HEALTH PLAN QUALITY 101- WHAT THE HECK DOES QUALITY HAVE TO DO WITH HEALTH INSURANCE?

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LYNETTE HANSEN

Lynette Hansen, Associate Vice President, Quality Improvement Molina Healthcare joined Molina in 2013. She oversees quality and risk adjustment for Utah and Idaho Medicare (MAPD, MMCP, DSNP), Medicaid, CHIP, Medicaid Expansion and Marketplace LOBs and is responsible for Medicare Stars, HEDIS, CAHPS, provider engagement, member outreach, education and interventions, vendor support activities, and quality analytics. Lynette also serves as Chair of Utah Tobacco Free Alliance and is a member of the Board of Directors for Valley Mental Healthcare. In her personal life, Lynette is the grandmother of two beautiful girls, mother of three, avid traveler and theatre-goer.

quiz time!

Question: What does ACO stand for?

A. All Cats are One!
B. Accountable Care Organization
C. Associate Coordinated Organizations
D. Accredited Compliance Officer

Question: How many ACOs have Medicaid contracts in Utah?

A. Two
B. Three
C. Four
D. Five

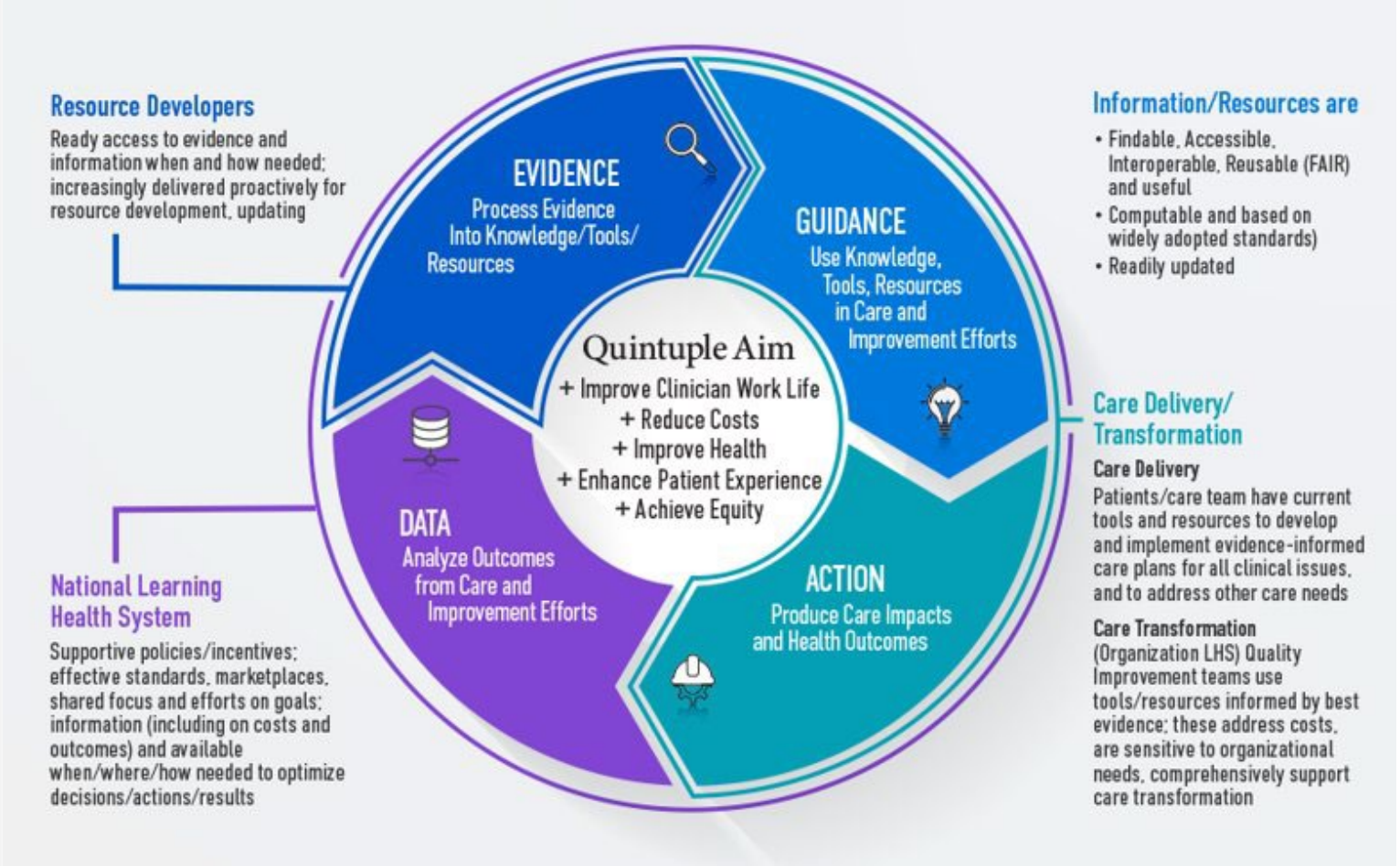
BONUS: Name them

Question: The quality department oversees:

A. Data integrity
B. Claims payment accuracy
C. Productivity
D. A little bit of this, a little bit of that

Health Plan Quality Department Overview

- Quality responsibilities across product lines may vary
- QI roles and responsibilities support regulatory, rating, and financial goals
- The Quality Improvement Program complements the *Quintuple Aim* goals of the Institute for Healthcare Improvement. Most importantly, we help our members achieve their person-centered social, medical, and behavioral health goals.



Institute for Healthcare Improvement (IHI)

A LOT of this, a LOT of that

Typical Roles

- Chief Medical Officer (CMO)
- AVP, Director of Quality
- Healthcare Analysts
- QI Specialists
- Program Managers
- Medical Record Reviewers
- Credentialing Coordinators

Typical Responsibilities

HEDIS data collection and reporting	Compliance	Accreditation
Member engagement	Provider engagement	Credentialing
Delegation oversight	PQOCs	Satisfaction

quiz time!

Question: What does HEDIS stand for?

A. Health Equity Data Information Systems
B. Hell Every Day in Spring
C. Healthcare Effectiveness Data Information Set
D. Health Education Diversity Integration Standard

Question: What does CAHPS stand for?

A. Consumer Assessment of Healthcare Providers and Systems
B. Consumer Assessment of Hospitals, Providers and Systems
C. Consumer Assessment of Hospice, Providers and Services
D. Corporate Accreditation of Health Provider Systems

Question: What is/are Medicare Stars?

A. Actors over the age of 65
B. Credits members can use to help pay for non-covered benefits
C. Consumer rating system for Medicare plans and services
D. Rating system developed by CMS to evaluate Medicare and Prescription Drug Plans

Quality Rating Systems for Health Plans

HEDIS®

Healthcare Effectiveness Data Information Set

HEDIS® includes more than 90 measures across **6 domains** of care:

- Effectiveness of Care
- Access/Availability of Care
- Experience of Care
- Utilization and Risk Adjusted Utilization
- Health Plan Descriptive Information
- Measures Reported Using Electronic Clinical Data Systems

CAHPS®

Consumer Assessments of Healthcare Providers and Systems

- Used in calculation of NCQA Health Plan ratings
- Satisfaction measure for Medicare Stars

Quality Health Plan Survey

Used to assess member satisfaction for Marketplace

CAHPS® and Health Plan Ratings

Measure Name	Medicaid		Medicare		Marketplace	Commercial
	NCQA	*State Contract*	*NCQA*	*CMS Stars*	*QRS*	*NCQA*
CAHPS Measure Description						
Getting Needed Care						
Getting Care Quickly						
Customer Service						
How Well Doctors Communicate						
Care Coordination						
Access to plan information						
Satisfaction with Personal Doctor						
Satisfaction with Specialist						
Satisfaction with Health Care						
Satisfaction with Health Plan						
Plan administration						

HEDIS® and Health Plan Ratings

Measure Name	Medicaid		Medicare		Marketplace	Commercial
	NCQA	*State Contract*	*NCQA*	*CMS Stars*	*QRS*	*NCQA*
HEDIS						
Prevention and Screening						
Children and Adolescents						
Weight assessment/BMI Percentile						
Well care visits 0-15 months						
Well care visits 15-30 months						
Well care visits 3-21 years of age						
Childhood immunization status						
Immunizations for adolescents						
Women's Reproductive Health						
Timeliness of Prenatal check-ups						
Postpartum care						
Prenatal immunizations						
Cancer Screening						
Breast cancer screening						
Cervical cancer screening						
Colorectal cancer screening						
Other Preventive Services						
Chlamydia screening in women						
Care for older adults						
Flu Shots						
Pneumonia shots for adults 65 and older						
Race and ethnicity of members						

HEDIS® and Health Plan Ratings

Measure Name	Medicaid		Medicare		Marketplace	Commercial
	NCQA	*State Contract*	*NCQA*	*CMS Stars*	*QRS*	*NCQA*
Treatment						
Respiratory						
Asthma control						
Use of spirometry testing/COPD						
Treatment for upper respiratory infection						
Appropriate use of antibiotics in the treatment of bronchitis/bronchiolitis						
Steroid after hospitalization for acute COPD						
Bronchodilator after hospitalization for acute COPD						
Diabetes						
HbA1c control (<9%)						
Blood pressure control						
Eye exam						
Kidney evaluation						
Statin therapy						
Heart Disease						
Controlling high blood pressure						
Received statin						
Statin adherence 80%						
Equity						
Race and ethnicity of members						

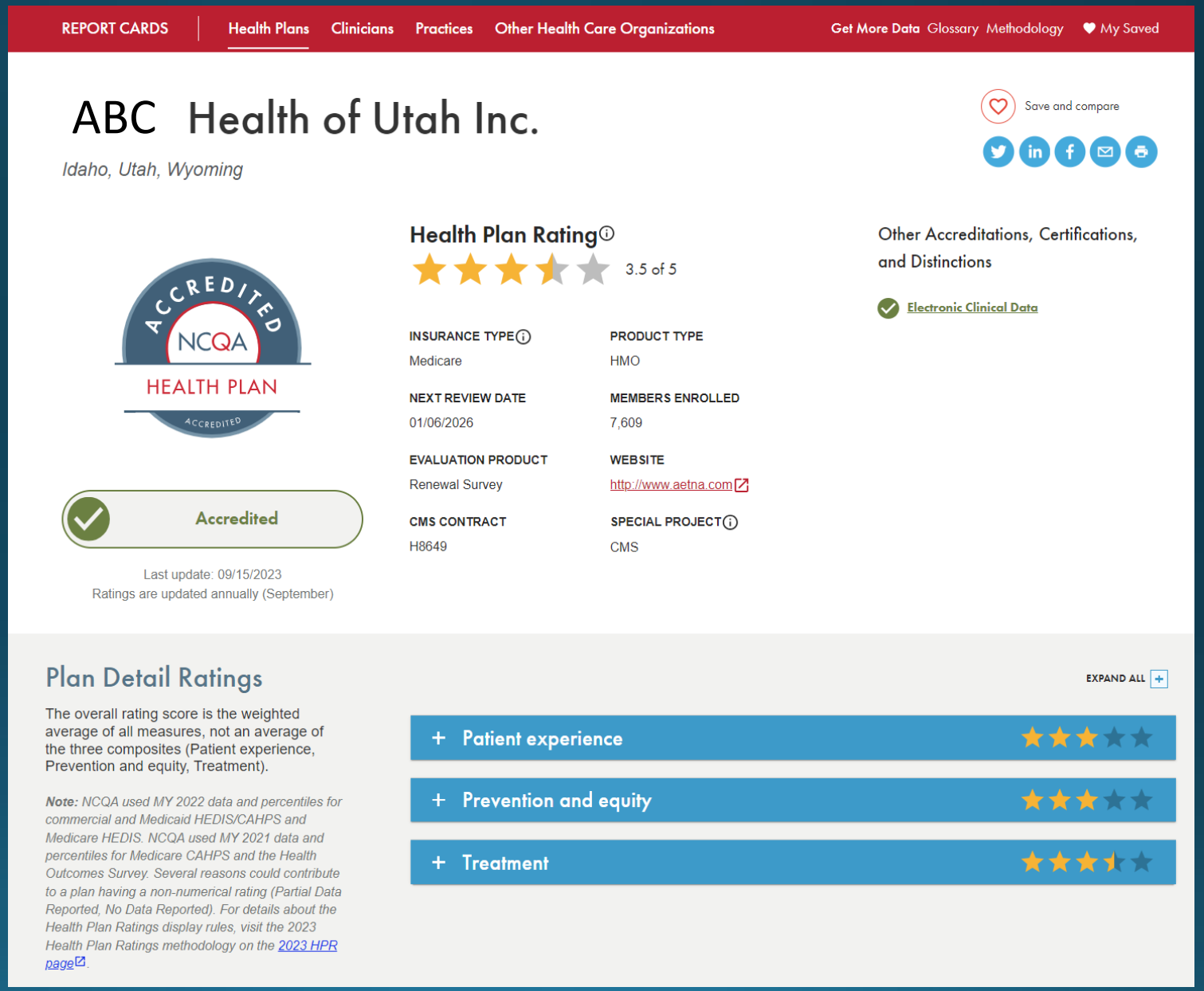
HEDIS® and Health Plan Ratings

Measure Name	Medicaid		Medicare		Marketplace	Commercial
	NCQA	*State Contract*	*NCQA*	*CMS Stars*	*QRS*	*NCQA*
Behavioral Health - Care Coordination						
Follow up after hospitalization for mental illness						
Follow up after ED for mental illness						
Follow up after ED for substance use disorder						
Follow up after high-intensity care for substance use disorder						
Behavior Health -- Medication Adherence						
Antidepressant medication management						
Diabetes screening for youth on antipsychotic medication						
Continued follow-up after ADHD Dx						
Diabetes screening for individuals with schizophrenia or bipolar disorder						
First-line psychosocial care for youth on antipsychotic medications						
Substance use disorder treatment engagement						
Adherence to antipsychotic meds for schizophrenia						
New episode of depression - medication adherence for six months						
Risk Adjusted Utilization						
Plan all-cause readmissions						
Acute hospital utilization						
Emergency department utilization						
Hospitalization for potentially preventable complications						
Hospitalization following SNF discharge						

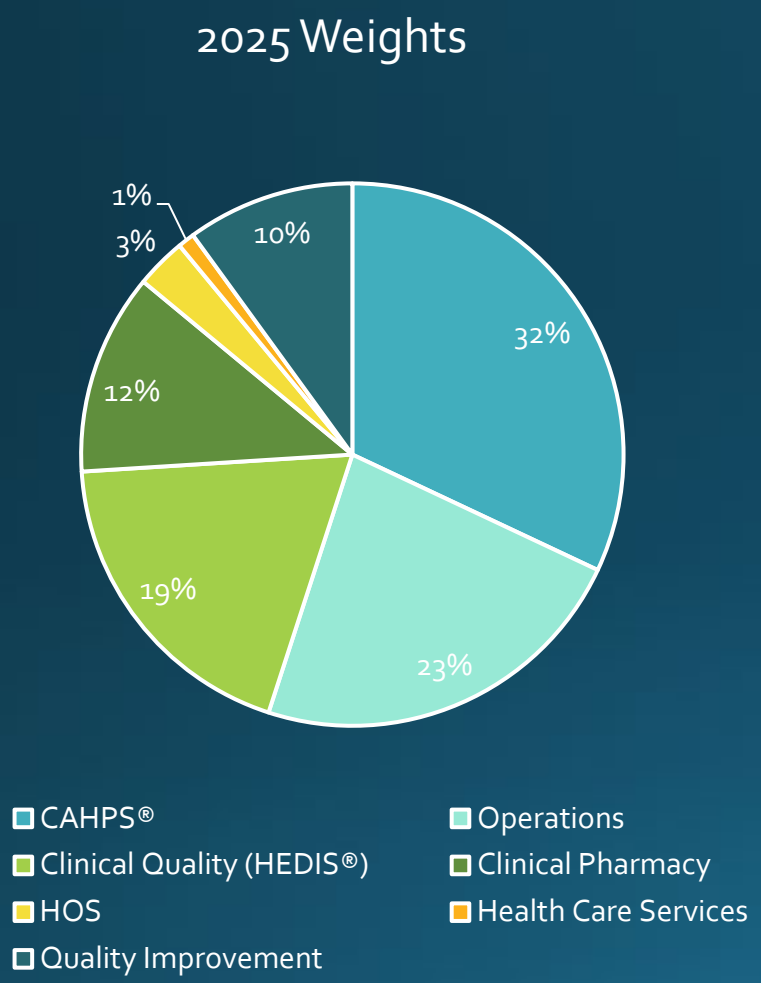
HEDIS® and Health Plan Ratings

Measure Name	Medicaid		Medicare		Marketplace	Commercial
	NCQA	*State Contract*	*NCQA*	*CMS Stars*	*QRS*	*NCQA*
Overuse of Opioids						
Avoiding opioids at high dosage						
Avoiding opioids from multiple prescribers and multiple pharmacies						
Avoiding potentially risky continued opioid use						
Other Treatment Measures						
Appropriate use of imaging studies for low back pain						
Patient Safety and Treatment for Older Adults						
Avoiding non-recommended prostate cancer screening in older men						
Avoiding potentially harmful drug and disease interactions in older adults						
Avoiding high risk medications for older adults						
Managing risk of falls						
Managing osteoporosis in women after fracture						
Screening for osteoporosis in women						
Care Coordination						
Follow-up after ED for multiple high-risk chronic conditions						
Transitions of care -- notification of inpatient admission						
Transitions of care -- receipt of discharge information						
Transitions of care -- patient engagement after inpatient discharge						
Transitions of care -- medication reconciliation post-discharge						

NCQA Health Plan Ratings



Medicare Stars



Overall star ratings are calculated from specific measures that fall in these categories. Each category is important.

Category	Category Description
Overall Stars	Measures Plan's quality of health and pharmacy services received by their consumers
CAHPS®	Consumer Assessment of Healthcare Provider and Systems member survey Member survey that measures members' experience with Plan and their providers
Operations	Measures Health/Drug plan's operational processes around members' access to care/services
Clinical Quality (HEDIS®)	Measures preventive care and management of chronic conditions
Clinical Pharmacy	Measures utilization/adherence of certain maintenance medications
HOS	Health Outcomes Survey Member survey that measures member's perceived health outcomes
Health Care Services	Special Needs Plan Care Management
Quality Improvement	Measures a plan's performance year over year for Part C and Part D

Medicare Stars Part C Measures

Category	Measure Name	Weight
Clinical Quality (HEDIS®)	Breast Cancer Screening	1
	Care for Older Adult – Medication Review	1
	Care for Older Adult – Pain Assessment	1
	Colorectal Cancer Screening	1
	Controlling Blood Pressure	**3**
	Eye Exam for Patients with Diabetes	1
	Hemoglobin A1c Control for Patients with Diabetes	**3**
	Follow-Up after ED Visit for Patients with Multiple Chronic Conditions	1
	Medication Reconciliation Post Discharge	1
	Transitions of Care	1
	Osteoporosis Management in Women who had a Fracture	1
	Plan All Cause Readmissions	**3**
	Statin Therapy for Patients with Cardiovascular Disease	1
HCS	Special Needs Plan (SNP) Care Management	1

Category	Measure Name	Weight
CAHPS	Annual Flu Vaccine	1
	Getting Needed Care	**4**
	Getting Appointments and Care Quickly	**4**
	Customer Service	**4**
	Rating of Health Care Quality	**4**
	Rating of Health Plan	**4**
	Care Coordination	**4**
HOS	Monitoring Physical Activity	1
	Reducing the Risk of Falling	1
	Improving Bladder Control	1
Operations	**Plan Makes Timely Decisions about Appeals**	**4**
	Reviewing Appeals Decisions	**4**
	Complaints about the Health Plan	**4**
	Members Choosing to Leave the Plan	**4**
	Call Center - Foreign Language Interpreter and TTY Availability	**4**
Improvement	**Health Plan Quality Improvement**	**5**

Medicare Stars Part D Measures

Category	Measure Name	Weight
Clinical Pharmacy	**Medication Adherence for Diabetes Medications**	**3**
	Medication Adherence for Hypertension (RAS Antagonists)	**3**
	Medication Adherence for Cholesterol (Statins)	**3**
	Statin Use in Persons with Diabetes	1
	Medication Therapy Management (MTM) Program Completion Rate for comprehensive medication review (CMR)	1
	Medicare Plan Finder (MPF) Price Accuracy	1
CAHPS	**Rating of Drug Plan**	**4**
	Getting Needed Prescription Drugs	**4**
Operations	**Call Center - Foreign Language Interpreter and TTY Availability**	**4**
	Complaints about the Health Plan	**4**
	Members Choosing to Leave the Plan	**4**
Improvement	**Drug Plan Quality Improvement**	**5**

quiz time!

Question: What national accrediting organization was established in 1990 with support from the Robert Wood Johnson Foundation?

A. CDC: Centers for Disease Control and Prevention

B. NAHQ: National Association for Healthcare Quality

C. NCQA: National Committee for Quality Assurance

D. JCAHO: Joint Commission on Accreditation for Healthcare Organizations

Question: What does TCPA stand for?

A. Telephonic Contact Per Agreement

B. Telephone Consumer Protection Act

C. Total Customer Privacy Act

D. Texting Consumers Penalty Act

The Role of Compliance

- State and Federal Regulatory Requirements
  - Appointment access and availability
  - Welcome calls to new enrollees
  - Service Access
    - Geographical access
    - Specialty access
    - Disabilities
    - Language and Cultural barriers
  - Customer contact center metrics
    - Turn-around times
    - Abandonment times
    - Average Speed of Answer (ASA)
    - Hold times

The Role of Compliance (cont'd)

- Quality Assurance and Performance Improvement (QAPI)
- Appeals and Grievances
- Performance Improvement Projects (PIPs)
- Member Rights & Responsibilities
- Member Advisory Committee
- External Quality Review (EQR) Audits
- Contractual requirements
- Accreditation

NCQA Accreditation

Why Health Plan Accreditation?

- Provides an operational framework to improve efficiencies and implement best practices
- Aligns with many state requirements
- Address key impact areas for member health and satisfaction
- Demonstrates commitment to quality

Accreditation Standard Categories

- Quality Management and Improvement
- Population Health Management
- Network Management
- Utilization Management
- Credentialing and Recredentialing
- Member's Rights and Responsibilities
- Member Connections
- Medicaid Benefits and Services

- HEDIS and CAHPS used to measure levels of service and performance

quiz time!

Question: What is an example of an acceptable member incentive?

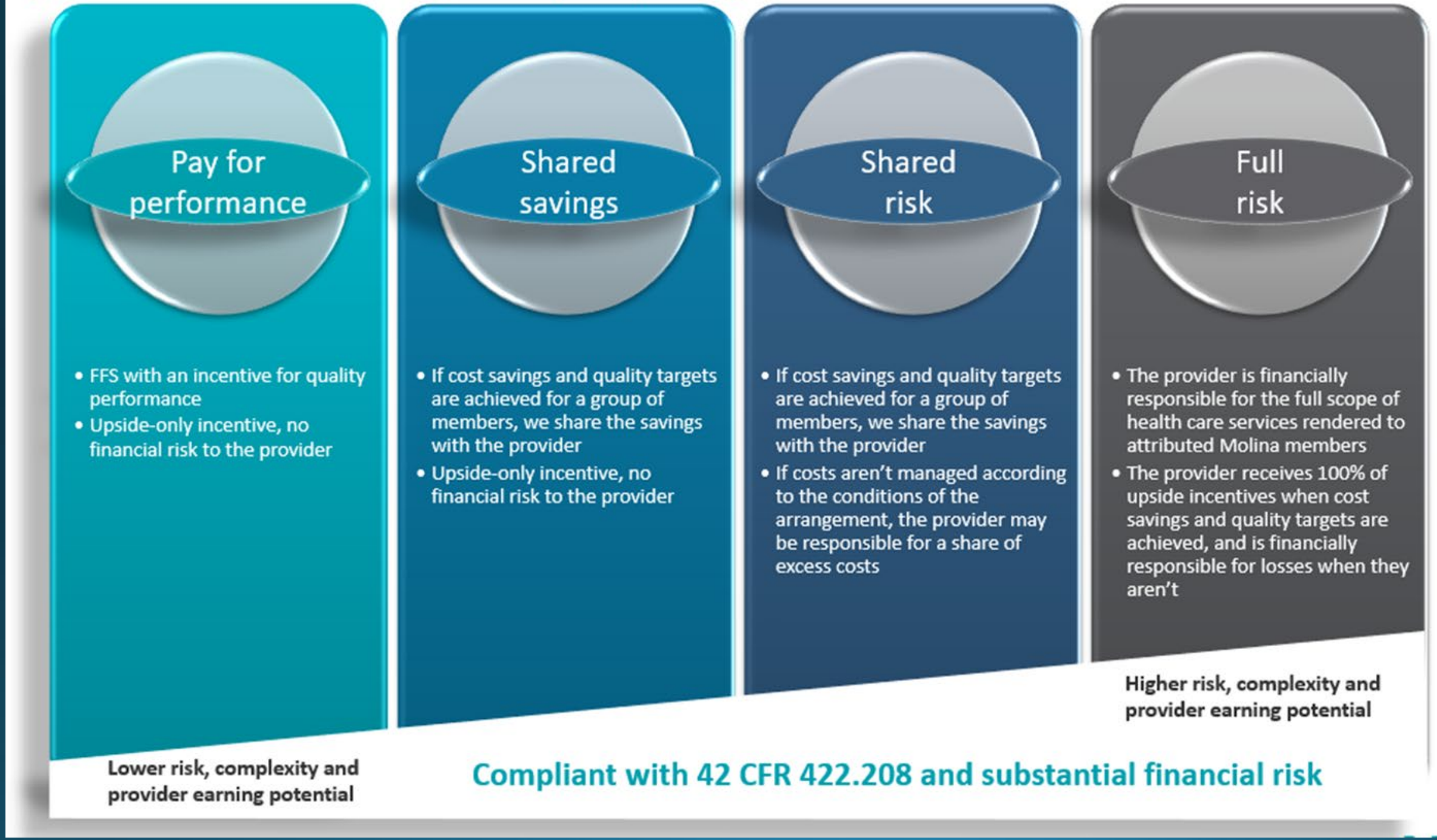
A. You get a car!
B. A gift card twice the value of the service performed
C. A gift card to a theme park
D. Whatever it takes to get the job done
E. All of the above
F. None of the above

Question: What are common components of a value-based provider agreement?

A. Reduction of hospital bed days and readmission
B. Completing annual health assessments
C. Prescribing generics over branded drugs
D. Achieving defined quality metrics
E. All responses

Provider Engagement

- Provider Programs
  - Value-based contracts
  - Joint Operating Committees (JOC)
  - Quality bonus programs
  - Reporting/comparative data
  - Provider portals
  - Provider Satisfaction Surveys


Pay for performance
• FFS with an incentive for quality performance
• Upside-only incentive, no financial risk to the provider
Shared savings
• If cost savings and quality targets are achieved for a group of members, we share the savings with the provider
• Upside-only incentive, no financial risk to the provider
Shared risk
• If cost savings and quality targets are achieved for a group of members, we share the savings with the provider
• If costs aren't managed according to the conditions of the arrangement, the provider may be responsible for a share of excess costs
Full risk
• The provider is financially responsible for the full scope of health care services rendered to attributed Molina members
• The provider receives 100% of upside incentives when cost savings and quality targets are achieved, and is financially responsible for losses when they aren't
Lower risk, complexity and provider earning potential
Higher risk, complexity and provider earning potential
Compliant with 42 CFR 422.208 and substantial financial risk

Member Engagement

Activities/Programs

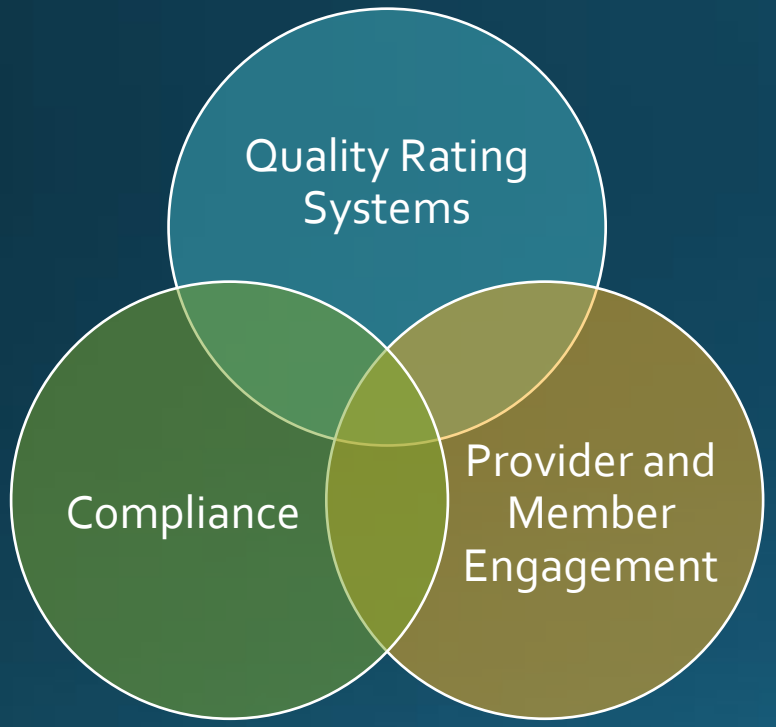
- Omni-channel communication
  - Mailers
  - IVR calls
  - Direct call campaigns
  - Email
  - Text messages
- Incentives
- Education
- Member Advisory Committee
- In home assessments
- Vendors
- Wellness programs
- Health fairs

Considerations

- HIPAA
- Communication restrictions
  - TCPA
  - PHI/PI
- Regulatory restrictions/ guidance
- Cost/Return on investment (ROI)
- Resources

Summary

Quality has a role in health plans



Quality Rating Systems

- Quality rating systems, such as NCQA, provide a framework for consistent structure, ongoing improvement, and implementation of best practices

Role of Compliance

- Quality supports state, federal, and regulatory requirements through development of policies and procedures, performance improvement projects, and tracking, data analysis, and reporting

Provider and Member Engagement

- Providers are key partners in successful quality programs
- Quality programs that engage members are critical to assure members receive the right services at the right time for the best outcomes

Questions