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- All guest phones have been muted: Background noises, conversations, white noise etc., can be disruptive to a webinar.
- Questions: Please use the Chat feature when asking questions and communicating with the host.
- Any questions we are unable to address today, will be answered at a later time.

# Quality Improvement Initiatives Pay-for-Performance Measures

March 27, 2019

Health Partners Plans



# Agenda

- Summary of Quality Improvements
- Overview of HEDIS & pediatric measures
- Overview of the value proposition for providers
- Discuss strategies to increase performance
- Q&A

# Summary of Quality Improvements

## Commitment to Quality Excellence

- Rated #1 Medicaid plan in Pennsylvania by NCQA in 2018
- Only Medicaid plan in Pennsylvania to receive an NCQA accreditation status of Excellent (second year in a row and only given to 8 plans in the country)
- Plan with the most MCO P4P Quality HEDIS measures rated in the top 3 in performance across all Pennsylvania MCOs
- First plan to be awarded the NCQA Multicultural Health Care Distinction

## Community Education and Engagement

- Community Wellness Center opening soon with more locations planned
- Offering nearly 50 free health and wellness classes for the community
- **Food Insecurity/Health Literacy:** Providing medically tailored meals to chronically ill adult members through MANNA partnership; exploring opportunities to serve pediatric diabetic population
- **Housing Insecurity:** Piloting a program with Broad Street Ministry and Philadelphia Fight to increase access to care for members experiencing homelessness



# HEDIS



## Overview of the Healthcare Effectiveness Data and Information Set (HEDIS)

### What is it?

- Set of standardized quality-based performance measures (150+) developed by the National Committee for Quality Assurance (NCQA).
- Overlap with clinical guidelines and Early and Periodic Screening, Diagnosis and Treatment (EPSDT) guidelines but *does not* always align.
- Each measure comes with its set of requirements & benchmarks.
- Updated annually to incorporate clinical guidelines changes.

### Why is it important?

- Measure your quality of care & population health trends.
- Provider & payer P4P programs are tied to outcomes against benchmarks.
- Compare plans quality of care against local, regional & national benchmarks.



# What Counts?

- **Claims based data** – Uses claims and encounters to place a member in the denominator / numerator for each measure, e.g., CPTs, CPT IIs, ICD-10s, LOINC.
- **Electronic based data** – Uses EMR/EHR file extract submitted to HPP for TINs with 5,000+ members to augment claims-based data.
- **Medical Record (Chart) Review based data** – Requires a manual chart review (for each member/measure) by HPP and is only allowed for a subset of the measures. Requirements for compliance are often more robust.

# HEDIS & Pediatric Population

## Preventive Care

- Childhood Immunization Status
- Immunizations for Adolescents
- Chlamydia Screening in Women
- Lead Screening in Children
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- Non-Recommended Cervical Cancer Screening in Adolescent Females

## Behavioral Health

- Follow-Up After Hospitalization for Mental Illness
- Follow-Up Care for Children Prescribed ADHD Medication
- Metabolic Monitoring for Children & Adolescents on Antipsychotics
- Use of Multiple Concurrent Antipsychotics in Children & Adolescents
- Depression Screening and Follow-Up for Adolescents & Adults
- Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics
- Depression Remission or Response for Adolescents & Adults

## Access/Availability to Care

- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> Years of Life
- Adolescent Well-Care Visits
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment
- Children and Adolescents' Access to PCPs

## Management of Conditions

- Appropriate Testing for Children With Pharyngitis
- Appropriate Treatment for Children With Upper Respiratory Infection
- Asthma Medication Ratio
- Medication Management for People With Asthma
- Children With Chronic Conditions
- Ambulatory care (ER visit)

# Two Opportunities for Providers to Improve Performance

Opportunity	Levers
<b>Increase delivery of HEDIS-related medical services</b>	<ul style="list-style-type: none"><li>• Ensuring screenings/services for eligible members</li><li>• Leverage existing opportunity/visit (where applicable)</li><li>• Educating members and providers/staff on the services and messaging required for compliance</li><li>• Creating and deploying interventions to improve HEDIS rates</li><li>• Creating mechanisms to pro-actively identify and close care gaps</li></ul>
<b>Increase capture/sharing of evidence that screenings/services were delivered</b>	<ul style="list-style-type: none"><li>• Maximizing coding accuracy for screenings/services</li><li>• Leverage all codes allowed (e.g., CPT II codes)</li><li>• Discuss EMR/Data sharing opportunities</li></ul>

# Available Resources



## Documents/Tools

- **QCP Manual:** Overview of all measures/payout opportunity and best practices by measure – available on NaviNet
- **NaviNet Portal:** Roster and updated gaps in care info provided monthly
- **HSX:** Provider admit, discharge and transfer data about your members daily
- **HPP communications:** Newsletters, letters and webinars

## Actions

- **Network Account Manager:** Coordinate and support ongoing efforts
- **Clinical education:** Provider support on coding guidelines
- **Outreach support:** HPP conducts ongoing outreach efforts through internal/vendor services on an ongoing basis for targeted measures
- **Quality improvement:** Partner with you

# Spotlight on Key Measures

Measure	Max PMPM Payout	
	Medicaid	CHIP
<b>Well-child visits in the first 15 months (W15):</b> At least 6 well-child visits with any PCP during their first 15 months of life with an expectation of at least 6 visits.	\$2.25	\$1.50
<b>Well-child visits in the 3rd, 4th, 5th, and 6th year of life (W34):</b> One or more well-child visits with a PCP during the measurement year for children 3 to 6 years of age.	\$2.00	\$1.50
<b>Adolescent well-care visit (AWC):</b> One or more well-care visits with a PCP or an Ob/Gyn practitioner during the measurement year for members 12 to 21 years of age.	\$1.50	\$1.00
<b>Annual dental visits (ADV):</b> One or more dental visits during the measurement year for members 2 to 20 years of age.	\$1.00	\$1.50

# Spotlight on Key Measures

Measure	Max PMPM Payout	
	Medicaid	CHIP
<b>Ambulatory care (AMB):</b> Assesses the utilization of ambulatory care via ED visits per 1,000 patients per month.	\$1.25	\$1.25
<b>All-Cause Readmission (PCR):</b> Assesses the rate of acute inpatient stays for patients ages 2 to 64 that were followed by an <i>unplanned</i> acute readmission for any diagnosis within 30 days after discharge.	\$2.50	n/a

*Note: For both measures, it is based on events, not patients. This means that a patient may be included in the denominator more than once.*

# QUESTIONS?

- What are your biggest challenges in providing care to families with younger children?
- What can HPP do to better assist in improving your performance on these measures?
- Does the QCP Program and provider incentive program work?

**Thank you for your participation!**

# Please Participate

