li>Total Quality of Care/Safety cases: <u>284</u></li> <li>Total Access /Service cases: <u>0</u></li> </ul> </li> <li>Total number of Quality of Care/Safety or Service cases closed in 2004: <u>289</u> <ul style="list-style-type: none"> <li>Percent of cases closed in &lt;45 days: <u>86.2%</u></li> <li>Assigned severity levels to closed cases: <ul style="list-style-type: none"> <li>- Level 1: <u>279</u>      - Level 3: <u>6</u></li> <li>- Level 2: <u>3</u>        - Level 4: <u>1</u></li> </ul> </li> </ul> <p>The standard to close 100% of cases within a 45-day turnaround was reviewed. Changes were made to the case review process, which should have an impact on the turnaround time. It was determined that the 45-day turnaround time would be monitored in 2005 to determine if changes to the process or standard are still needed.</p> </li> </ul>	<ul style="list-style-type: none"> <li>Continue Quality of Care/Safety and Service reviews.</li> <li>Improve integration with Credentialing process.</li> </ul>

<p>Conduct site and medical record review as a method to monitor the quality and safety of care by select contracted providers.</p>	<p>The Health Plan contracted with the Ambulatory Record Certification Program (ARC) to review medical records and conduct site review.</p> <ul style="list-style-type: none"> <li>• Medical Records reviews in 2004: <u>473</u></li> <li>• Percent receiving passing score of 80%: <u>98%</u></li> <li>• Site reviews completed in 2004: <u>74</u></li> <li>• Percent receiving passing score of 80%: <u>100 %</u></li> </ul>	<ul style="list-style-type: none"> <li>• Continue site and medical record reviews of select contracted providers as a measurement of quality and safety of care.</li> </ul>
<p>Continuously monitor the quality of services provided to members by delegated entities and compare results with established Health Net performance standards/regulatory requirements.</p>	<ul style="list-style-type: none"> <li>• Annual reviews conducted on all established Delegates in 2004: <u>14</u></li> <li>• Pre-assessment reviews completed on prospective Delegate in 2004: <u>1</u> <ul style="list-style-type: none"> <li>• Corrective Actions Plans (CAPs) were submitted for a number of delegated functions for noncompliance to contractual and/or state regulatory requirements.</li> </ul> </li> <li>• Delegate Report Card was maintained and used to monitor monthly/quarterly reports received from Delegates and presented to Executive Management Team (EMT) on a quarterly basis.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to conduct annual reviews and monitor monthly/quarterly reporting on delegated functions to ensure service levels and regulatory requirements are met.</li> <li>• Request Delegates to complete corrective action plans as needed to address areas of noncompliance.</li> </ul>
<p>Monitor established performance indicators for Credentialing Program</p>	<ul style="list-style-type: none"> <li>• Total Practitioners Credentialed in 2004: <u>1,888</u></li> <li>• Total Practitioners Recredentialed in 2004: <u>(71%)</u></li> <li>• Total Practitioners Administratively Terminated: <u>88*</u></li> </ul> <p>*Administrative Termination includes Practitioners who no longer meets Credentialing criteria, have not submitted recredentialed application timely or they have left a group and have chosen not to continue participation with HN Oregon.</p>	<ul style="list-style-type: none"> <li>• Continue credentialing/recredentialed practitioners within established performance standards and goals.</li> </ul>
<p>Credential and Recredential Organizational Providers (Facilities)</p>	<ul style="list-style-type: none"> <li>• Total Facilities Credentialed in 2004: <u>236</u> *</li> <li>• Total Facilities Recredentialed in 2004: <u>92</u> (28%)</li> </ul> <p>*206 were already participating with HN Oregon but had not been Credentialed per Medicare requirements.</p>	<ul style="list-style-type: none"> <li>• Continue credentialing/recredentialed organizational providers within established performance standards and goals.</li> </ul>

**Goal #4 Identify Opportunities for improvement in the health status of members through the development and implementation of health promotion, preventive education, and disease management programs**

2004 QI Activities	2004 Results/Evaluation	2005 Recommendations
<p>Encourage treatment for postmenopausal women with osteoporotic fractures who are currently not treated with a pharmacological agent. Increase the awareness of physicians and members in understanding the significance of osteoporosis fracture management, which will play a role in preventing subsequent fractures in such patients.</p>	<ul style="list-style-type: none"> <li>• Data extraction process completed in the 3<sup>rd</sup> Qtr.</li> <li>• Cover letters went through the health plan review process.</li> </ul>	<ul style="list-style-type: none"> <li>• Mailing letters 2<sup>nd</sup> Qtr. 2005.</li> <li>• Incorporate Medicare members identified by Case Managers into activity.</li> </ul>
<p>Implement Decision Power program to increase perceived value of Health Net of Oregon by providing members assistance with symptom management, decision support and condition management.</p>	<ul style="list-style-type: none"> <li>• Inbound calls implemented 1/1/2004.</li> <li>• Outbound calls implemented 4/1/2004.</li> <li>• Educational mailings were sent to identified members with the following chronic diseases and/or conditions based on claims data: Asthma, CAD, CHF, COPD, Diabetes, Back, Women Health, and Joint in the third quarter.</li> <li>• In the 3<sup>rd</sup> Qtr., market analysis was administered to a sample size of 500 potential employers and current members and employers. The survey was designed to measure awareness and perceived value of Decision Power. Results showed Decision Power to be a significant differentiator and loyalty driver.</li> <li>• Market analysis scheduled for the 4<sup>th</sup> Qtr. was completed. Results are still pending.</li> </ul>	<ul style="list-style-type: none"> <li>• Identify two specific conditions/procedures for additional focus.</li> <li>• Implement inbound calls for Medicare members.</li> <li>• Define goals/desired outcomes.</li> <li>• Develop metrics.</li> <li>• Develop action plan to support strategy.</li> </ul>

2004 QI Activities	2004 Results/Evaluation	2005 Recommendations
<p>Continue to provide employers and members with Health Improvement / Wellness programs and tools designed to encourage self-care, awareness, and healthier lifestyles.</p>	<ul style="list-style-type: none"> <li>• Healthy Decision Kit which included regulatory information as well information regarding preventive health guidelines, flu shots, depression, tobacco cessation, pregnancy and Decision Power distributed to HNOR members w/ Decision Power in 4<sup>th</sup> Qtr</li> <li>• “It’s Your Life” web-based health promotion articles and tools offered to members in 3<sup>rd</sup> Qtr.</li> <li>• 163 members completed the Pregnancy Matters program in 2004, (13% of expecting members)</li> <li>• 104 members received helmets in the Heads Up! Program. An increase of 51% over 2003.</li> <li>• Quitting Matters program was transitioned to MHN. Participation in the program continued to be extremely low in 2004. MHN initiated a review of the program in Q4 with results scheduled to be available in 1<sup>st</sup> Qtr. 2005</li> </ul>	<p>Monitor utilization of “Its Your Life” programs</p> <p>Monitor utilization of Health Net wellness programs.</p> <p>Complete evaluation of Quitting Matters program and modify program based on results.</p>

**QUALITY IMPROVEMENT SIGNATURE LOG**  
**2004 Quality Improvement Program Evaluation**

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Andrew Glass, M.D  
Medical Director, Chair of Quality Improvement Committee  
Health Net Health Plan of Oregon, Inc.

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Date

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Stephen Lynch  
Health Net President, Western Region

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Date

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Stephen Lynch  
Chair of Board of Directors  
Health Net Health Plan of Oregon, Inc.

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Date

## Attachment A

### Quality Improvement Committee Schematic

