National Association of State United for Aging and Disabilities

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What's Driving Health Plan Quality?

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Foundations of Health Organizations QM

- Goals of Quality Management (QM):
  1. Excellent care
  2. Strong coordination
  3. High consumer satisfaction
  4. Good consumer health outcomes

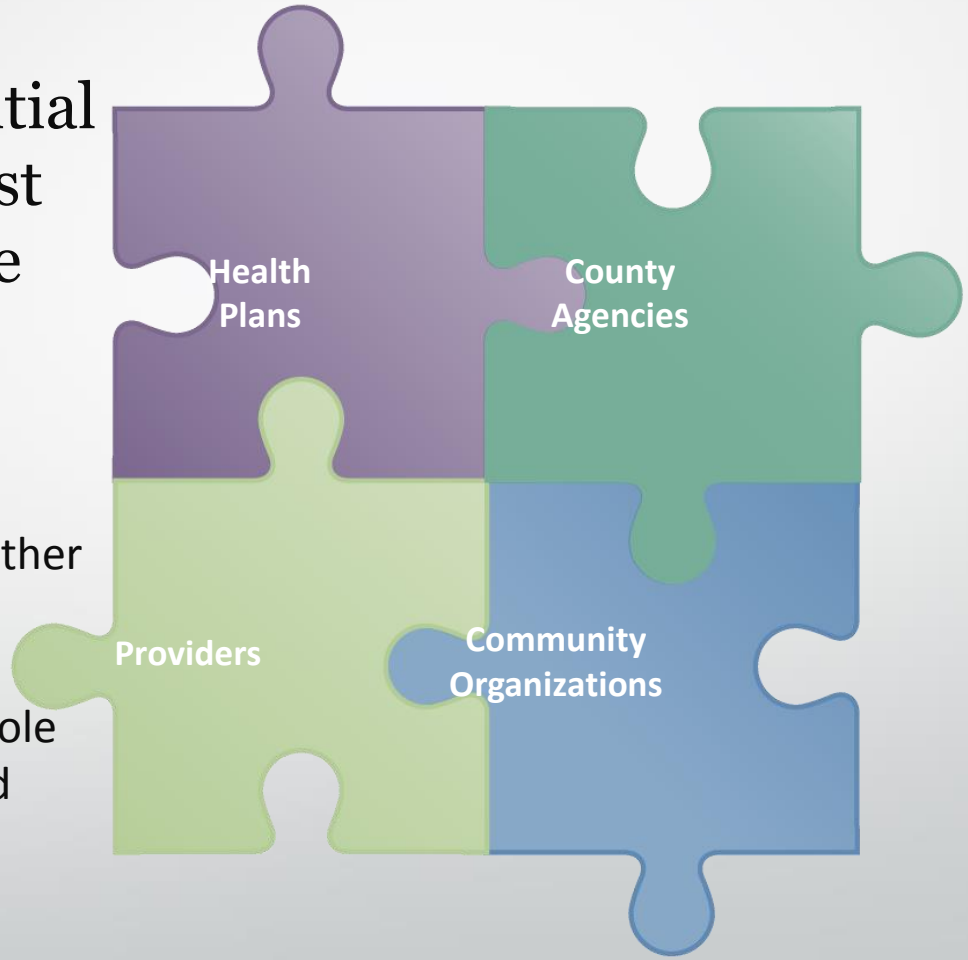
- *Quality Assurance: "The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge" (Institute of Medicine)
- *Quality Improvement: "Doing the right thing at the right time for the right individual to get the best possible results" (Agency for Healthcare Research and Quality)

*Medicare Part C Manual

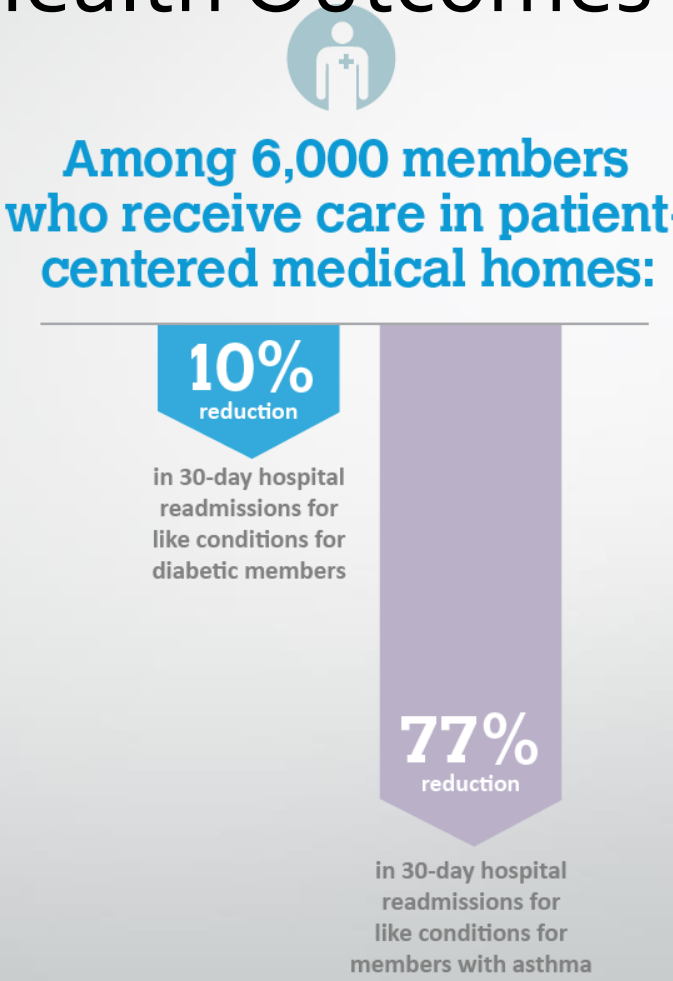
WellPoint's Approach to QM: Leveraging the Power of Partnerships

We believe our partnerships are essential to providing the highest quality, integrated care for our Medicaid members.

As a result, we partner with community health centers and other community-based organizations on quality initiatives by sharing best practices, promoting their role as advanced medical homes, and supporting their engagement in community-based activities.



Community Partnerships, including through Medical Homes, Yield Better Health Outcomes



Source: WellPoint study of members with various chronic conditions who receive care in our medical homes.

Quality Informs Our Triple Aim

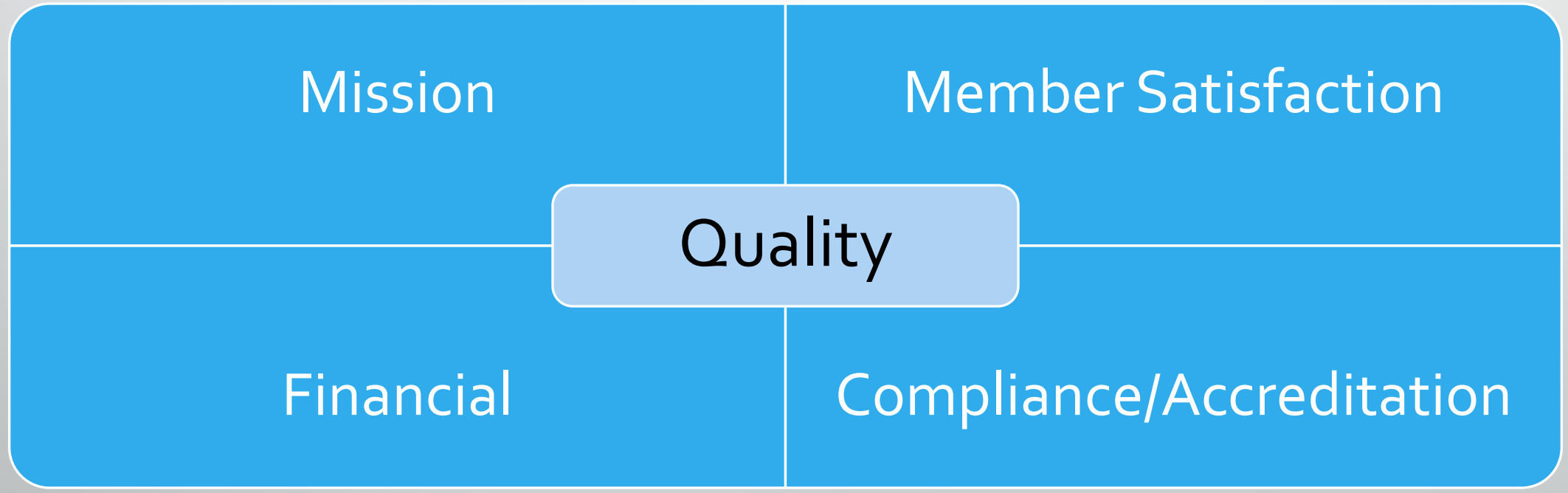
Components of Health Plan QM

- Adoption of Quality Improvement Plan (QIP)
- Establishment of Quality Improvement Committee
- Utilization Review
- Quality Management Studies
- Network Credentialing/Oversight
- Grievance and Appeals Review
- Member Satisfaction
- Program Evaluation/Reporting/Process Improvement

Common Health Plan Quality and Performance Indicators

Clinical	Non-clinical
Preventative Health	Provider Network Adequacy
Chronic Disease Management	Physician/Hospital Credentialing
Post Hospitalization Care	Encounter Reporting
Fall Prevention	Consumer Satisfaction
Mental Health Services	Timely Claims Payment
Older Adult	Grievance/Appeals

Conventional Drivers of Health Care QM



Conventional Drivers of Health Care QM cont.

Accreditations and Tools

- Accrediting Bodies: NCQA, URAC, JCAHO
- Examples: HEDIS, CAHPS, etc.

Federal and State Standards

- Medicare and Medicaid regulations, Insurance Regulations
- Examples: Model of Care, STAR Ratings, Memorandum of Understanding, etc.

Measured Entities

- Health Plans
- Provider Organizations
- Accountable Care Organizations

Leading Quality Measurement Sources

- HEDIS
- Medicare MOC
- Financial Alignment Demonstrations' MOU
- Medicare STAR Ratings
- CAHPS
- LTSS Quality of Life Outcomes

Healthcare Effectiveness Data and Information Set (HEDIS)

- Preventative/Well Care
- Flu Shots for Adults
- Smoking Cessation
- Older Adult Measures
- Fall Risk Management
- Osteoporosis Testing in Women
- Chronic Disease Management
- Comprehensive Diabetes Care
- Appropriate Medications for Asthmatics

Medicare Model Of Care (MOC)

- Roadmap for health plans to deliver high-quality care
- Applicable to Medicare Advantage Special Needs Plans (SNPs) and Financial Alignment Demonstration Plans
- MOC reviewed by NCQA on behalf of CMS
- Eleven elements, including:
  - Consumer definition/needs
  - Case management protocol
  - Interdisciplinary care team
  - Overview of QIP, including quality improvement projects and chronic care improvement programs

Memorandum Of Understanding (MOU)

- Precursor to three-way contract blueprint between CMS, a state and MMPs for Financial Alignment Demonstrations
- Details the principles under which CMS, a state and health plans will implement and operate the Demonstration
- *Contains plan specific expectations, including quality performance indicators, such as:
  - Member satisfaction (measured using CAHPS)
  - % of enrollees with initial assessments completed within 90 days of enrollment
  - Follow-up after hospitalization for mental illness
  - Readmission rates (30 days)
  - Reducing the risk of falling
  - Nursing facility diversion

*Ohio MOU

Medicare STAR Ratings

- Medicare-specific quality measurement and health plan rating system/incentive program
- High scoring plans are eligible for bonus payments, which can be applied to plan premiums/co-pays to reduce member costs (i.e., member enrollment incentives)
- Employs HEDIS, CAHPS and other data sources for evaluation
- Nine domains and 53 measures including:
  - Staying healthy: screenings and testing
  - Managing chronic conditions
  - Health plan responsiveness
  - Member complaints and appeals

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

- Represents consumer evaluation of their experience with health care
- Emphasis is on 'quality' from the consumer perspective
- Developed with feedback from consumers and other stakeholders
- Most widely used industry consumer survey system, standardized measurement of consumer feedback
- Utilized by NCQA, Medicare and many Medicaid programs; health plan results often have financial stakes
- Utilized by health plans in quality improvement initiatives/feedback for providers
- Addresses issues such as communication skill of providers, ease of access to health plan services

Long Term Services and Supports (LTSS) Quality of Life Outcomes

- Aging adults and people with disabilities are empowered to live independent and healthy lives
- *Individuals have access to home and community-based services and supports in their communities
- Members are able to guide services through self-directed options
- Caregivers and family receive help supporting members
- Individuals eligible for LTSS have a single source contact to help them navigate complex systems
- Additional service needs are identified early, preventing acute conditions and hospitalizations

* Disability Rights Education & Defense Fund with National Senior Citizens Law Center, "A Guide for Advocates: Identifying and Selecting LTSS Outcome Measures" (January 2013)

Standard Snapshot: Long-Term Services and Supports Quality of Life Outcome Measures

- Community Integration and Inclusion: % of members receiving supports and living in their own home and community
- Self-direction/person-centeredness: Availability of self-direction options; establishment of a baseline and then rate of increase for members selecting self-direction
- Community and Social Connectedness: % of members satisfied with involvement and integration in the community; employment status; social activities; presence and maintenance of family relationships/friendships
- Experience: Service satisfaction with overall personal care and assistance services; staff sensitive to cultural, ethnic or linguistic backgrounds; service coordinator helpfulness
- Support for Family Caregivers: % of caregivers usually or always getting needed supports

Source: California, Michigan and Ohio MOUs; Disability Rights Education & Defense Fund with National Senior Citizens Law Center (January 2013).

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Resources for Health Plan Quality Standards

- MOUs and Financial Alignment Demonstration three-way contracts
- Medicare Manual (esp., Quality Management Chapter or MOC)
- NCQA (HEDIS), JCAHO URAC accreditation standards
- Agency for Healthcare Research and Quality (CAHPS)
- ACO contracts
- Medicaid contracts
- Standard Health Organization Provider Agreement
- Health Organization Quality Assurance Plans/Policies
- Health Plan Report Cards

References

- HEDIS (http://www.ncqa.org/HEDISQualityMeasurement.aspx)
- CAHPS (https://cahps.ahrq.gov/)
- Medicare STAR Ratings (http://www.cms.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram/Downloads/2013-5-Star-Enrollment-Period-Job-Aid.pdf)
- The Commonwealth Fund, *Assessing Care Integration for Dual-Eligible Beneficiaries: A Review of Quality Measures Chosen by States in the Financial Alignment Initiative* (http://www.commonwealthfund.org/~/media/Files/Publications/Issue%20Brief/2014/Mar/1724_Zainulbhai_care_integration_dual_eligibles_ib.pdf)
- Medicare Shared Savings Program (ACO) Quality Measures and Performance Standards (http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Quality_Measures_Standards.html)