National Association of State United for Aging and Disabilities
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What’s Driving Health Plan Quality?

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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

Among 6,000 members who receive care in patient-centered medical homes:

- **10% reduction** in 30-day hospital readmissions for like conditions for diabetic members
- **77% reduction** in 30-day hospital readmissions for like conditions for members with asthma

Source: WellPoint study of members with various chronic conditions who receive care in our medical homes.
Quality Informs Our Triple Aim

The best care

For the whole population

At the lowest cost

Improve individual experience

Control inflation of per capita costs

Improve population health

Improve individual experience

Control inflation of per capita costs
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

<table>
<thead>
<tr>
<th>Clinical</th>
<th>Non-clinical</th>
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<tr>
<td>Preventative Health</td>
<td>Provider Network Adequacy</td>
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<tr>
<td>Chronic Disease Management</td>
<td>Physician/Hospital Credentialing</td>
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<td>Post Hospitalization Care</td>
<td>Encounter Reporting</td>
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<td>Fall Prevention</td>
<td>Consumer Satisfaction</td>
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<tr>
<td>Mental Health Services</td>
<td>Timely Claims Payment</td>
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<tr>
<td>Older Adult</td>
<td>Grievance/Appeals</td>
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Conventional Drivers of Health Care QM

Mission

Member Satisfaction

Financial

Compliance/Accreditation
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:
  o Staying healthy: screenings and testing
  o Managing chronic conditions
  o Health plan responsiveness
  o 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

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).
LTSS Quality of Life Measures

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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 Shared Savings Program (ACO) Quality Measures and Performance Standards (http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Quality_Measures_Standards.html)