



Neighborhood Health Plan of Rhode Island 2017 Quality Improvement Annual Evaluation

Reviewed by the Clinical Affairs Committee on May 24, 2018

Executive Summary

Table of Contents

I. Executive Summary	4
A. Introduction	4
B. Overview of Work in 2017	4
C. Challenges and Barriers to Improvement	6
D. Overall Program Effectiveness	7
II. Clinical Quality Improvement Activities	8
A. Focused Quality Improvement Studies	8
Developmental Screening in the First Three Years of Life	8
Lead Screening – Social Determinant of Health Measure	10
Antidepressant Medication Management	13
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	14
Increase Rhode to Home Program Eligibility (Money Follows the Person)	15
Decrease Hospitalization for Long Stay Residents	17
Systematizing Blood Pressure and Tobacco Screening Among Health@Home Members	19
B. HEDIS Indicators	20
1. Performance on HEDIS Measures	20
2. Management of Select HEDIS Measures	22
Children & Adolescents' Access to Primary Care Practitioners	22
Well-child Visits in the 3 rd Through 6 th Years of Life	23
Appropriate Testing for Children with Pharyngitis	24
Childhood Immunization Status (Combos 2 and 3)	25
Adults' Access to Preventive/Ambulatory Health Services	27
Breast Cancer Screening	28
Cervical Cancer Screening	30
Medication Management for People with Asthma (Total Compliance 75%)	31
Use of Imaging Studies for Low Back Pain	33
Controlling High blood Pressure	34
C. Pregnancy and Prenatal Care	35
Bright Start Program	35
D. Disease Management	37
Asthma Management (“Breathe Easy”)	37
Diabetes Management (“Control for Life”)	40
HIV Viral Load Suppression	43
E. Nursing Home Quality	44
Nursing Home Quality Monitoring	44
Nursing Home Transition Program (<90 days)	47
III. Service and Operation Quality Improvement Activities	48
A. Access to the Health Plan	48
New Member Welcome Call Attempts	48
Timely Distribution of Member Handbooks and ID Cards	51
Call Abandonment Rate and Call Answer Timeliness	53

Nurse Advice Line	55
Member Email Access to Health Plan	55
B. Accessibility of Services	57
Access to Health Care Appointments and Needed Care	56
Access to Health Care Services after Business Hours	59
Availability of Network Providers & Alternate Language Capacity of Network	62
Provider Directory Accuracy Assessment	67
Provider Directory Usability Assessment	69
C. Member Experience	71
Monitoring Member Complaints	71
Timeliness of Complaint Resolution	72
CAHPS® 2017 Adult Medicaid Member Experience Survey	73
CAHPS® 2017 Adult QHP (Marketplace) Member Experience Survey	76
CAHPS® 2017 Child Medicaid Member Experience Survey	78
Members' Experience with Long-Term Supports and Services	79
Members' Experience with Utilization Management Processes	81
Members' Experience with Case Management Performance	83
D. Provider Experience	85
2017 Provider Satisfaction Survey	85
Provider Satisfaction with Utilization Management Processes	87
Timeliness and Accuracy of Claims Adjudication	89
DMEnSion Provider Satisfaction	90
E. Credentialing/Recredentialing and Site Assessment	93
Timeliness of Practitioner Credentialing/Recredentialing	93
Practitioner/Provider Site Assessment Results	94
F. Member/Provider Experience Committees	95
Member Advisory Committees	95
Member Satisfaction Workgroup	96
Provider Advisory Committee	98
IV. Initiatives to Improve Patient Safety and Coordination of Care	98
A. Patient Safety Activities	98
Quality Assurance Case Review	98
Pharmacy and Therapeutics Committee Activities for Patient Safety	101
Timely Notification of Drug Recalls, Withdrawals & Adverse Drug Event Monitoring	102
Opioid Program	104
Critical Incidents	105
B. Coordination of Care Activities	105
Medical and Behavioral Health Care Continuity and Coordination	105
New and Repeat Assessment Completion (Rhody Health Options/Medicare-Medicaid Plan)	108
Care Plan Completion (Rhody Health Options/ Medicare-Medicaid Plan)	109
C. Focused Program Evaluations	109
Communities of Care Program	109
Ease the Pain Program	111

I. Executive Summary

A. Introduction

Neighborhood Health Plan of Rhode Island's (the Plan or Neighborhood) Quality Improvement (QI) Program strives to ensure that its members have access to high quality health care services that are responsive to their needs and result in positive health outcomes. The QI Program extends to all departments within the organization, at all levels, in recognition that teamwork and collaboration are essential for quality improvement.

Neighborhood produces the QI Annual Evaluation to assess the effectiveness of its QI Program. During 2017, the QI Program encompassed 59 initiatives covering the broad performance areas of Clinical Quality Improvement (23 initiatives), Service and Operations Quality Improvement (26 initiatives), and Patient Safety and Coordination of Care Quality Improvement (10 initiatives). For each initiative, this Evaluation summarizes the progress and achievements during the year, including:

- A description of the quality improvement activities undertaken;
- Measurable performance achievements, with trended data when available;
- Identification of those issues and barriers preventing achievement of the goals;
- Interventions adopted or identified to overcome these barriers;
- Goals identified for the upcoming year;
- Proposed interventions for goal achievement in the upcoming year; and
- Summary of the overall effectiveness of the program.

Neighborhood monitors and evaluates the care and services provided to its members through collection and analysis of several data sources, including, but not limited to, Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) results, provider satisfaction survey results, accessibility and availability standards, and utilization trends. HEDIS and CAHPS data are collected using NCQA-certified third party vendors and validated by an NCQA-approved auditor contracted by Neighborhood. Surveys performed by external vendors are validated by the vendor according to contract requirements. Data produced internally are validated by business leads and by the Medicaid & Commercial and INTEGRITY & UNITY Quality and Operations Committees.

The QI Program Annual Evaluation is reviewed by the Clinical Affairs Committee, which serves as Neighborhood's QI Committee, prior to being submitted for review and acceptance by the Board of Directors. The Clinical Affairs Committee and the Board of Directors also review and approve the QI Program Description and Work Plan for the upcoming year.

This evaluation is not meant to take the place of other detailed program evaluations such as the program evaluations for disease and health management programs. However, it will provide a high-level overview of outcomes across Neighborhood.

B. Overview of Work in 2017

Operational/ Quality Recognition and Achievements

- One of eleven plans to achieve a rating of 4.5 or 5 out of 5 among America's Medicaid Health Plans in National Committee for Quality Assurance (NCQA) Health Insurance Plan Ratings 2017-2018. In 2016-2017, Neighborhood was one of fifteen plans to achieve a rating of 4.5 or 5 out of 5.

- Received high praises from NCQA surveyors during the 2017 NCQA Accreditation Survey for its documentation showing evidence of compliance with NCQA requirements, scoring 49.29 out of 50 points on the Standards and Guidelines.
- Maintained the highest accreditation ranking of “Excellent”, held since 2001, based on its document submission to NCQA, annual HEDIS rates and CAHPS performance with an overall score of 90.86 out of 100 points.
- Maintained “Accredited” status for the Plan’s Marketplace product line. This is the highest status that can be achieved for the Marketplace.
- Attained \$2.2 million in incentive dollars from the RI Medicaid Performance Goal Program (PGP) since the beginning of the Program 19 years ago, representing achievement of either full or partial payments on:
 - 35 of the 47 HEDIS/CAHPS/HIV measures for Core RIte Care (CSN, SUB and MED)
 - 17 of the 29 HEDIS/CAHPS measures for Rhody Health Expansion population.
- Successfully collaborated with 8 provider sites, representing 52.48% of Plan total membership, to obtain access to their Electronic Medical Records to facilitate HEDIS data collection.
- Successfully implemented a database to improve and facilitate HEDIS data collection for several measures including cervical cancer screening.
- 100% (30) of primary practices surveyed met the Plan’s accessibility standards for urgent (24 hours), non-urgent (30 days) and routine (30 days) care appointments.
- 100% (80) primary care sites surveyed met the Plan’s after-hours accessibility standards.
- Successfully implemented the Provider Directory Accuracy Assessment Survey to validate and correct inaccurate information.
- Achieved gains in Quality Compass percentile ratings in five areas of CAHPS – Adult Medicaid 5.0H: Customer Service, Health Promotion and Education, Rating of Health Care, Rating of Personal Doctor, and Rating of Specialist.
- Ranked 3rd for the Rating of Health Plan (8+9+10) score of 92.81% among the total of 162 Medicaid health plans who reported their 2017 Child General Population results to NCQA, and rated in the 95th Quality Compass percentile.
- Successfully implemented a corporate-wide “Claims Stabilization Initiative”.

Health Management / Preventive Health

- Implemented a Member Wellness Rewards Program aimed at several screening and prevention HEDIS measures including but not limited to wellness, immunizations, lead screening, and routine diabetes care.
- Continued to provide members and providers education on the Plan’s Disease Management and Case Management Programs through Provider and Member Newsletters.
- Continued to enhance the structure and staffing of the Grievances and Appeals Unit to include new roles and processes and procedures to better serve our members and providers.
- Achieved or maintained Medicaid National Quality Compass 90th or 95th percentile rating in HEDIS measures for Effectiveness of Care (14), Access and Availability of Care (5) and Utilization of Services (3). See page 22-34 for specific measures.
- Achieved or maintained the Marketplace Quality Rating System 90th or 95th percentile for the HEDIS measures for Effectiveness of Care (5) and Access and Availability of Care (5). See page 20 for specific measures.

Patient Safety

- Conducted site assessments at ninety-one (91) practices in accordance with the Plan standards for safety, cleanliness, medical record keeping, patient education, access to care and patient satisfaction.
- Credentialed 841 practitioner applications and 13 organizational providers for network entry.
- Recredentialed 203 practitioner applications and 54 organizational providers for re-entry into the network.
- Reviewed 83 new cases for quality of care complaints and 100% of the cases were closed within 60 calendar days.
- Completed a comprehensive review of 9 new drugs that represent an innovative class. Four newly marketed drugs were added to the Exchange Neighborhood Formulary and 5 were designated as Non Formulary.
- Completed a comprehensive review of 17 therapeutic drug classes resulting in the removal of (or decision not to add) 7 drugs from the Medicaid Formulary and the addition of 158 drugs (mostly generic products and addition of strengths and dosage forms of currently covered generic products) to the Formulary.
- Reviewed 11 members through the *Drug Utilization Review Program*. The program is offered to members who are identified as having complicated medication regimens, gaps in care, non-adherence or discharged from an in-patient stay.
- Reviewed 132 Class I or II drug recalls for potential member impact.
- Implemented prior authorization requirement on all formulary long-acting opioids to ensure appropriate use for chronic pain.
- Implemented quantity limitation for all formulary short-acting opioids for initial prescriptions when a member's claims utilization shows they had opioid exposure within the last 30 days.
- Completed 11,524 Comprehensive Functional Needs Assessments (CFNAs).

C. Challenges and Barriers to Quality Improvement

Neighborhood identifies the challenges and barriers to improvement encountered within each specific quality improvement activity undertaken; these are reflected in the text for each activity / area of focus described in the Annual Evaluation. Recommended activities and interventions for the upcoming year consider these challenges and barriers in working towards success and achievement of Neighborhood's goals. Some of the challenges encountered across multiple quality improvement activities undertaken throughout 2017 that were, but were not limited to, the following:

- The Plan restructured several areas of the organization to accommodate for current and potential growth and to better align selected business areas.
- The organization-wide reallocation of resources for work needed to implement the operational functions of the Plan's new business opportunities, including the Plan's RHO UNITY and INTEGRITY MMP Plans, continued in 2017.
- Significant reliance on HEDIS for outcome measurement and performance improvement activities which is disadvantageous for rapid improvement cycles (PDSA). The Plan continues to assess alternative ways to timely measure/monitor outcome measures.
- Despite ongoing education and efforts undertaken by the Plan to impart the importance of an established relationship between members and their primary care practitioners, members often miss important preventive care milestones and frequently seek routine care at hospital emergency rooms.
- Limited demographic information, including contact information and race / ethnicity data, the data continues to be limited thus making targeted outreach, education and case/disease management difficult or impossible with some members. The Plan continues to work on the quality improvement project initiated in 2013 with focus on improving the race and ethnicity data collection and retention

for both members and providers. Although progress has been made on collecting this data, it continues to be an improvement opportunity.

D. Overall Program Effectiveness

Neighborhood's QI improvement efforts strive to impact the quality of care and service provided to its members and practitioners. Annually, the Plan assesses the overall effectiveness of its QI Program through the production of the QI Annual Evaluation to ensure that there is adequacy of resources, including the QI committee structure, practitioner participation and leadership involvement, and makes changes to its QI program as necessary for the upcoming year. In 2017, the Plan continued to be focused and committed to its QI structure for organization-wide quality improvement activities. Participating network practitioners, the Plan's QI staff, the Chief Medical Officer's staff and staff throughout the organization are members of the QI committees and sub-committees contributing to the QI Program. As part of its focus on continuous quality improvement, the Neighborhood continues to look for opportunities to improve how it resources QI activities, inclusive of physician participation, and makes adjustments when merited. In 2017, the Plan demonstrated improvements in selected HEDIS measures and most notably in the Plan's CAHPS rate for Customer Service, the highest performance in its history, contributing to Neighborhood being rated 4.5 out of 5 among America's Medicaid Health Plans in the national ranking performed by the NCQA Health Insurance Plan Ratings 2017-2018, and its NCQA "Excellent" Accreditation status for its Medicaid product.

Neighborhood went through a full NCQA Accreditation survey in Q4 2017 and received high praises from the NCQA surveyors on its documentation demonstrating compliance with NCQA Accreditation Standards and Guidelines. NCQA surveyors noted during the closing conferences that there were no specific opportunities for improvement they had identified.

Review of the Plan's quality improvement activities as described herein demonstrates that Neighborhood was successfully able to achieve the following:

- Maintained the Plan's focus on the importance of preventive care, health management, and accessing appropriate care in our initiatives to educate and connect with members, work with providers, and enhance our internal operations.
- Continued expansion and creation of a deeper integration of the medical and behavioral health case and disease management programs available to members.
- Demonstrated our continued commitment to and appreciation of collaborative partnership with both members and providers by seeking new members for our quality improvement and Board-level committees and workgroups.
- Continued to promote the awareness and concepts of inter-departmental organizational quality improvement to create greater operational efficiency and capacity.
- Conducted five focused quality improvement projects in the areas of: Antidepressant Medication Management, Initiation and Engagement of Alcohol and Other Drug Dependence Treatment, Developmental Screening and Lead Screening in Children, and Transitioning members from nursing home facilities to the community through the Rhode to Home Program.
- Implemented two Quality Improvement Projects and one Chronic Condition Improvement Project for the MMP - INTEGRITY Plan.